

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the **2015** calendar year, or tax year beginning , **2015**, 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.			D Employer identification number 52-1746234
	Doing Business As			E Telephone number (609) 219-1800
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 48,103,759.
	15 PRINCESS ROAD			
City or town, state or province, country, and ZIP or foreign postal code LAWRENCEVILLE, NJ 08648-2301			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)	
F Name and address of principal officer: JEFFREY VEGA 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648				
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			H(c) Group exemption number ▶	
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	19.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19.
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	10.
	6 Total number of volunteers (estimate if necessary)	6	52.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-57,762.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,198,027.	26,463,012.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,417,370.	1,752,719.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,055.	11,345.
		24,635,452.	28,227,076.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,845,667.	10,921,418.
	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)	825,310.	900,047.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 115,357.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	444,387.	517,327.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,115,364.	12,338,792.
19 Revenue less expenses. Subtract line 18 from line 12	13,520,088.	15,888,284.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	107,653,706.	121,339,216.
	22 Net assets or fund balances. Subtract line 21 from line 20.	1,260,854.	759,268.
		106,392,852.	120,579,948.

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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		11/03/2016	
	JEFFREY VEGA		Date	
Paid Preparer Use Only	Type or print name and title		PRESIDENT & CEO	
	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		
Firm's address ▶ 1 SPRING STREET NEW BRUNSWICK, NJ 08901		Phone no. 732-828-1614		

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** (2015)

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 \$ 11,462,588. including grants of \$ 10,921,418.) (Revenue \$)

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 THROUGH EDUCATIONAL PARTNERSHIPS AND BY ENGAGING WITH DONORS, NONPROFITS, AND PROFESSIONAL ADVISORS. (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 11,462,588.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <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 line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ, PA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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) CAROL P. HERRING CHAIR	5.00 0.	X		X				0.	0.	0.
(2) ANTHONY J. CIMINO VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(3) MEREDITH C. MOORE VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(4) ANNE LABATE SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) GORDON O. DANSER TREASURER	1.00 0.	X		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	5.00 0.	X						0.	0.	0.
(9) JOHN HATCH, FAIA, LEED AP TRUSTEE	1.00 0.	X						0.	0.	0.
(10) PATRICIA U. HERST, ESQ. TRUSTEE	1.00 0.	X						0.	0.	0.
(11) ELEANOR V. HORNE TRUSTEE	5.00 0.	X						0.	0.	0.
(12) MARGUERITE L. MOUNT, CPA TRUSTEE	5.00 0.	X						0.	0.	0.
(13) JEFFREY F. PERLMAN, CPCU TRUSTEE	1.00 0.	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) CAROLYN P. SANDERSON, CFP TRUSTEE	5.00 0.	X						0.	0.	0.
(16) DAVID R. SCOTT, ESQ. TRUSTEE	5.00 0.	X						0.	0.	0.
(17) LISA SKEETE TATUM TRUSTEE	1.00 0.	X						0.	0.	0.
(18) JOHN D. WALLACE TRUSTEE	5.00 0.	X						0.	0.	0.
(19) THOMAS P. WEIDNER, ESQ. TRUSTEE	1.00 0.	X						0.	0.	0.
(20) LAURA LONGMAN CFO	40.00 0.			X				118,137.	0.	14,706.
(21) JEFFREY VEGA PRESIDENT & CEO	45.00 0.			X				199,255.	0.	13,693.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								317,392.	0.	28,399.
d Total (add lines 1b and 1c)								317,392.	0.	28,399.

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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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

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

Part VIII Statement of Revenue

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	23,183.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	26,439,829.				
	g Noncash contributions included in lines 1a-1f: \$		5,294,105.				
	h Total. Add lines 1a-1f			26,463,012.			
	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). <u>ATTACHMENT 1</u>			3,578,435.			3,578,435.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			-1,825,716.			-1,825,716.
	8a Gross income from fundraising events (not including \$ <u>23,183.</u> of contributions reported on line 1c). See Part IV, line 18	<u>ATCH 2</u>					
	b Less: direct expenses			12,942.			
	c Net income or (loss) from fundraising events. <u>ATCH 3</u>			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							
11a MISCELLANEOUS REVENUE	Business Code		900099	11,345.	11,345.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				11,345.			
12 Total revenue. See instructions.				28,227,076.	11,345.	1,752,719.	

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	8,281,151.	8,281,151.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	269,968.	269,968.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,370,299.	2,370,299.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	364,499.	167,329.	164,333.	32,837.
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	416,243.	189,433.	187,245.	39,565.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,504.	8,738.	8,988.	1,778.
9 Other employee benefits	45,664.	20,458.	21,044.	4,162.
10 Payroll taxes	54,137.	24,254.	24,949.	4,934.
11 Fees for services (non-employees):				
a Management	83,780.		83,780.	
b Legal	5,400.	2,520.	2,880.	
c Accounting	23,000.		23,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	91,554.		91,554.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	24,535.		20,252.	4,283.
13 Office expenses	104,029.	27,295.	71,551.	5,183.
14 Information technology	25,709.	12,578.	10,742.	2,389.
15 Royalties	0.			
16 Occupancy	91,826.	44,374.	39,025.	8,427.
17 Travel	6,515.	3,187.	2,723.	605.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	42,881.	32,149.	1,219.	9,513.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	8,678.	4,246.	3,626.	806.
23 Insurance	9,420.	4,609.	3,936.	875.
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	12,338,792.	11,462,588.	760,847.	115,357.
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	3,312.	1	27,643.
	2 Savings and temporary cash investments	21,899,174.	2	20,552,385.
	3 Pledges and grants receivable, net	682,336.	3	3,616,736.
	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 ATCH 4	24,884.	9	37,195.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	132,514.		
	b Less: accumulated depreciation	102,554.		
		25,998.	10c	29,960.
	11 Investments - publicly traded securities ATCH 5	50,673,169.	11	63,369,381.
	12 Investments - other securities. See Part IV, line 11	34,132,321.	12	33,498,499.
	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	212,512.	15	207,417.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	107,653,706.	16	121,339,216.	
Liabilities	17 Accounts payable and accrued expenses	36,582.	17	59,581.
	18 Grants payable	527,800.	18	576,274.
	19 Deferred revenue ATCH 6	41,554.	19	32,424.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	654,918.	21	90,989.
	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	1,260,854.	26	759,268.
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	105,734,874.	27	120,382,656.
	28 Temporarily restricted net assets	657,978.	28	197,292.
	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	106,392,852.	33	120,579,948.
	34 Total liabilities and net assets/fund balances	107,653,706.	34	121,339,216.

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	28,227,076.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,338,792.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,888,284.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	106,392,852.
5	Net unrealized gains (losses) on investments	5	-1,687,250.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-13,938.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	120,579,948.

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

2015

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 (Form 990 or 990-EZ).)
- 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 (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						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,089,691.	13,202,997.	9,153,790.	18,198,027.	26,475,954.	78,120,459.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	11,089,691.	13,202,997.	9,153,790.	18,198,027.	26,475,954.	78,120,459.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						15,509,067.
6 Public support. Subtract line 5 from line 4.						62,611,392.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	11,089,691.	13,202,997.	9,153,790.	18,198,027.	26,475,954.	78,120,459.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,877,319.	1,431,714.	3,378,689.	6,140,987.	3,578,435.	16,407,144.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	6,915.	5,755.	14,380.	20,055.	11,345.	58,450.
11 Total support. Add lines 7 through 10						94,586,053.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	66.20%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	72.03%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <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 (see instructions).			
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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS REVENUE	6,915.	5,755.	14,380.	20,055.	11,345.	58,450.
TOTALS	<u>6,915.</u>	<u>5,755.</u>	<u>14,380.</u>	<u>20,055.</u>	<u>11,345.</u>	<u>58,450.</u>

Schedule of Contributors

2015

▶ **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 for 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	_____	\$ 2,446,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 1,128,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 805,957.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 1,967,506.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 1,526,367.	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
--	---

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	_____	\$ 10,020,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 845,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 750,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 662,332.	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.)

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	5,000 SHARES OF JONHSON & JOHNSON	\$ 478,625.	10/12/2015
9	3,247 SHARES OF ALLERGAN	\$ 749,895.	02/24/2015
2	9899 SHARES J&J	\$ 1,000,398.	04/07/2015
4	20,600 SHARES HEARTLAND PAYMENT SYSTEMS	\$ 1,967,506.	12/23/2015
		\$	
		\$	

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	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (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" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 8/17/06), and questions about monitoring and expenses.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts required to be reported.

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

Schedule D (Form 990) 2015

JSA 5E1268 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" on 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 | 654,918. |
| d Additions during the year | 4,021,285. |
| e Distributions during the year | 4,585,214. |
| f Ending balance | 90,989. |
- 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 on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	39,176,339.	37,970,828.	34,905,245.	30,513,864.	31,438,912.
b Contributions	112,713.	1,535,733.	763,728.	2,886,245.	1,025,385.
c Net investment earnings, gains, and losses	156,673.	1,113,995.	3,814,321.	2,911,742.	544,205.
d Grants or scholarships	1,364,450.	1,024,737.	1,112,965.	1,031,876.	37,203.
e Other expenditures for facilities and programs	306,278.	41,229.	21,250.	26,400.	1,018,860.
f Administrative expenses	388,355.	378,251.	378,251.	348,330.	299,859.
g End of year balance	37,386,642.	39,176,339.	37,970,828.	34,905,245.	31,652,580.

- 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 on 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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" on 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.	46,015.	17,303.
d Equipment		69,196.	56,539.	12,657.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,960.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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	60,557.	ATTACHMENT 1
(3) Other		
(A) INDEPENDENT RETURN	26,827,973.	FMV
(B) REAL ASSETS	6,609,969.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	33,498,499.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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" on 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" on 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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	22,271,982.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,687,250.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	12,942.	
e	Add lines 2a through 2d	2e		-1,674,308.
3	Subtract line 2e from line 1	3		23,946,290.
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		
b	Other (Describe in Part XIII.)	4b	4,280,786.	
c	Add lines 4a and 4b	4c		4,280,786.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5		28,227,076.

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

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

1	Total expenses and losses per audited financial statements		1	11,435,605.
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	12,942.	
e	Add lines 2a through 2d	2e		12,942.
3	Subtract line 2e from line 1	3		11,422,663.
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		
b	Other (Describe in Part XIII.)	4b	916,129.	
c	Add lines 4a and 4b	4c		916,129.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5		12,338,792.

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, 2015 AND 2014. IN ADDITION, NO INCOME TAX RELATED PENALTIES OR INTEREST HAVE BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014.

SCHEDULE D, PART XI, LINE 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 \$4,294,724 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 \$(13,938) AND THE COST OF THE FUNDRAISING EVENT OF \$12,942 HAVE BEEN SHOWN AS RECONCILING ITEMS IN THE FORM 990 ON PART XI LINE 4B.

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 \$916,129 ARE INCLUDED IN PART IX AND ARE SHOWN IN THE RECONCILIATION OF EXPENSES ON LINE 4B. ADDITIONALLY, EXPENSES RELATED TO A FUNDRAISING EVENT OF \$12,942 WERE INCLUDED IN THE FINANCIAL STATEMENT BUT HAVE BEEN NETTED IN THE FORM 990 AS PER THE INSTRUCTIONS.

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

DESCRIPTION	BOOK VALUE	COST OR FMV
PRIVATELY HELD STOCK	60,557.	FMV
TOTALS	60,557.	

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

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

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

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		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2015

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)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,900.				FMV
(2)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	2,001,250.				FMV
(3)			SUB-SAHARAN AFRICA	GENERAL SUPP	6,000.				FMV
(4)			SOUTH AMERICA	GENERAL SUPP	15,599.				FMV
(5)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	139,224.				FMV
(6)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	187,326.				FMV
(7)									
(8)									
(9)									
(10)									
(11)									
(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. **7.**

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 separately 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 separately 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 THE GRANTEE'S IRS 990 TAX RETURNS, AND IN MANY CASES, A REVIEW OF THE GRANTEE'S 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 G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FWG LUNCHEON (event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	36,125.		36,125.	
	2	Less: Contributions	23,183.		23,183.	
	3	Gross income (line 1 minus line 2)	12,942.		12,942.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	8,238.		8,238.	
	8	Entertainment				
	9	Other direct expenses	4,704.		4,704.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				12,942.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) 101: THE FUND STARTS HERE 151 MOORE STREET PRINCETON, NJ 08540	23-7057664	501(C)(3)	7,521.				SCHOLARSHIP
(2) ALLIANCE FOR LUPUS RESEARCH 28 WEST 44TH STREET NEW YORK, NY 10036	58-2492929	501(C)(3)	25,000.				GENERAL SUPPORT
(3) AMERICAN ACADEMY OF NURSING 1000 VERMONT AVENUE NW WASHINGTON, DC 20005	52-2213870	501(C)(3)	10,000.				GENERAL SUPPORT
(4) AMERICAN CAMP ASSOCIATION 5000 STATE ROAD 67 NORTH	35-0962419	501(C)(3)	6,000.				SCHOLARSHIP
(5) AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET NEW YORK CITY, NY 10005	13-3393329	501(C)(3)	52,000.				GENERAL SUPPORT
(6) AMERICAN RED CROSS OF CENTRAL NEW JERSEY 707 ALEXANDER ROAD PRINCETON, NJ 08540-6331	53-0196605	501(C)(3)	1,012,200.				GENERAL SUPPORT
(7) AMERICAN REPERTORY BALLET/PRINCETON BALLET PO BOX 250 NEW BRUNSWICK, NJ 08903	21-0732575	501(C)(3)	52,300.				GENERAL SUPPORT
(8) ANCHOR HOUSE 482 CENTRE STREET TRENTON, NJ 08611	22-2229995	501(C)(3)	10,000.				OPERATING SUPPORT
(9) ANNA JULIA COOPER EPISCOPAL SCHOOL 2124 NORTH 29TH STREET RICHMOND, VA 23223	27-0407231	501(C)(3)	13,000.				SCHOLARSHIP
(10) ARC MERCER 180 EWINGVILLE ROAD EWING, NJ 08638	21-0726335	501(C)(3)	42,000.				GENERAL SUPPORT
(11) ARTS COUNCIL OF PRINCETON 102 WITHERSPOON STREET PRINCETON, NJ 08542	22-6108090	501(C)(3)	62,950.				GENERAL SUPPORT
(12) ARTSNAPLES WORLD FESTIVAL PO BOX 771176 NAPLES, FL 34107	26-4753030	501(C)(3)	15,000.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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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" on 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) ARTWORKS							
19 EVERETT ALLEY TRENTON, NJ 08611	22-1803117	501(C)(3)	35,000.				GENERAL SUPPORT
(2) BIG BROTHERS BIG SISTERS OF MERCER COUNTY							
535 EAST FRANKLIN STREET TRENTON, NJ 08610	06-1653897	501(C)(3)	36,100.				GENERAL SUPPORT
(3) BLACK WOMEN'S AGENDA							
5335 WISCONSIN AVENUE NW	52-1139558	501(C)(3)	10,000.				OPERATING SUPPORT
(4) BOYS & GIRLS CLUB OF MERCER COUNTY							
212 CENTRE STREET TRENTON, NJ 08611	21-0634556	501(C)(3)	51,350.				CAPITAL FUND
(5) BROWN UNIVERSITY							
185 MEETING STREET PROVIDENCE, RI 02912	05-0258809	501(C)(3)	45,000.				GENERAL SUPPORT
(6) BUCKS COUNTY PLAYHOUSE THEATRE							
12 WEST MECHANIC STREET NEW HOPE, PA 18938	45-4035757	501(C)(3)	6,000.				GENERAL SUPPORT
(7) BUILDING OUR YOUTH'S DEVELOPMENT							
PO BOX 1069 TRENTON, NJ 08606	20-3655694	501(C)(3)	47,753.				OPERATING SUPPORT
(8) CATHOLIC CENTRAL SCHOOL FOUNDATION							
1200 EAST HIGH STREET SPRINGFIELD, OH 45505	23-7252047	501(C)(3)	5,900.				GENERAL SUPPORT
(9) CENTENARY COLLEGE							
400 JEFFERSON STREET	22-1500484	501(C)(3)	5,893.				SCHOLARSHIP
(10) CENTER FOR SUPPORTIVE SCHOOLS							
911 COMMONS WAY PRINCETON, NJ 08540	22-2962532	501(C)(3)	35,000.				GENERAL SUPPORT
(11) CENTURION MINISTRIES							
1000 HERRONTOWN ROAD PRINCETON, NJ 08540	22-2563979	501(C)(3)	28,950.				GENERAL SUPPORT
(12) CHILDREN'S FUTURES							
16 WEST FRONT STREET TRENTON, NJ 08608	31-1806276	501(C)(3)	5,200.				OPERATING 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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVENUE	21-0634966	501(C)(3)	69,975.				GENERAL SUPPORT
(2) CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDAT PO BOX 781352 PHILADELPHIA, PA 19178-1352	23-2237932	501(C)(3)	10,000.				GENERAL SUPPORT
(3) COLUMBIA UNIVERSITY GIFT SYSTEMS 622 WEST 113TH STREET NEW YORK, NY 10025	13-5598093	501(C)(3)	50,200.				GENERAL SUPPORT
(4) COMMUNITY FOUNDATION OF NEW JERSEY P.O. BOX 338 MORRISTOWN, NJ 07963-0338	22-2281783	501(C)(3)	46,100.				GENERAL SUPPORT
(5) COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET	95-4302067	501(C)(3)	27,500.				OPERATING SUPPORT
(6) COMPASSION & CHOICES PO BOX 101810 DENVER, CO 80250	84-1328829	501(C)(3)	12,200.				GENERAL SUPPORT
(7) CRISIS MINISTRY OF MERCER COUNTY 123 E HANOVER STREET TRENTON, NJ 08608	22-3198464	501(C)(3)	73,100.				GENERAL SUPPORT
(8) D&R GREENWAY LAND TRUST ONE PRESERVATION PLACE PRINCETON, NJ 08540	22-3035836	501(C)(3)	40,950.				GENERAL SUPPORT
(9) DRESS FOR SUCCESS MERCER COUNTY 3131 PRINCETON PIKE LAWRENCEVILLE, NJ 08648	37-1536476	501(C)(3)	26,000.				GENERAL SUPPORT
(10) EDEN AUTISM SERVICES FOUNDATION 2 MEWRICK ROAD PRINCETON, NJ 08540	22-4215005	501(C)(3)	2,000,000.				GENERAL SUPPORT
(11) ELIJAH'S PROMISE 211 LIVINGSTON AVENUE	22-3055539	501(C)(3)	15,000.				OPERATING SUPPORT
(12) EVERY CHILD VALUED 175 JOHNSON AVENUE LAWRENCEVILLE, NJ 08648	26-4654078	501(C)(3)	29,578.				OPERATING 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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) FLORIDA GULF COAST UNIVERSITY FOUNDATION 10501 FCGU BOULEVARD SOUTH	65-0403969	501(C)(3)	120,000.				GENERAL SUPPORT
(2) FRIENDS OF MERCER COUNTY PARKS 431B FEDERAL CITY ROAD PENNINGTON, NJ 08534	46-2025676	501(C)(3)	15,000.				GENERAL SUPPORT
(3) FRIENDS OF THE NJ STATE MUSEUM PO BOX 530 TRENTON, NJ 08625-0530	22-6098724	501(C)(3)	24,033.				OPERATING SUPPORT
(4) GOLANDSKY INSTITUTE 215 WEST 90TH STREET NEW YORK, NY 10024	32-0087978	501(C)(3)	10,000.				GENERAL SUPPORT
(5) GOOD GRIEF 12 STOCKTON STREET PRINCETON, NJ 08540	20-0514996	501(C)(3)	50,500.				GENERAL SUPPORT
(6) GREENWOOD HOUSE HOME FOR THE JEWISH AGED 53 WALTER STREET EWING, NJ 08628	21-0639867	501(C)(3)	6,000.				GENERAL SUPPORT
(7) HABITAT FOR HUMANITY - TRENTON AREA 601 NORTH CLINTON AVENUE	22-2736214	501(C)(3)	54,850.				GENERAL SUPPORT
(8) HISTORIC MORVEN 55 STOCKTON STREET PRINCETON, NJ 08540-6912	22-2817982	501(C)(3)	12,200.				OPERATING SUPPORT
(9) HITOPS 21 WIGGINS STREET PRINCETON, NJ 08540	22-3486441	501(C)(3)	26,800.				GENERAL SUPPORT
(10) HOBART AND WILLIAM SMITH COLLEGES 337 PULTENEY STREET GENEVA, NY 14456	16-0743040	501(C)(3)	25,000.				GENERAL SUPPORT
(11) HOMEFRONT 1880 PRINCETON AVENUE	22-3165145	501(C)(3)	87,580.				GENERAL SUPPORT
(12) INSTITUTE FOR ADVANCED STUDY EINSTEIN DRIVE PRINCETON, NJ 08540	21-0634988	501(C)(3)	28,000.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) INSTITUTE OF WONDERFUL WORKING WOMEN FOR EM PO BOX 7869 EWING, NJ 08628	20-8724195	501(C)(3)	25,300.				OPERATING SUPPORT
(2) INTERFAITH CAREGIVERS OF GREATER MERCER COU 3635 QUAKERBRIDGE ROAD HAMILTON, NJ 08619	22-3312846	501(C)(3)	20,000.				UNRESTRICTED SUPPORT
(3) ISLES 10 WOOD STREET TRENTON, NJ 08618	22-2350832	501(C)(3)	47,700.				GENERAL SUPPORT
(4) JEWISH FAMILY & CHILDREN'S SERVICES OF GRE 707 ALEXANDER ROAD PRINCETON, NJ 08540	21-0634563	501(C)(3)	25,500.				GENERAL SUPPORT
(5) KENTS HILL SCHOOL P.O. BOX 257 KENTS HILL, ME 04349	01-0211532	501(C)(3)	103,000.				GENERAL SUPPORT
(6) KENYON COLLEGE COLLEGE RELATIONS BUILDING	31-4379507	501(C)(3)	7,000.				GENERAL SUPPORT
(7) KIDSBRIDGE 999 LOWER FERRY ROAD EWING, NJ 08628	22-3438541	501(C)(3)	5,500.				GENERAL SUPPORT
(8) LATIN AMERICAN LEGAL DEFENSE AND EDUCATIONA 669 CHAMBERS STREET TRENTON, NJ 08611	20-2484231	501(C)(3)	43,800.				OPERATING SUPPORT
(9) LEARNING ALLY 20 ROSZEL ROAD PRINCETON, NJ 08540	13-1659345	501(C)(3)	6,000.				GENERAL SUPPORT
(10) LEWIS AND CLARK COLLEGE 0615 SW PALATINE HILL ROAD	93-0386858	501(C)(3)	101,000.				GENERAL SUPPORT
(11) LIBERATION INSTITUTE PO BOX 411502 SAN FRANCISCO, CA 94141-1502	26-3079474	501(C)(3)	20,000.				GENERAL SUPPORT
(12) LITERACY NEW JERSEY 121 CHESTNUT STREET ROSELLE, NJ 07203	52-1146384	501(C)(3)	15,000.				OPERATING SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2015)

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(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2015

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(1) MARY JACOBS MEMORIAL LIBRARY FOUNDATION 64 WASHINGTON STREET ROCKY HILL, NJ 08553	23-7259480	501(C)(3)	7,500.				GENERAL SUPPORT
(2) MCCARTER THEATRE 91 UNIVERSITY PLACE PRINCETON, NJ 08540	21-0724198	501(C)(3)	68,300.				GENERAL SUPPORT
(3) MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638	22-1990231	501(C)(3)	15,600.				GENERAL SUPPORT
(4) MERCER ALLIANCE TO END HOMELESSNESS 1001 SPRUCE STREET TRENTON, NJ 08638	20-1594569	501(C)(3)	25,200.				GENERAL SUPPORT
(5) MERCER COUNTY COMMUNITY COLLEGE FOUNDATION 1200 OLD TRENTON ROAD	22-2133029	501(C)(3)	6,150.				OPERATING SUPPORT
(6) MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	21-0733990	501(C)(3)	32,900.				GENERAL SUPPORT
(7) MILKEN INSTITUTE 1250 FOURTH STREET SANTA MONICA, CA 90401	95-4240775	501(C)(3)	50,000.				GENERAL SUPPORT
(8) MILLHILL CHILD & FAMILY DEVELOPMENT CORPORA 101 OAKLAND STREET TRENTON, NJ 08618	22-2123700	501(C)(3)	54,800.				GENERAL SUPPORT
(9) MONTGOMERY TOWNSHIP EDUCATION FOUNDATION PO BOX 171 SKILLMAN, NJ 08558	52-1634735	501(C)(3)	7,400.				SCHOLARSHIP
(10) MOUNT CARMEL GUILD 73 NORTH CLINTON AVENUE TRENTON, NJ 08609	21-0675183	501(C)(3)	25,000.				GENERAL SUPPORT
(11) NASSAU PRESBYTERIAN CHURCH 61 NASSAU STREET PRINCETON, NJ 08540	21-0634470	501(C)(3)	30,131.				GENERAL SUPPORT
(12) NATIONAL JUNIOR TENNIS & LEARNING OF TRENTO 949 WEST STATE STREET TRENTON, NJ 08618	52-1260470	501(C)(3)	32,040.				GENERAL SUPPORT

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

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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
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(1) NATIONAL MEDICAL FELLOWSHIPS 347 FIFTH AVENUE NEW YORK, NY 10016	01-0963657	501(C)(3)	50,000.				GENERAL SUPPORT
(2) NATIONAL TRUST FOR HISTORIC PRESERVATION 2600 VIRGINIA AVENUE WASHINGTON, DC 20037	53-0210807	501(C)(3)	10,000.				GENERAL SUPPORT
(3) NEW HOPE-SOLEBURY SCHOOL DISTRICT 180 WEST BRIDGE STREET NEW HOPE, PA 18938	23-1701447	501(C)(3)	14,410.				GENERAL SUPPORT
(4) NEW JERSEY CONSERVATION FOUNDATION 170 LONGVIEW ROAD FAR HILLS, NJ 07931	22-6065456	501(C)(3)	1,403,300.				GENERAL SUPPORT
(5) NEW JERSEY FUTURE 16 W. FRONT STREET TRENTON, NJ 08608	22-2879323	501(C)(3)	50,450.				GENERAL SUPPORT
(6) NEW JERSEY POLICY PERSPECTIVE 137 WEST HANOVER STREET	22-3492715	501(C)(3)	13,600.				GENERAL SUPPORT
(7) NEW JERSEY PRESS FOUNDATION 810 BEAR TAVERN ROAD, SUITE 307	22-6071765	501(C)(3)	165,000.				GENERAL SUPPORT
(8) NEW YORK FOUNDATION FOR THE ARTS 20 JAY STREET, 7TH FLOOR BROOKLYN, NY 11201	23-7129564	501(C)(3)	11,000.				GENERAL SUPPORT
(9) NJ SEEDS 494 BROAD STREET, SUITE 105	22-3181507	501(C)(3)	15,500.				GENERAL SUPPORT
(10) NORTHEAST ORGANIC FARMING ASSOCIATION 334 RIVER ROAD HILLSBOROUGH, NJ 08844	22-3043823	501(C)(3)	40,000.				OPERATING SUPPORT
(11) PASSAGE THEATRE COMPANY P.O. BOX 967 TRENTON, NJ 08605-0967	22-2679031	501(C)(3)	29,100.				GENERAL SUPPORT
(12) PEACE ACTION EDUCATION FUND 40 WITHERSPOON STREET PRINCETON, NJ 08540	22-2402577	501(C)(3)	10,300.				UNRESTRICTED SUPPORT

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Name of the organization

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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) PEI KIDS 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	22-2594219	501(C)(3)	50,000.				GENERAL SUPPORT
(2) PEOPLE & STORIES/GENTE Y CUENTOS 295 EGGERTS CROSSING ROAD	22-3260895	501(C)(3)	35,250.				GENERAL SUPPORT
(3) PINELANDS PRESERVATION ALLIANCE 17 PEMBERTON ROAD SOUTHAMPTON, NJ 08088	52-1641512	501(C)(3)	14,000.				GENERAL SUPPORT
(4) PLANNED PARENTHOOD OF CENTRAL & GREATER NOR 196 SPEEDWELL AVENUE MORRISTOWN, NJ 07960	22-1643997	501(C)(3)	179,597.				GENERAL SUPPORT
(5) PRINCETON DAY SCHOOL PO BOX 75 PRINCETON, NJ 08542	21-0727645	501(C)(3)	128,450.				GENERAL SUPPORT
(6) PRINCETON FIRST AID & RESCUE SQUAD PO BOX 529 PRINCETON, NJ 08540	23-7140015	501(C)(3)	109,686.				GENERAL SUPPORT
(7) PRINCETON HEALTHCARE SYSTEM FOUNDATION 3626 US HIGHWAY 1 PRINCETON, NJ 08540	22-2225911	501(C)(3)	186,975.				GENERAL SUPPORT
(8) PRINCETON HIGH SCHOOL 151 MOORE STREET PRINCETON, NJ 08540	99-9999999	501(C)(3)	6,551.				GENERAL SUPPORT
(9) PRINCETON NURSERY SCHOOL 78 LEIGH AVENUE PRINCETON, NJ 08540	21-0643024	501(C)(3)	28,000.				GENERAL SUPPORT
(10) PRINCETON PUBLIC LIBRARY FOUNDATION 65 WITHERSPOON STREET PRINCETON, NJ 08542	22-3494366	501(C)(3)	14,350.				GENERAL SUPPORT
(11) PRINCETON RECREATION DEPARTMENT 380 WITHERSPOON STREET PRINCETON, NJ 08540	21-6001037	501(C)(3)	14,900.				SCHOLARSHIP
(12) PRINCETON SENIOR RESOURCE CENTER 45 STOCKTON STREET PRINCETON, NJ 08540	22-2228083	501(C)(3)	70,450.				GENERAL SUPPORT

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Schedule I (Form 990) (2015)

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(1) PRINCETON SYMPHONY ORCHESTRA PO BOX 250 PRINCETON, NJ 08542	22-2327766	501(C)(3)	181,000.				GENERAL SUPPORT
(2) PRINCETON UNIVERSITY OFFICE OF ALUMNI AND D PO BOX 5357 PRINCETON, NJ 08543-5357	21-0634501	501(C)(3)	17,480.				GENERAL SUPPORT
(3) PROJECT HEALING WATERS P.O. BOX 695 LA PLATA, MD 20646	61-1518154	501(C)(3)	48,974.				GENERAL SUPPORT
(4) RACHEL'S NETWORK 1200 18TH STREET, NW WASHINGTON, DC 20036	31-1644905	501(C)(3)	25,000.				GENERAL SUPPORT
(5) RELIGIOUS MINISTRIES PHCS 1 PLAINSBORO ROAD PLAINSBORO, NJ 08536	22-1760812	501(C)(3)	11,300.				OPERATING SUPPORT
(6) RESCUE MISSION OF TRENTON 98 CARROLL STREET TRENTON, NJ 08605-0790	21-0656182	501(C)(3)	29,850.				GENERAL SUPPORT
(7) RISE/A COMMUNITY SERVICE PARTNERSHIP 116 NORTH MAIN STREET HIGHTSTOWN, NJ 08520	22-2405087	501(C)(3)	56,000.				GENERAL SUPPORT
(8) ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAM ONE HAMILTON HEALTH PLACE	21-0634572	501(C)(3)	93,096.				OPERATING SUPPORT
(9) ROEBLING MUSEUM 1495 HORNBERGER AVENUE ROEBLING, NJ 08554	20-8357074	501(C)(3)	5,613.				GENERAL SUPPORT
(10) RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVENUE	23-7318742	501(C)(3)	20,500.				GENERAL SUPPORT
(11) SAVE 1010 ROUTE 601 SKILLMAN, NJ 08558	22-6082741	501(C)(3)	26,000.				GENERAL SUPPORT
(12) SHILOH COMMUNITY DEVELOPMENT CORPORATION 416 BELLEVUE AVENUE, SUITE 201	12-3799161	501(C)(3)	25,000.				GENERAL SUPPORT

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(1) SOURLAND CONSERVANCY 83 PRINCETON AVENUE, SUITE 1A	22-3707157	501(C)(3)	8,400.				GENERAL SUPPORT
(2) SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 75275-0402	75-0800689	501(C)(3)	20,000.				SCHOLARSHIP
(3) SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	12,500.				GENERAL SUPPORT
(4) SPECIAL OPERATIONS WARRIOR FOUNDATION 1137 MARBELLA PLAZA DRIVE TAMPA, FL 33619	52-1183585	501(C)(3)	15,500.				SCHOLARSHIP
(5) ST. JOHN'S EPISCOPAL CHURCH 8992 KULA HIGHWAY KULA, HI 96790-7420	99-9999999	501(C)(3)	10,000.				GENERAL SUPPORT
(6) STONY BROOK-MILLSTONE WATERSHED ASSOCIATION 31 TITUS MILL ROAD	21-0649717	501(C)(3)	268,117.				GENERAL SUPPORT
(7) SUSTAINABLE PRINCETON 1 MONUMENT DRIVE PRINCETON, NJ 08540	45-4743353	501(C)(3)	8,000.				GENERAL SUPPORT
(8) SWARTHMORE COLLEGE 500 COLLEGE ROAD SWARTHMORE, PA 19081	23-1352683	501(C)(3)	55,000.				SCHOLARSHIP
(9) THE ADVERTISING COUNCIL 815 SECOND AVENUE - 9TH FLOOR	13-0417693	501(C)(3)	25,000.				GENERAL SUPPORT
(10) THE CITIZENS CAMPAIGN 450 MAIN STREET METUCHEN, NJ 08840	22-3511801	501(C)(3)	30,000.				THE TRENTON CIVIC TR
(11) THE COLLEGE OF NEW JERSEY FOUNDATION PO BOX 7718 EWING, NJ 08628	22-2448189	501(C)(3)	13,500.				GENERAL SUPPORT
(12) THE V FOUNDATION 106 TOWERVIEW COURT CARY, NC 27513	13-3705951	501(C)(3)	10,000.				GENERAL SUPPORT

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**Grants and Other Assistance to Organizations,
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(1) THE VALERIE FUND 2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	22-2126867	501(C)(3)	40,000.				GENERAL SUPPORT
(2) TRENTON AREA SOUP KITCHEN 72 1/2 ESCHER STREET TRENTON, NJ 08605	22-2392881	501(C)(3)	53,850.				GENERAL SUPPORT
(3) TRENTON CHILDREN'S CHORUS 471 PARKWAY AVENUE TRENTON, NJ 08618	45-2633120	501(C)(3)	60,800.				OPERATING SUPPORT
(4) TRENTON COMMUNITY MUSIC SCHOOL PO BOX 5206 TRENTON, NJ 08638	22-3559611	501(C)(3)	27,700.				GENERAL SUPPORT
(5) TRENTON DOWNTOWN ASSOCIATION 16 EAST HANOVER STREET TRENTON, NJ 08608	22-2716244	501(C)(3)	50,000.				GENERAL SUPPORT
(6) TRINITY CHURCH 33 MERCER STREET PRINCETON, NJ 08540	21-0647707	501(C)(3)	47,800.				GENERAL SUPPORT
(7) TRINITY COUNSELING SERVICE 22 STOCKTON STREET PRINCETON, NJ 08540	22-2185298	501(C)(3)	9,900.				GENERAL SUPPORT
(8) UIH FAMILY PARTNERS 4 NORTH BROAD STREET TRENTON, NJ 08608	21-0635048	501(C)(3)	50,000.				UNRESTRICTED SUPPORT
(9) UNITARIAN UNIVERSALIST CONGREGATION OF PRIN 50 CHERRY HILL ROAD PRINCETON, NJ 08540	99-9999999	501(C)(3)	35,000.				GENERAL SUPPORT
(10) UNITED HOSPITAL FUND OF NEW YORK 1411 BROADWAY NEW YORK, NY 10018	13-1562656	501(C)(3)	25,000.				GENERAL SUPPORT
(11) UNITED NEGRO COLLEGE FUND 1805 7TH STREET NW WASHINGTON, DC 20001	13-1624241	501(C)(3)	5,500.				GENERAL SUPPORT
(12) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET	23-1352685	501(C)(3)	36,250.				GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) UNIVERSITY OF PITTSBURGH 3719 TERRACE STREET PITTSBURGH, PA 15261	25-0965591	501(C)(3)	275,000.				SCHOLARSHIP
(2) URBANPROMISE TRENTON 801 WEST STATE STREET TRENTON, NJ 08618	26-3389429	501(C)(3)	78,291.				GENERAL SUPPORT
(3) VASSAR COLLEGE 124 RAYMOND AVENUE POUGHKEEPSIE, NY 12604	14-1338587	501(C)(3)	7,500.				GENERAL SUPPORT
(4) VOLUNTEERCONNECT 12 STOCKTON STREET PRINCETON, NJ 08540	22-3595586	501(C)(3)	28,600.				GENERAL SUPPORT
(5) WHALE TRUST P.O. BOX 243 MAKAWAO, HI 96768	91-2144632	501(C)(3)	20,000.				GENERAL SUPPORT
(6) WOMANSPACE 1530 BRUNSWICK AVENUE	22-2172522	501(C)(3)	45,400.				GENERAL SUPPORT
(7) YMCA OF BURLINGTON COUNTY 59 CENTERTON ROAD MT. LAUREL, NJ 08054	21-0634482	501(C)(3)	25,500.				OPERATING SUPPORT
(8) YMCA OF METROPOLITAN WASHINGTON 1112 16TH STREET, NW WASHINGTON, DC 20036	53-0207403	501(C)(3)	10,000.				GENERAL SUPPORT
(9) YMCA OF PRINCETON 59 PAUL ROBESON PLACE PRINCETON, NJ 08540	21-0639890	501(C)(3)	33,050.				GENERAL SUPPORT
(10) YMCA OF TRENTON 431 PENNINGTON AVENUE TRENTON, NJ 08618	21-0635052	501(C)(3)	55,000.				UNRESTRICTED SUPPORT
(11) YOUNG AUDIENCES OF NEW JERSEY & EASTERN PA 200 FORRESTAL ROAD PRINCETON, NJ 08540	23-7384991	501(C)(3)	40,800.				GENERAL SUPPORT
(12) YWCA PRINCETON 59 PAUL ROBESON PLACE PRINCETON, NJ 08540	21-0635056	501(C)(3)	7,775.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 144.

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) (2015)

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.

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

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

2015

**Open to Public
Inspection**

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **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 on 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**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEFFREY VEGA 1 PRESIDENT & CEO	(i)	183,255.	16,000.	0.	0.	13,693.	212,948.	0.
	(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, 2015.

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

2015

**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	56 .	5,294,105 .	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) (2015)

JSA

5E1298 1.000

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 COMMUNITY FOUNDATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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 APPOINTED TRUSTEES WHO SERVE AT THE CHAIR'S INVITATION AND LEGAL COUNSEL WHO IS NOT A TRUSTEE. THE PRESIDENT & CEO SERVES AS AN EX OFFICIO MEMBER. THE EXECUTIVE COMMITTEE IS AUTHORIZED TO ACT ON BEHALF OF THE BOARD BETWEEN MEETINGS. ITS ACTIONS ARE RECORDED IN THE MINUTES OF THE COMMITTEE, AND PROMPTLY REPORTED TO THE FULL BOARD.

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

THE COMMUNITY FOUNDATION'S FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE PRESIDENT & CEO 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 & CEO FOR ACCURACY AND REASONABLENESS. THE PRESIDENT & CEO

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

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 AS WELL AS 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.

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 & CEO. THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL REVIEW OF THE PRESIDENT & CEO'S PERFORMANCE AGAINST OBJECTIVES AND METRICS AGREED TO AT THE BEGINNING OF THE FISCAL YEAR AND SOLICITS FEEDBACK FROM ALL TRUSTEES. AS PART OF THE BUDGET PROCESS, THE FINANCE COMMITTEE SUGGESTS AN INCREASE RANGE DURING THE BUDGET PROCESS. THE PRESIDENT & CEO THEN REVIEWS THE PERFORMANCE OF ALL OTHER STAFF AND RECOMMENDS SALARY INCREASES 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

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
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DATA, SUCH AS FROM THE COUNCIL ON FOUNDATIONS AND/OR THE COUNCIL OF NEW JERSEY GRANTMAKERS. SEVERAL FACTORS ARE CONSIDERED SUCH AS COMMUNITY FOUNDATIONS OF SIMILAR SIZE AND COMPENSATION FOR SIMILAR POSIITONS 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.

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. IN 2015 THE BOARD DEFINED SOCIAL CAPITAL AS BUILDING COMMUNITIES. THE COMMUNITY FOUNDATION'S GRANTMAKING TOUCHES MANY PROGRAMMATIC AREAS INCLUDING EDUCATION, BASIC SERVICES, HEALTH, ARTS & CULTURE, HOUSING, THE ENVIRONMENT, HISTORIC PRESERVATION, CIVIL RIGHTS,

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

AND ANIMAL WELFARE. PROMOTING PHILANTHROPY AND PROVIDING EDUCATION: THE COMMUNITY FOUNDATION ACTIVELY ENGAGES ITS DONORS, GRANTEEES, AND THE PROFESSIONAL ADVISORS IN THE REGION TO ENCOURAGE CHARITABLE GIVING BROADLY, AND TO BUILD OVER TIME A COMMUNITY-WIDE COMMITMENT TO PHILANTHROPY. IT SPONSORS SEMINARS AND WORKSHOPS ON TOPICS SUCH AS ENDOWMENT-BUILDING, GOOD GOVERNANCE, GRANT-SEEKING BEST PRACTICES, RISK MANAGEMENT, AND PLANNED GIVING. THE COMMUNITY FOUNDATION POSITIONS ITSELF AS A RESOURCE TO THE REGION AND REGULARLY RESPONDS TO REQUESTS FOR INFORMATION AND GUIDANCE. THE COMMUNITY FOUNDATION PARTNERS WITH OTHER ORGANIZATIONS SUCH AS THE COUNCIL OF NJ GRANTMAKERS, THE GIFT PLANNING COUNCIL OF NEW JERSEY, CENTER FOR NONPROFITS, AND THE SUPPORT CENTER PARTNERSHIP IN PHILANTHROPY TO EXPAND ITS EDUCATIONAL OFFERINGS. OUTSIDE GROUPS CONDUCT RELATED WORKSHOPS ON ITS PREMISES. STAFF ARE AVAILABLE TO CONSULT WITH DONORS, NONPROFITS, PROFESSIONAL ADVISORS, AND COMMUNITY LEADERS ON ISSUES RELATED TO GIFTS, GRANTS, PARTNERSHIPS AND COLLABORATIONS, AND EFFECTIVE PHILANTHROPY AND NONPROFIT MANAGEMENT. IT SHARES ITS EXPERTISE WIDELY AS IT WORKS TO MEET ITS MISSION TO "PROMOTE PHILANTHROPY TO ADVANCE THE WELL-BEING OF OUR COMMUNITIES FOREVER." THE COMMUNITY FOUNDATION INCLUDES MANY SCHOLARSHIP FUNDS. IT GRANTS SCHOLARSHIPS AND AWARDS THROUGH COMPETITIVE PROCESSES TO SUPPORT COLLEGE STUDY AND TO HONOR ACHIEVEMENT IN THE ARTS, MUSIC, AND COMMUNITY SERVICE.

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

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A)</u> <u>TOTAL</u> <u>REVENUE</u>	<u>(B)</u> <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	<u>(C)</u> <u>UNRELATED</u> <u>BUSINESS REV.</u>	<u>(D)</u> <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST AND DIVIDEND INCOME	3,578,435.			3,578,435.
TOTALS	<u>3,578,435.</u>			<u>3,578,435.</u>

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUND FOR WOMEN AND GIRLS LUNCH	23,183.
TOTAL	<u>23,183.</u>

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS</u> <u>INCOME</u>	<u>DIRECT</u> <u>EXPENSES</u>
FUND FOR WOMEN AND GIRLS LUNCH	12,942.	12,942.
TOTALS	<u>12,942.</u>	<u>12,942.</u>

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING</u> <u>BOOK VALUE</u>
PREPAID EXPENSES	37,195.
TOTALS	<u>37,195.</u>

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
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ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
DOMESTIC EQUITY	34,138,412.	FMV
INTERNATIONAL EQUITY	19,234,476.	FMV
GOVERNMENT BONDS	9,996,493.	FMV
TOTALS	<u>63,369,381.</u>	

ATTACHMENT 6

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	32,424.
TOTALS	<u>32,424.</u>

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

For calendar year 2015 or other tax year beginning 01/01, 2015, and ending 12/31, 2015.

2015

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number
(Employees' trust, see instructions.)

B Exempt under section

- 501(C)(3)
- 408(e) 220(e)
- 408A 530(a)
- 529(a)

Print or Type

PRINCETON AREA COMMUNITY FOUNDATION INC.

52-1746234

Number, street, and room or suite no. If a P.O. box, see instructions.

15 PRINCESS ROAD

E Unrelated business activity codes
(See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

LAWRENCEVILLE, NJ 08648-2301

C Book value of all assets at end of year

121,339,216.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ JEFFREY VEGA Telephone number ▶ 609-219-1800

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)		2		
3	Gross profit. Subtract line 2 from line 1c		3		
4a	Capital gain net income (attach Schedule D)		4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c	Capital loss deduction for trusts		4c		
5	Income (loss) from partnerships and S corporations (attach statement)		5	-57,762.	ATCH 2
6	Rent income (Schedule C)		6		
7	Unrelated debt-financed income (Schedule E)		7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10	Exploited exempt activity income (Schedule I)		10		
11	Advertising income (Schedule J)		11		
12	Other income (See instructions; attach schedule)		12		
13	Total. Combine lines 3 through 12		13	-57,762.	-57,762.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		
14	Compensation of officers, directors, and trustees (Schedule K)	14
15	Salaries and wages	15
16	Repairs and maintenance	16
17	Bad debts	17
18	Interest (attach schedule)	18
19	Taxes and licenses	19
20	Charitable contributions (See instructions for limitation rules)	20
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a
		22b
23	Depletion	23
24	Contributions to deferred compensation plans	24
25	Employee benefit programs	25
26	Excess exempt expenses (Schedule I)	26
27	Excess readership costs (Schedule J)	27
28	Other deductions (attach schedule)	28
29	Total deductions. Add lines 14 through 28	29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30
31	Net operating loss deduction (limited to the amount on line 30)	31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34

For Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 40 b Other credits (see instructions). 40 c General business credit. Attach Form 3800 (see instructions) 40 d Credit for prior year minimum tax (attach Form 8801 or 8827). 40 e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39. 42 Other taxes. Check if from: 43 Total tax. Add lines 41 and 42 44 a Payments: A 2014 overpayment credited to 2015 44 b 2015 estimated tax payments 44 c Tax deposited with Form 8868. 44 d Foreign organizations: Tax paid or withheld at source (see instructions) 44 e Backup withholding (see instructions) 44 f Credit for small employer health insurance premiums (Attach Form 8941) 44 g Other credits and payments: 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs (attach schedule) 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here JEFFREY VEGA Signature of officer Date Date PRESIDENT & CEO Title May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Date Check if self-employed PTIN CATHERINE BENDALL P00521196 Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22-2027092 Firm's address 1 SPRING STREET Phone no. 732-828-1614

NEW BRUNSWICK, NJ 08901

Form 990-T (2015)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4).

Totals Total dividends-received deductions included in column 8. Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 3			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14. ▶			

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

ORGANIZATION RECEIVES PARTNERSHIP INCOME FROM INVESTMENTS IN
PUBLICALLY TRADED PARTNERSHIPS.

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

PARTNERSHIP LOSSES SUBJECT TO UNRELATED BUSINESS	-57,762.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-57,762.</u>

ATTACHMENT 3SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
CAROL P. HERRING 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	CHAIR	0	0.
ANTHONY J. CIMINO 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	VICE CHAIR	0	0.
MEREDITH C. MOORE 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	VICE CHAIR	0	0.
ANNE LABATE 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	SECRETARY	0	0.
GORDON O. DANSER 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TREASURER	0	0.
WILLIAM P. BURKS, MD 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
SONIA DELGADO 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
ANDREW K. GOLDEN, CFA 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
JOHN HATCH, FAIA, LEED AP 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
PATRICIA U. HERST, ESQ. 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
ELEANOR V. HORNE 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
MARGUERITE L. MOUNT, CPA 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
JEFFREY F. PERLMAN, CPCU 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
PATRICK L. RYAN 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
CAROLYN P. SANDERSON, CFP 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
LAURA LONGMAN 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	CFO	0	0.
DAVID R. SCOTT, ESQ. 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
LISA SKEETE TATUM 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
JOHN D. WALLACE 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.
THOMAS P. WEIDNER, ESQ. 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	TRUSTEE	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JEFFREY VEGA 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648-2301	PRESIDENT & CEO	0	0.
TOTAL COMPENSATION			<u>0.</u>

Return by a U.S. Transferor of Property to a Foreign Corporation

Information about Form 926 and its separate instructions is at www.irs.gov/form926.
Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor **PRINCETON AREA COMMUNITY FOUNDATION, INC.** Identifying number (see instructions) **52-1746234**

1 If the transferor was a corporation, complete questions 1a through 1d.

- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
FARALLON CAPITAL INSTITUTIONAL PARTNER	94-3106323

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) **RIDOTTO INVESTORS BLUE LTD** 4a Identifying number, if any APPLD FOR

5 Address (including country) **190 ELGIN AVENUE
GEORGETOWN GRAND CAYMAN ISLANDS CJ KY1-9005** 4b Reference ID number (see instructions)

6 Country code of country of incorporation or organization (see instructions) **CJ**

7 Foreign law characterization (see instructions) **CORPORATION**

- 8 Is the transferee foreign corporation a controlled foreign corporation? Yes No

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/19/2015		296,506.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

CASH

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before _____ % (b) After _____ %

10 Type of nonrecognition transaction (see instructions) ▶ 351 -----

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) Yes No
- b Gain recognition under section 904(f)(5)(F) Yes No
- c Recapture under section 1503(d) Yes No
- d Exchange gain under section 987 Yes No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes No

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property Yes No
- b Depreciation recapture Yes No
- c Branch loss recapture Yes No
- d Any other income recognition provision contained in the above-referenced regulations Yes No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$ -----

16 Was cash the only property transferred? Yes No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

