

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

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC. Doing Business As			D Employer identification number 52-1746234	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 15 PRINCESS ROAD		E Telephone number (609) 219-1800		
	City or town, state or province, country, and ZIP or foreign postal code LAWRENCEVILLE, NJ 08648			G Gross receipts \$ 38,523,262.	
	F Name and address of principal officer: JEFFREY VEGA 15 PRINCESS ROAD, LAWRENCEVILLE, NJ 08648			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.PACF.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
L Year of formation: 1991				M State of legal domicile: NJ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PRINCETON AREA COMMUNITY FOUNDATION PROMOTES PHILANTHROPY THROUGH EDUCATION, GRANT MAKING, AND BY CREATING A NETWORK OF DONORS, ADVISORS AND NONPROFIT CORPORATIONS.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 23.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 23.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 12.
	6 Total number of volunteers (estimate if necessary)	6 55.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 33,824,088. Current Year: 19,835,641.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,078,243. 3,132,802.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,683. 225,732.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,913,014. 23,194,175.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,317,417. 19,937,807.
	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)	1,458,793. 1,390,775.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 573,438.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	531,610. 648,105.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,307,820. 21,976,687.
19 Revenue less expenses. Subtract line 18 from line 12	15,605,194. 1,217,488.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 175,719,923. End of Year: 170,321,095.
	21 Total liabilities (Part X, line 26)	1,492,657. 39,170,540.
	22 Net assets or fund balances. Subtract line 21 from line 20.	174,227,266. 131,150,555.

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 _____ Date _____			
	Type or print name and title _____			
Paid Preparer Use Only	Print/Type preparer's name BRAD CARUSO	Preparer's signature 	Date 11-15-2019	Check <input type="checkbox"/> if self-employed PTIN P01249134
	Firm's name ▶ WITHUMSMITH+BROWN, PC		Firm's EIN ▶ 22-2027092	
	Firm's address ▶ ONE TOWER CENTER BLVD 14TH FL EAST BRUNSWICK, NJ 08816		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** (2018)

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. THE COMMUNITY FOUNDATION HAS A NEW GRANT PROGRAM, ALL KIDS THRIVE, WHICH ADDRESSES YOUTH CHRONICALLY ABSENT FROM SCHOOL.

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 \$ 20,740,938. including grants of \$ 19,937,807.) (Revenue \$)

THE COMMUNITY FOUNDATION IS AN ACTIVE GRANTMAKER THROUGH SEVERAL COMPETITIVE GRANT PROGRAMS; ALL KIDS THRIVE IS ADDRESSING HIGH RATES OF CHRONIC ABSENTEEISM IN LOCAL PUBLIC SCHOOLS, AND COMMUNITY IMPACT GRANTS SUPPORT NONPROFITS WORKING TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN, FAMILIES, AND COMMUNITIES. THE COMMUNITY FOUNDATION ALSO MAKES GRANTS FROM DONOR ADVISED, DESIGNATED, NONPROFIT AND FIELD OF INTEREST FUNDS AND SUPPORTS GIVING CIRCLES INCLUDING THE FUND FOR WOMEN AND GIRLS AND THE NEXTGEN GIVING CIRCLE (SEE SCHEDULE O FOR MORE DETAILS).

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 20,740,938.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited 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 (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ, PA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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

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 TRUSTEE	1.00 0.	X						0.	0.	0.
(2) ANTHONY J. CIMINO CHAIR - TRUSTEE	5.00 0.	X		X				0.	0.	0.
(3) MEREDITH C. MOORE VICE CHAIR - TRUSTEE	3.00 0.	X		X				0.	0.	0.
(4) MARGUERITE L. MOUNT, CPA, CGMA TREASURER - TRUSTEE	5.00 0.	X		X				0.	0.	0.
(5) WILLIAM P. BURKS MD TRUSTEE	1.00 0.	X						0.	0.	0.
(6) ANDREW K. GOLDEN, CFA TRUSTEE	3.00 0.	X						0.	0.	0.
(7) JOHN HATCH, FAIA, LEED AP TRUSTEE	1.00 0.	X						0.	0.	0.
(8) ELEANOR V. HORNE TRUSTEE	1.00 0.	X						0.	0.	0.
(9) CAROLYN P. SANDERSON, CFP VICE CHAIR - TRUSTEE	5.00 0.	X		X				0.	0.	0.
(10) LISA SKEETE TATUM TRUSTEE	1.00 0.	X						0.	0.	0.
(11) THOMAS P. WEIDNER, ESQ. TRUSTEE	1.00 0.	X						0.	0.	0.
(12) ANA BERDECIA TRUSTEE	1.00 0.	X						0.	0.	0.
(13) WILLIAM HARLA TRUSTEE	1.00 0.	X						0.	0.	0.
(14) ANDREW LIEU SECRETARY - TRUSTEE	5.00 0.	X		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) ELIZABETH MCNEILLY, CFP TRUSTEE	1.00 0.	X						0.	0.	0.
(16) JAMIE KYTE SAPOCH TRUSTEE	1.00 0.	X						0.	0.	0.
(17) CALVIN B. THOMAS, JR. TRUSTEE	1.00 0.	X						0.	0.	0.
(18) MICHAEL H. ULLMANN TRUSTEE	1.00 0.	X						0.	0.	0.
(19) VERNON BRAMBLE TRUSTEE	1.00 0.	X						0.	0.	0.
(20) SHAWN W. ELLSWORTH TRUSTEE	1.00 0.	X						0.	0.	0.
(21) JUSTINA NIXON-SAINTIL TRUSTEE	1.00 0.	X						0.	0.	0.
(22) RAKIA REYNOLDS TRUSTEE	1.00 0.	X						0.	0.	0.
(23) ANNE M. VANLENT TRUSTEE	1.00 0.	X						0.	0.	0.
(24) LAURA LONGMAN CFO	40.00 0.			X				166,656.	0.	20,714.
(25) JEFFREY VEGA PRESIDENT & CEO	40.00 0.			X				233,674.	0.	29,294.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								662,117.	0.	76,248.
d Total (add lines 1b and 1c)								662,117.	0.	76,248.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4

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

Section B. Independent Contractors

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

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

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 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			
(26) ELIZABETH WAGNER ----- CHIEF PHILANTHROPY OFFICER	40.00 0.					X		144,595.	0.	9,379.
(27) NELIDA VALENTIN ----- VP OF GRANTS AND PROGRAMS	40.00 0.					X		117,192.	0.	16,861.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **4**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(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	4,966.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	19,830,675.				
	g Noncash contributions included in lines 1a-1f: \$		5,691,314.				
	h Total. Add lines 1a-1f			19,835,641.			
	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).			2,104,557.			2,104,557.
	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			16,345,788.			
	c Gain or (loss)			15,317,543.			
	d Net gain or (loss)			1,028,245.			1,028,245.
	8a Gross income from fundraising events (not including \$ 4,966. of contributions reported on line 1c). See Part IV, line 18	a		11,544.			
	b Less: direct expenses	b		11,544.			
	c Net income or (loss) from fundraising events			0.			
	9a Gross income from gaming activities. See Part IV, line 19	a		0.			
b Less: direct expenses	b		0.				
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a		0.				
b Less: cost of goods sold	b		0.				
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue		Business Code					
11a ADMINISTRATIVE FEES		900099		225,732.			225,732.
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				225,732.			
12 Total revenue. See instructions.				23,194,175.			3,358,534.

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	19,780,707.	19,780,707.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	157,100.	157,100.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	450,338.	183,614.	120,473.	146,251.
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	695,769.	283,682.	186,133.	225,954.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,878.	25,637.	16,821.	20,420.
9 Other employee benefits	101,165.	41,248.	27,063.	32,854.
10 Payroll taxes	80,625.	32,872.	21,569.	26,184.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	14,154.		14,154.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	174,438.	51,902.	122,536.	
12 Advertising and promotion	102,371.	42,000.	30,777.	29,594.
13 Office expenses	113,436.	37,316.	65,408.	10,712.
14 Information technology	97,804.	44,444.	17,960.	35,400.
15 Royalties	0.			
16 Occupancy	96,898.	38,909.	26,997.	30,992.
17 Travel	13,118.	6,200.	3,125.	3,793.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	10,873.	4,433.	2,909.	3,531.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	9,065.	3,696.	2,425.	2,944.
23 Insurance	15,948.	7,178.	3,961.	4,809.
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	21,976,687.	20,740,938.	662,311.	573,438.
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	39,915.	1	17,880.
	2 Savings and temporary cash investments	28,715,422.	2	25,471,146.
	3 Pledges and grants receivable, net	793,972.	3	3,251,481.
	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	37,566.	9	48,897.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	140,724.		
	10b Less: accumulated depreciation	133,913.		
		14,022.	10c	6,811.
	11 Investments - publicly traded securities	48,178,308.	11	42,343,353.
	12 Investments - other securities. See Part IV, line 11	97,691,188.	12	98,947,584.
	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	249,530.	15	233,943.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	175,719,923.	16	170,321,095.	
Liabilities	17 Accounts payable and accrued expenses	116,639.	17	83,235.
	18 Grants payable	1,365,802.	18	6,123,335.
	19 Deferred revenue	10,216.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	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	32,963,970.
	26 Total liabilities. Add lines 17 through 25	1,492,657.	26	39,170,540.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	173,717,861.	27	129,936,432.
	28 Temporarily restricted net assets	509,405.	28	1,214,123.
	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	174,227,266.	33	131,150,555.
	34 Total liabilities and net assets/fund balances	175,719,923.	34	170,321,095.

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	23,194,175.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,976,687.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,217,488.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	174,227,266.
5	Net unrealized gains (losses) on investments	5	-8,950,914.
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	-35,343,285.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	131,150,555.

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)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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						

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

Schedule A (Form 990 or 990-EZ) 2018

JSA
8E1210 1.000

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (58.40%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (58.62%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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?		
b	A family member of a person described in (a) above?		
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>		

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>		
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>		

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>		

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?		
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>		
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>		

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.		
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>		
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>		
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>		
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>		

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 (explain in Part VI). **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 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS REVENUE	20,055.	11,345.	7,395.	10,683.	225,732.	275,210.
TOTALS	<u>20,055.</u>	<u>11,345.</u>	<u>7,395.</u>	<u>10,683.</u>	<u>225,732.</u>	<u>275,210.</u>

Schedule of Contributors

2018

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't 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		\$ 3,468,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,088,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,406,531.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 675,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 500,000.	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		\$ 1,257,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 3,014,461.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
3	2,876,069 SHARES OF INDUSTRIAL & COMMERCE BANK OF CHINA LTD.	\$ 1,926,966.	12/31/2018
7	8,144 SHARES OF JOHNSON & JOHNSON	\$ 1,151,419.	11/26/2018
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number
52-1746234

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

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, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Form for Part II with multiple sections: 1 Purpose(s) of conservation easements, 2-8 Detailed questions about conservation contributions, 9 Reporting requirements.

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 with sections 1a, 1b, 2, 2a, 2b detailing reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	44,361,653.	39,931,124.	37,386,642.	39,176,339.	37,970,828.
b Contributions	64,847.	214,467.	717,196.	112,713.	1,535,733.
c Net investment earnings, gains, and losses	-1,988,779.	6,090,920.	3,665,753.	156,673.	1,113,995.
d Grants or scholarships	2,947,919.	962,600.	626,786.	1,364,450.	1,024,737.
e Other expenditures for facilities and programs	719,100.	539,842.	844,227.	306,278.	41,229.
f Administrative expenses		372,416.	367,454.	388,355.	378,251.
g End of year balance	38,770,702.	44,361,653.	39,931,124.	37,386,642.	39,176,339.

- 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.	61,814.	1,504.
d Equipment		77,406.	72,099.	5,307.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,811.

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	21,500.	ATTACHMENT 1
(3) Other		
(A) ALTERNATIVE - MULTI-STRATEGY	35,641,709.	FMV
(B) ALTERNATIVE - L/S STRATEGY	4,607,475.	FMV
(C) ALTERNATIVE - EQUITY FUNDS	36,383,158.	FMV
(D) ALTERNATIVE - REAL ASSETS	4,069,599.	FMV
(E) ALTERNATIVE - NAV INVESTMENTS	18,224,143.	FMV
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	98,947,584.	

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) FUNDS HELD FOR OTHERS	32,963,970.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	32,963,970.

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	14,122,707.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-8,950,914.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	11,544.	
e	Add lines 2a through 2d	2e	-8,939,370.	
3	Subtract line 2e from line 1	3	23,062,077.	
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	14,154.	
b	Other (Describe in Part XIII.)	4b	117,944.	
c	Add lines 4a and 4b	4c	132,098.	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,194,175.	

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	21,822,402.
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	11,544.	
e	Add lines 2a through 2d	2e	11,544.	
3	Subtract line 2e from line 1	3	21,810,858.	
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	14,154.	
b	Other (Describe in Part XIII.)	4b	151,675.	
c	Add lines 4a and 4b	4c	165,829.	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	21,976,687.	

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. HOWEVER, REVENUE EARNED ON ACTIVITIES WHICH ARE UNRELATED TO THE COMMUNITY FOUNDATION'S EXEMPT PURPOSE IS TAXABLE. THE COMMUNITY FOUNDATION HAD NO UNRELATED BUSINESS TAXABLE INCOME ASSESSED IN 2018.

THE COMMUNITY FOUNDATION FOLLOWS THE PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND THERE WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2018 AND 2017. IN ADDITION, NO INCOME TAX RELATED PENALTIES OR INTEREST HAVE BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017.

SCHEDULE D, PART XI, LINE 4B

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT \$17,944; GRANT EXPENDITURES OF \$100,000 FOR A TOTAL OF \$117,944.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

REFUND OF PRIOR GRANT EXPENDITURES \$51,675; GRANT EXPENDITURES OF
\$100,000 FOR A TOTAL OF \$151,675.

SCHEDULE D, PART XII, LINE 2D

SPECIAL EVENTS EXPENSE: \$(11,544)

SCHEDULE D, PART XI, LINE 2D

SPECIAL EVENTS EXPENSE: \$11,544

ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
PRIVATELY HELD STOCK	21,500.	FMV
TOTALS	<u>21,500.</u>	

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

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.

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

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		18,224,143.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					18,224,143.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					18,224,143.

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

Schedule F (Form 990) 2018

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(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 ▶ _____

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 noncash assistance	(g) Description of noncash 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; don't 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; don't file with Form 990)* Yes No

Part V Supplemental Information

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 WEBSITES, 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 RECIPIENTS ARE ENROLLED AND MAINTAIN COMPLIANCE WITH SCHOLARSHIP GUIDELINES.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

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.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

- 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(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	
		LUNCHEON	DIINER	1.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	6,240.	6,350.	3,920.	16,510.
	2	Less: Contributions	1,465.	1,545.	1,956.	4,966.
	3	Gross income (line 1 minus line 2)	4,775.	4,805.	1,964.	11,544.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,775.	4,805.	1,964.	11,544.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				11,544.
	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))
		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**

OMB No. 1545-0047

2018

**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.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) 28 DAYS PROJECT INC. 80 GREAT OAK DRIVE SHORT HILLS, NJ 07078	81-3888531	501C(3)	10,000.				SUPPORT FOR 28 DAYS
(2) ADIRONDACK LAKES CENTER FOR THE ARTS P.O. BOX 205	14-1501361	501C(3)	13,200.				GENERAL SUPPORT
(3) ADIRONDACK MUSEUM ROUTE 28N & 30	99-9999999	501C(3)	20,000.				BEQUEST GIFT
(4) ADVENTURE CYCLING ASSOCIATION 150 E. PINE STREET MISSOULA, MT 59802	23-7427629	501C(3)	10,000.				GENERAL SUPPORT
(5) ADVOCATES FOR COMMUNITY AND RURAL EDUCATION 401 SOUTH SCOTT STREET - SUITE 5	25-1917387	501C(3)	7,500.				RWJF STAFF LEARNING
(6) ALLIED ARTS FOUNDATION 4111 E. MADISON STREET - SUITE 52	91-0829974	501C(3)	10,000.				OPEN SPACE FOR ARTS
(7) AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF 1200 NEW YORK AVE NW WASHINGTON, DC 20005	53-0196568	501C(3)	18,000.				\$3,000 IN SUPPORT OF
(8) AMERICAN CAMP ASSOCIATION 5000 STATE ROAD 67 NORTH	35-0962419	501C(3)	7,000.				COPPERCREEK CAMP GRE
(9) AMERICAN CANCER SOCIETY, EASTERN DIVISION 2600 ROUTE 1 NORTH BRUNSWICK, NJ 08902	13-1788491	501C(3)	10,200.				GENERAL SUPPORT
(10) AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREET, 18TH FLOOR	13-6213516	501C(3)	14,700.				GENERAL SUPPORT
(11) AMERICAN CIVIL LIBERTIES UNION OF NEW JERSE POST OFFICE BOX 32159 NEWARK, NJ 07102	22-2010593	501C(3)	10,500.				GENERAL SUPPORT
(12) AMERICAN DIABETES ASSOCIATION 1701 N. BEAUREGARD STREET - SUITE 100	13-1623888	501C(3)	500,000.				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 ▶

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

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

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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 noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN LUNG ASSOCIATION 55 WEST WACKER DRIVE CHICAGO, IL 60601	13-1632524	501C(3)	10,000.				ON BEHALF OF THE TRU
(2) AMERICAN RED CROSS OF CENTRAL NEW JERSEY 707 ALEXANDER ROAD, SUITE 101	53-0196605	501C(3)	10,700.				GENERAL SUPPORT
(3) AMERICAN REPERTORY BALLET/PRINCETON BALLET 80 ALBANY STREET, FLOOR 2	21-0732575	501C(3)	50,800.				GENERAL SUPPORT
(4) ARKANSAS COALITION OF MARSHALLESE INC. 614 EAST EMMA AVENUE SPRINGDALE, AR 72764	35-2416698	501C(3)	7,500.				RWJF STAFF LEARNING
(5) ARKANSAS PUBLIC POLICY PANEL INC. 1308 WEST 2ND STREET LITTLE ROCK, AR 72201	71-0467088	501C(3)	7,500.				RWJF STAFF LEARNING
(6) ARM IN ARM 123 E HANOVER STREET TRENTON, NJ 08608	22-3198464	501C(3)	63,150.				ALL KIDS THRIVE - NA
(7) ARM IN ARM (FORMERLY CRISIS MINISTRY OF MER 123 E HANOVER STREET TRENTON, NJ 08608	22-3198464	501C(3)	277,300.				GENERAL SUPPORT
(8) ARTS COUNCIL OF PRINCETON 102 WITHERSPOON STREET PRINCETON, NJ 08542	22-6108090	501C(3)	81,715.				GENERAL SUPPORT
(9) ARTWORKS 19 EVERETT ALLEY TRENTON, NJ 08611	22-1803117	501C(3)	60,000.				ON-BOARD DEVELOPMENT
(10) ARTWORKS: THE NAOMI COHAIN FOUNDATION INC. 96 ENGLE STREET, SUITE 120	02-0617654	501C(3)	50,000.				IMPROVING THE HEALTH
(11) AUTISM SCIENCE FOUNDATION 106 WEST 32ND STREET NEW YORK, NY 10001	26-4522309	501C(3)	25,000.				SUPPORT FOR THE "HA
(12) BEDLAM 603 WEST 115TH STREET, MAILBOX 130	80-0784887	501C(3)	8,000.				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 ▶

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

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Department of the Treasury
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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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 noncash assistance	(h) Purpose of grant or assistance
(1) BETHEL COMMUNITY SERVICES FOUNDATION INC. PO BOX 2189 BETHEL, AK 99559	92-0146538	501C(3)	20,000.				YK DELTA LIFESAVERS
(2) BETTER BEGINNINGS DAY CARE CENTER OF HIGHTS 318 N MAIN STREET HIGHTSTOWN, NJ 08520	22-1989487	501C(3)	14,500.				GENERAL SUPPORT
(3) BETTER COMMUNITY DEVELOPMENT INC. 3805 WEST 12TH STREET - SUITE 203	58-1807967	501C(3)	7,500.				RWJF STAFF LEARNING
(4) BETTER COMMUNITY HOUSING OF TRENTON, INC. 802 EAST STATE STREET TRENTON, NJ 08602	23-7229294	501C(3)	10,000.				GENERAL SUPPORT
(5) BIG BROTHERS BIG SISTERS OF MERCER COUNTY 535 EAST FRANKLIN STREET TRENTON, NJ 08610	06-1653897	501C(3)	5,200.				GENERAL SUPPORT
(6) BIRTHING BEAUTIFUL COMMUNITIES 5000 EUCLID AVENUE CLEVELAND, OH 44103	47-4453278	501C(3)	50,000.				DUDE'LA, A SUPPORTIV
(7) BLACK WOMEN'S AGENDA 5335 WISCONSIN AVENUE NW - SUITE 440	52-1139558	501C(3)	10,000.				2018 BWA ANNUAL YOUT
(8) BLAINE COUNTY RECREATION DISTRICT 1050 FOX ACRES ROAD - ROOM 107	82-0336498	501C(3)	10,000.				SIGNAGE FOR THE BLAI
(9) BONNIE BRAE SCHOOL FOR BOYS 3415 VALLEY ROAD	22-1500479	501C(3)	15,000.				GENERAL SUPPORT
(10) BOWDOIN COLLEGE 4100 COLLEGE STATION	01-0215213	501C(3)	5,200.				FOR ROWING ENDOWMENT
(11) BOYS & GIRLS CLUBS OF MARTIN COUNTY PO BOX 910 HOBE SOUND, FL 33475	65-0253002	501C(3)	10,000.				GENERAL SUPPORT
(12) BOYS & GIRLS CLUBS OF MERCER COUNTY 212 CENTRE STREET TRENTON, NJ 08611	21-0634556	501C(3)	34,500.				GENERAL SUPPORT

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

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

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Schedule I (Form 990) (2018)

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

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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 noncash assistance	(h) Purpose of grant or assistance
(1) BROOKLYN COMMUNITY BAIL FUND 195 MONTAGUE STREET BROOKLYN, NY 11201	90-1014588	501C(3)	10,000.				FIGHTING FOR JUSTICE
(2) BROOKLYN GREENWAY INITIATIVE, INC. 153 COLUMBIA STREET BROOKLYN, NY 11231	20-3283721	501C(3)	20,000.				PROVIDING JOB TRAINI
(3) BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238	11-1904261	501C(3)	25,000.				PLANNING GRANT TO DE
(4) BYRD BARR PLACE 722 18TH AVENUE SEATTLE, WA 98122	91-0786727	501C(3)	10,000.				BYRD BARR PLACE
(5) CAPITAL HEALTH SYSTEM FOUNDATION TWO CAPITAL WAY PENNINGTON, NJ 08534	22-2230681	501C(3)	10,000.				GENERAL SUPPORT
(6) CAPTAIN ERICK FOSTER MEMORIAL RIDE PO BOX 2145 PHILADELPHIA, PA 19103	47-3192875	501C(3)	25,000.				PROVIDE SUPPORT TO T
(7) CASA FOR CHILDREN OF MERCER & BURLINGTON CO 1450 PARKSIDE AVENUE - SUITE 22	22-3770968	501C(3)	43,900.				EARLY CHILDHOOD SUCC
(8) CATHOLIC CENTRAL SCHOOL FOUNDATION 1200 EAST HIGH STREET SPRINGFIELD, OH 45505	23-7252047	501C(3)	29,600.				GENERAL SUPPORT
(9) CENTER FOR NON-PROFITS 3635 QUAKERBRIDGE ROAD - SUITE 35	99-9999999	501C(3)	25,000.				GENERAL SUPPORT
(10) CENTRAL JERSEY KALAHI ATHLETIC ASSOCIATION 14 VOGEL AVENUE PISCATAWAY, NJ 08854	46-5058276	501C(3)	15,000.				TO PROMOTE YOUTH EDU
(11) CENTRO ESPERANZA PO BOX 482 LOIZA, PR 00772	66-0479375	501C(3)	7,500.				SITE VISIT TO PUERTO
(12) CENTURION MINISTRIES 1000 HERRONTOWN ROAD PRINCETON, NJ 08540	22-2563979	501C(3)	13,750.				GENERAL SUPPORT

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

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52-1746234

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 noncash assistance	(h) Purpose of grant or assistance
(1) CHAPIN SCHOOL, PRINCETON 4101 PRINCETON PIKE PRINCETON, NJ 08540	21-0688891	501C(3)	27,250.				CHAPIN SCHOOL ANNUAL
(2) CHESAPEAKE WOMEN'S RUGBY FOOTBALL CLUB 1212 SCHUCKS ROAD BEL AIR, MD 21015	34-2003516	501C(3)	20,000.				SUPPORT FOR CHESAPEA
(3) CHIEF SEATTLE CLUB 410 2ND AVENUE EXTENSION SOUTH	91-0852503	501C(3)	10,000.				CHIEF SEATTLE CLUB
(4) CHILD CARE CONNECTION, INC. 1001 SPRUCE STREET SUITE 201	36-3779018	501C(3)	12,500.				GENERAL SUPPORT
(5) CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVENUE	21-0634966	501C(3)	26,100.				GENERAL SUPPORT
(6) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BOULEVARD	23-1352166	501C(3)	20,200.				PETER H. BERMAN, MD
(7) CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDAT PO BOX 781352 PHILADELPHIA, PA 19178-1352	23-2237932	501C(3)	17,600.				GENERAL SUPPORT
(8) CHRIS 180 INC. 1017 FAYETTEVILLE ROAD SE - SUITE B	58-1430183	501C(3)	7,500.				BIRMINGHAM/ATLANTA L
(9) CITY HARVEST 6 EAST 32ND STREET - 5TH FLOOR	13-3170676	501C(3)	5,300.				IN MEMORY OF ZVI EIR
(10) COLLIER COUNTY COMMUNITY FOUNDATION 1110 PINE RIDGE ROAD - SUITE 200	59-2396243	501C(3)	100,000.				GIVE WHERE YOU LIVE
(11) COMMUNITIES UNLIMITED INC. 3 COLT SQUARE DRIVE	71-0464321	501C(3)	7,500.				RWJF STAFF LEARNING
(12) COMMUNITY HEALTH-IN-PARTNERSHIP SERVICES 2431 NORTH GRAND BLVD.	43-1589851	501C(3)	15,000.				EXPLORING EXPANSION

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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY LOAN FUND OF NEW JERSEY, INC. 108 CHURCH STREET, 3RD FLOOR	22-2872262	501C(3)	7,500.				EAST TRENTON COLLABO
(2) CONGREGATION KEHILAT SHALOM 253 GRIGGSTOWN ROAD BELLE MEAD, NJ 08502	22-2549253	501C(3)	7,808.				MEMBERSHIP AND NESSI
(3) COUNCIL FOR RELATIONSHIPS 4025 CHESTNUT STREET, FIRST FLOOR	23-6297362	501C(3)	7,500.				GENERAL SUPPORT
(4) CREATE INC. PO BOX 190969 SAN JUAN, PR 00919	66-0585251	501C(3)	10,000.				SUPPORT TO CREATE F
(5) D&R GREENWAY LAND TRUST ONE PRESERVATION PLACE PRINCETON, NJ 08540	22-3035836	501C(3)	96,932.				GENERAL SUPPORT
(6) DEERFIELD ACADEMY 7 BOYDEN LANE DEERFIELD, MA 01342-9989	04-2103563	501C(3)	23,000.				1969 50TH REUNION CL
(7) DEFENDER MOBILITY 27056 JOY ROAD REDFORD, MI 48239	47-4543354	501C(3)	9,654.				TO PARTNER WITH DEFE
(8) DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501C(3)	37,650.				GENERAL SUPPORT
(9) DRESS FOR SUCCESS MERCER COUNTY 3131 PRINCETON PIKE, BUILDING 4, SUITE 209	37-1536476	501C(3)	48,800.				GENERAL SUPPORT
(10) DREW CHARTER SCHOOL 300 EAST LAKE BOULEVARD ATLANTA, GA 30317	58-2528098	501C(3)	7,500.				BIRMINGHAM/ATLANTA L
(11) EDEN AUTISM SERVICES INC. 2 MERWICK ROAD PRINCETON, NJ 08540	22-2069597	501C(3)	50,100.				EDEN AUTISM SERVICES
(12) EMERGENCY ASSISTANCE FOUNDATION 3713 PINE STREET JACKSONVILLE, FL 32205	45-1813056	501C(3)	150,000.				FOR THE NRG EMPLOYEE

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(1) EMERGENCY MEDICAL FOUNDATION 4950 WEST ROYAL LANE IRVING, TX 75063-2524	75-2331221	501C(3)	50,000.				SUPPORT THE DEVELOPM
(2) ENABLE, INC. 13 ROSZEL ROAD, SUITE B110	22-2993393	501C(3)	15,000.				SUPPORT THE SERVICES
(3) ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501C(3)	19,400.				GENERAL SUPPORT
(4) EQUAL JUSTICE INITIATIVE 122 COMMERCE ST. MONTGOMERY, AL 36104	63-1135091	501C(3)	11,500.				EQUAL JUSTICE INITIA
(5) ETTYPLAY INC. P.O. BOX 862 NEW YORK, NY 10025-0862	26-2633152	501C(3)	10,000.				GENERAL SUPPORT
(6) EVERGLADES FOUNDATION 18001 OLD CUTLER ROAD - SUITE 625	59-3228899	501C(3)	42,500.				GENERAL SUPPORT
(7) EVERY CHILD VALUED 175 JOHNSON AVENUE LAWRENCEVILLE, NJ 08648	26-4654078	501C(3)	312,500.				ALL KIDS THRIVE - EG
(8) EXALT YOUTH 175 REMSEN STREET - SUITE 100	20-5540955	501C(3)	25,000.				PROGRAM EXPANSION -
(9) FAMILY GUIDANCE CENTER/FAMILY & CHILDREN'S 1931 NOTTINGHAM WAY HAMILTON, NJ 08619-3554	22-3237254	501C(3)	850,522.				GENERAL SUPPORT
(10) FARESTART 700 VIRGINIA STREET SEATTLE, WA 98101	91-1546757	501C(3)	50,000.				FARESTART
(11) FEEDING AMERICA 35 EAST WACKER DRIVE SUITE 2000	36-3673599	501C(3)	200,700.				FUNDS WILL BE USED T
(12) FELICIAN UNIVERSITY ONE FELICIAN WAY RUTHERFORD, NJ 07070	22-1912028	501C(3)	11,000.				JOHN T. CONNOLLY MEM

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(1) FINAL SALUTE INC. P. O BOX 156 HAYMARKET, VA 20168	80-0660380	501C(3)	50,000.				FAMILY-CENTERED CULT
(2) FOUNDATION ACADEMIES 363 WEST STATE STREET TRENTON, NJ 08618	20-4406909	501C(3)	27,750.				GENERAL SUPPORT
(3) FOUNDATION FIGHTING BLINDNESS - NEW JERSEY PO BOX 449 PRINCETON, NJ 08540-0449	23-7135845	501C(3)	35,000.				GENERAL SUPPORT
(4) FOUNDATION FOR EDUCATIONAL ADMINISTRATION 12 CENTRE DRIVE MONROE TOWNSHIP, NJ 08831	22-2757694	501C(3)	312,500.				ALL KIDS THRIVE - BU
(5) FREEDOM BEHIND BARS FOUNDATION INC. 102 ESTABROOK ROAD CONCORD, MA 01742	20-8742974	501C(3)	50,000.				TO SUPPORT ""GETTING
(6) FRIENDS OF PRINCETON OPEN SPACE 57 MOUNTAIN AVENUE PRINCETON, NJ 08540	23-7259355	501C(3)	8,725.				GENERAL SUPPORT
(7) FUNDACION CONCEPCION MARTIN CALL BOX 70006 FAJARDO, PR 00738	66-0570446	501C(3)	7,500.				SITE VISIT TO PUERTO
(8) FUNDACION HOSPITAL PEDIATRICO PO BOX 10728 SAN JUAN, PR 00922	66-0817091	501C(3)	7,500.				SITE VISIT TO PUERTO
(9) GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	54-1603842	501C(3)	25,000.				GENERAL HAZEL JOHNSO
(10) GEORGE STREET PLAYHOUSE 9 LIVINGSTON AVENUE	23-7361588	501C(3)	15,000.				GENERAL SUPPORT
(11) GEORGIA STATE UNIVERSITY RESEARCH FOUNDATIO 55 PARK PLACE ATLANTA, GA 30303	58-1845423	501C(3)	7,500.				ARCHI COLLABORATIVE;
(12) GIRLTREK INCORPORATED 1800 WYOMING AVE, NW WASHINGTON, DC 20009	06-1811886	501C(3)	50,000.				FUNDS WILL BE USED F

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(1) GOSPEL AT NEW GENERATION 200 EAST 37TH STREET	01-0868003	501C(3)	25,000.				THIS PROJECT PROVIDE
(2) GREAT RIVER ECONOMIC DEVELOPMENT FOUNDATION 4701 MEMORIAL DRIVE BLYTHEVILLE, AR 72315	99-9999999	501C(3)	7,500.				RWJF STAFF LEARNING
(3) GREATER WASHINGTON EDUCATIONAL TELECOMMUNIC 3939 CAMPBELL AVENUE ARLINGTON, VA 22206	53-0242992	501C(3)	50,000.		FMV		THE POWER TO HEAL: M
(4) GREENWOOD HOUSE HOME FOR THE JEWISH AGED 53 WALTER STREET EWING, NJ 08628	21-0639867	501C(3)	1,552,137.				GENERAL SUPPORT
(5) GROUNDS FOR SCULPTURE 80 SCULPTORS WAY HAMILTON, NJ 08619	22-3694371	501C(3)	22,996.				GENERAL SUPPORT
(6) HABITAT FOR HUMANITY OF BURLINGTON COUNTY A 530 ROUTE 38 EAST MAPLE SHADE, NJ 08052	22-2736214	501C(3)	77,600.				GENERAL SUPPORT
(7) HAMILTON AREA YMCA 1315 WHITEHORSE-MERCERVILLE ROAD	21-0702879	501C(3)	12,500.				ALL KIDS THRIVE PLAN
(8) HARBOR CAMPS, INC. PO BOX 920251 NEEDHAM, MA 02492	26-4037161	501C(3)	50,000.				EXPANDING THE CAMP A
(9) HASER, INC. PO BOX 649 SAINT JUST, PR 00978	66-0861655	501C(3)	15,000.				TO SUPPORT THE CHARI
(10) HEALING TOWERS INC. 2417 TONGASS - SUITE 111-355	81-0704176	501C(3)	8,400.				TO FUND THERAPEUTIC
(11) HEALTHY AFRICAN AMERICAN FAMILIES 4305 DEGNAN BLVD. - SUITE 105	95-4872179	501C(3)	46,250.				COMMUNITIES FOR WELL
(12) HEDGEPEETH-WILLIAMS MIDDLE SCHOOL OF THE ART 301 GLADSTONE AVENUE TRENTON, NJ 08629	99-9999999	501C(3)	312,500.				ALL KIDS THRIVE - PO

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(1) HENRY J. AUSTIN HEALTH CENTER, INC. 321 NORTH WARREN STREET TRENTON, NJ 08618	22-2682708	501C(3)	85,000.				GENERAL SUPPORT
(2) HIGH FIVES FOUNDATION 10775 PIONEER TRAIL - SUITE 108	26-4275773	501C(3)	9,000.				AMERICAN WARRIOR RAN
(3) HISPANIC FEDERATION, INC. 55 EXCHANGE PLACE - SUITE 501	13-3573852	501C(3)	30,000.				FOR DISASTER RELIEF
(4) HISPANIC WOMEN'S ORGANIZATION OF ARKANSAS 614 EMMA AVENUE - SUITE 231	73-1586398	501C(3)	7,500.				RWJF STAFF LEARNING
(5) HISTORIC MORVEN 55 STOCKTON STREET PRINCETON, NJ 08540-6912	22-2817982	501C(3)	89,400.				GENERAL SUPPORT
(6) HISTORICAL SOCIETY OF PRINCETON 354 QUAKER ROAD PRINCETON, NJ 08540	22-6074979	501C(3)	7,100.				\$2,000 TO THE ENDOWM SUPPORT
(7) HOBART AND WILLIAM SMITH COLLEGES 337 PULTENEY STREET GENEVA, NY 14456	16-0743040	501C(3)	10,000.				GENERAL SUPPORT
(8) HOLDERNESS SCHOOL 33 CHAPEL LANE PLYMOUTH, NH 03264-1879	02-0147630	501C(3)	27,500.				THE HOLDERNESS SCHOO
(9) HOMEFRONT 1880 PRINCETON AVENUE	22-3165145	501C(3)	291,877.				GENERAL SUPPORT
(10) HOUSING AUTHORITY OF THE CITY OF SEATTLE 190 QUEEN ANNE AVENUE NORTH	99-9999999	501C(3)	70,000.				HOUSING AUTHORITY OF
(11) HOUSING INITIATIVES OF PRINCETON CHARITABLE 33 MERCER STREET PRINCETON, NJ 08540	27-6983137	501C(3)	43,450.				GENERAL SUPPORT
(12) HOUSTON PARKS BOARD 300 NORTH POST OAK LANE HOUSTON, TX 77024	74-1860046	501C(3)	7,500.				SUPPORT FOR THE HOUS

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(1) HUMANE SOCIETY OF NAPLES 370 AIRPORT-PULLING ROAD NORTH	59-1033966	501C(3)	6,000.				THE RUN FOR THE PAWS
(2) HUN SCHOOL OF PRINCETON 176 EDGERSTOUNE ROAD	21-0639868	501C(3)	10,630.				GENERAL SUPPORT
(3) I AM BHAM, INC. 1500 1ST AVENUE NORTH BIRMINGHAM, AL 35203	81-5327975	501C(3)	7,500.				BIRMINGHAM/ATLANTA S
(4) INSTITUTE FOR ADVANCED STUDY 1 EINSTEIN DRIVE PRINCETON, NJ 08540	21-0634988	501C(3)	13,500.				GENERAL SUPPORT
(5) INSTITUTE FOR TRANSFORMATIONAL EDUCATION & 811 BERNADETTE LANE BATAVIA, IL 60510	99-9999999	501C(3)	50,000.				GENERAL SUPPORT
(6) INTERFAITH HOSPITALITY NETWORK OF SOMERSET 98 WEST END AVENUE SOMERVILLE, NJ 08876	52-1752472	501C(3)	25,000.				IHNSC EMERGENCY SHEL
(7) INTERFAITH NEIGHBORS INC. 810 4TH AVENUE ASBURY PARK, NJ 07712	22-2896129	501C(3)	15,000.				TO SUPPORT KULA CAFE
(8) ISLES, INC. 10 WOOD STREET TRENTON, NJ 08618	22-2350832	501C(3)	90,353.				GENERAL SUPPORT
(9) JOHN WITHERSPOON MIDDLE SCHOOL PTO 217 WALNUT LANE PRINCETON, NJ 08540	22-3600348	501C(3)	6,000.				GENERAL SUPPORT
(10) JOHNS HOPKINS UNIVERSITY 401 NORTH BROADWAY, WEINBERG 2242	52-0595110	501C(3)	10,000.				GENERAL SUPPORT
(11) KENTS HILL SCHOOL 1614 MAIN STREET KENTS HILL, ME 04349	01-0211532	501C(3)	100,000.				GENERAL SUPPORT
(12) KIDS IN NEED OF DEFENSE (KIND) 1201 L STREET, NW - 2ND FLOOR	26-2763038	501C(3)	15,750.				SUPPORTING THE NEEDS

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(1) LATIN AMERICAN LEGAL DEFENSE AND EDUCATIONA 669 CHAMBERS STREET TRENTON, NJ 08611	20-2484231	501C(3)	130,750.				GENERAL SUPPORT
(2) LEAD NJ 20 NASSAU STREET, SUITE #235B	99-9999999	501C(3)	50,000.				GENERAL SUPPORT
(3) LEARNING ALLY, NJ UNIT 20 ROSZEL ROAD PRINCETON, NJ 08540	13-1659345	501C(3)	25,000.				THE DEVELOPMENT OF A
(4) LEWIS SCHOOL 53 BAYARD LANE PRINCETON, NJ 08540	99-9999999	501C(3)	20,000.				FUNDS WILL BE USED F
(5) LIFETIES 2205 PENNINGTON ROAD TRENTON, NJ 08638	22-2417627	501C(3)	10,000.				LIFE SKILLS TRAINING
(6) LOW INCOME INVESTMENT FUND 50 CALIFORNIA STREET - SUITE 2900	94-2952578	501C(3)	25,000.				LIIF HONORING OUTGOI
(7) LUPUS RESEARCH ALLIANCE INC. 275 MADISON AVENUE - 10TH FLOOR	58-2492929	501C(3)	25,000.				LUPUS RESEARCH ALLIA
(8) MAGIC CITY AGRICULTURE PROJECT 2717 HIGHLAND AVE. S - SUITE 611	45-3298560	501C(3)	7,500.				BIRMINGHAM/ATLANTA L
(9) MAINE COMMUNITY FOUNDATION 245 MAIN STREET ELLSWORTH, ME 04605	01-0391479	501C(3)	67,219.				GENERAL SUPPORT
(10) MARCH ON WASHINGTON FILM FESTIVAL 1341 G STREET NW - 5TH FLOOR	46-4604132	501C(3)	12,500.				TO SUPPORT THE EDUCA
(11) MCCARTER THEATRE 91 UNIVERSITY PLACE PRINCETON, NJ 08540	21-0724198	501C(3)	58,025.				ENDOWMENT FUND
(12) MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638	22-1990231	501C(3)	9,900.				GENERAL SUPPORT

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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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) MELANOMA RESEARCH ALLIANCE 1101 NEW YORK AVENUE, SUITE 620	26-1636099	501C(3)	37,500.				UNIVERSITY OF CHICAGO
(2) MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	91-2154267	501C(3)	6,700.				GENERAL SUPPORT
(3) MERCER COUNTY COMMUNITY COLLEGE FOUNDATION 1200 OLD TRENTON ROAD - ROOM CM132	22-2133029	501C(3)	27,850.				GENERAL SUPPORT
(4) MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	21-0733990	501C(3)	350,500.				GENERAL SUPPORT
(5) MERCER STREET FRIENDS FOOD BANK 151 MERCER STREET TRENTON, NJ 08611	21-0733990	501C(3)	39,450.				GENERAL SUPPORT
(6) METROPOLITAN OPERA GUILD 70 LINCOLN CENTER PLAZA, 6TH FLOOR	13-1681983	501C(3)	14,100.				PATRON PROGRAM
(7) MIDDLESEX COUNTY COLLEGE FOUNDATION 2600 WOODBRIDGE AVENUE	22-6079662	501C(3)	27,000.				GENERAL SUPPORT
(8) MILLHILL CHILD & FAMILY DEVELOPMENT CORPORA 101 OAKLAND STREET TRENTON, NJ 08618	22-2123700	501C(3)	9,450.				GENERAL SUPPORT
(9) MISSION EDGE SAN DIEGO PO BOX 12319 SAN DIEGO, CA 92112	27-2938491	501C(3)	9,000.				TO SUPPORT THE CHARIT
(10) MISSISSIPPI COUNTY ARKANSAS ECONOMIC OPPORT PO BOX 1289 BLYTHEVILLE, AR 72316	71-0386409	501C(3)	7,500.				RWJF STAFF LEARNING
(11) MONTGOMERY EMERGENCY MEDICAL SERVICES P.O. BOX 105 BELLE MEAD, NJ 08502	23-7365264	501C(3)	5,600.				GENERAL SUPPORT
(12) MONTGOMERY TOWNSHIP BOARD OF EDUCATION 1016 COUNTY ROAD 601 SKILLMAN, NJ 08558	99-9999999	501C(3)	10,453.				GENERAL 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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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
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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.

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(1) MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, 150 CLOVE ROAD (LOBBY LEVEL)	52-7082731	501C(3)	50,000.				THE SHIRLEY AND ART
(2) NASSAU PRESBYTERIAN CHURCH 61 NASSAU STREET PRINCETON, NJ 08540	21-0634470	501C(3)	38,201.				GENERAL SUPPORT
(3) NATIONAL COMMITTEE FOR QUALITY ASSURANCE (N 1100 13TH STREET NW - SUITE 1000 - THIRD FL	52-1191985	501C(3)	10,000.				NCQA QUALITY TALKS 2
(4) NATIONAL HISPANIC HEALTH FOUNDATION 1920 L STREET NW - SUITE 725	26-0051902	501C(3)	10,000.				NATIONAL HISPANIC HE
(5) NATIONAL JUNIOR TENNIS & LEARNING OF TRENTON 949 WEST STATE STREET TRENTON, NJ 08618	52-1260470	501C(3)	66,700.				GENERAL SUPPORT
(6) NATIONAL MEDICAL FELLOWSHIPS 347 FIFTH AVENUE - SUITE 510	01-0963657	501C(3)	50,000.				2018 NEW YORK CHAMPI
(7) NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 150	23-7825575	501C(3)	80,871.				GENERAL SUPPORT
(8) NATIONAL TRUST FOR HISTORIC PRESERVATION 2600 VIRGINIA AVENUE - SUITE 1000	53-0210807	501C(3)	10,100.				GENERAL SUPPORT
(9) NATIVE AMERICAN CONNECTIONS INC. 4520 NORTH CENTRAL AVENUE - SUITE 600	86-0293585	501C(3)	7,500.				SUPPORT THE WORK TO
(10) NATIVE AMERICAN YOUTH AND FAMILY CENTER 5135 NE COLUMBIA BLVD PORTLAND, OR 97218	93-1141536	501C(3)	10,000.				NATIVE AMERICAN YOUT
(11) NATURE CONSERVANCY - IDAHO 116 1ST AVENUE NORTH HAILEY, ID 83333	99-9999999	501C(3)	25,000.				THE NATURE CONSERVAN
(12) NEW ENGLAND GRASSROOTS ENVIRONMENT FUND PO BOX 611 NEWMARKET, NH 03857	03-0364677	501C(3)	25,000.				SUSTAINABLE SEACOAST

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(1) NEW JERSEY CONSERVATION FOUNDATION 170 LONGVIEW ROAD FAR HILLS, NJ 07931	22-6065456	501C(3)	2,066,200.				GENERAL SUPPORT
(2) NEW JERSEY GOALS OF CARE INC. P.O. BOX 3083 PRINCETON, NJ 08543	26-4271484	501C(3)	110,500.				GENERAL SUPPORT
(3) NEW JERSEY PERFORMING ARTS CENTER 1 CENTER STREET NEWARK, NJ 07102	22-2889703	501C(3)	116,000.				GENERAL SUPPORT
(4) NEW JERSEY PRESS FOUNDATION P.O. BOX 358 TITUSVILLE, NJ 08560	22-6071765	501C(3)	31,512.				GENERAL SUPPORT
(5) NEW JERSEY SEEDS 494 BROAD STREET, SUITE 105	22-3181507	501C(3)	25,250.				COLLEGE SCHOLARS PRO
(6) NEW JERSEY STATE MUSEUM FOUNDATION PO BOX 530 TRENTON, NJ 08625-0530	22-6098724	501C(3)	105,449.				DEVELOPMENT AND FUND
(7) NEW YORK FOUNDATION FOR THE ARTS 20 JAY STREET, 7TH FLOOR BROOKLYN, NY 11201	23-7129564	501C(3)	24,100.				GENERAL SUPPORT
(8) NEW YORK PUBLIC RADIO PO BOX 1550 NEW YORK, NY 10116-1550	13-3015230	501C(3)	5,100.				GENERAL SUPPORT
(9) NORTHEAST ORGANIC FARMING ASSOCIATION 334 RIVER ROAD HILLSBOROUGH, NJ 08844	22-3043823	501C(3)	21,500.				GENERAL SUPPORT
(10) NORTHWEST ARKANSAS WORKERS JUSTICE CENTER, 210 SOUTH THOMPSON- SUITE 4A,	20-3709967	501C(3)	7,500.				RWJF STAFF LEARNING
(11) OF HOME, FAMILY AND FUTURE, INC. 9 EAST 8TH STREET, SUITE 135	20-2014390	501C(3)	50,000.				MENTORSHIP AND FINAN
(12) OLYMPIC VIEW ELEMENTARY SCHOOL PARENT TEACH 504 NE 95TH STREET SEATTLE, WA 98115	23-7194120	501C(3)	10,000.				OLYMPIC VIEW ELEMENT

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Part I General Information on Grants and Assistance

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(1) OPPORTUNITY INTERNATIONAL 550 WEST VAN BUREN STREET - SUITE 200	54-0907624	501C(3)	20,000.				GENERAL S UPPORT
(2) OUR HOUSE, INC. 302 EAST ROOSEVELT ROAD	71-0653846	501C(3)	7,500.				RWJF STAFF LEARNING
(3) PARTNERSHIP FOR DRUG-FREE KIDS 352 PARK AVENUE SOUTH - 9TH FLOOR	13-3413627	501C(3)	15,000.				PARTNERSHIP FOR DRUG
(4) PASSAGE THEATRE COMPANY P.O. BOX 967 TRENTON, NJ 08605-0967	22-2679031	501C(3)	7,200.				GENERAL SUPPORT
(5) PATERSON ALLIANCE INC 301 MAIN STREET PATERSON, NJ 07505	02-0598570	501C(3)	7,500.				GENERAL SUPPORT
(6) PAUL ROBESON HOUSE 110 WITHERSPOON STREET PRINCETON, NJ 08542	46-0587094	501C(3)	27,315.				GENERAL SUPPORT
(7) PEACE ACTION EDUCATION FUND 40 WITHERSPOON STREET PRINCETON, NJ 08540	22-2402577	501C(3)	15,500.				GENERAL SUPPORT
(8) PENNSYLVANIA STATE UNIVERSITY 4 CARNEGIE BUILDING	24-6000376	501C(3)	7,100.				ARTHUR W. PAGE CENTE
(9) PEOPLE & STORIES/GENTE Y CUENTOS 295 EGGERTS CROSSING ROAD	22-3260895	501C(3)	9,650.				GENERAL SUPPORT
(10) PETEY GREENE PRISONER ASSISTANCE PROGRAM 9 MERCER STREET PRINCETON, NJ 08540	30-0499760	501C(3)	17,000.				GENERAL SUPPORT
(11) PHILADELPHIA ANIMAL WELFARE SOCIETY (PAWS) 100 NORTH 2ND STREET (AT ARCH)	26-3862631	501C(3)	60,000.				GENERAL SUPPORT
(12) PINELANDS PRESERVATION ALLIANCE 17 PEMBERTON ROAD SOUTHAMPTON, NJ 08088	52-1641512	501C(3)	12,100.				GENERAL SUPPORT

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(1) PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET NEW YORK, NY 10038	13-1644147	501C(3)	6,000.				GENERAL SUPPORT
(2) PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND 443 CONGRESS STREET - 3RD FLOOR	99-9999999	501C(3)	11,969.				GENERAL USE
(3) PLANNED PARENTHOOD OF NORTHERN, CENTRAL, AN 196 SPEEDWELL AVENUE	22-1643997	501C(3)	295,365.				GENERAL SUPPORT
(4) POMFRET SCHOOL 398 POMFRET STREET POMFRET, CT 06258-0128	06-0646784	501C(3)	250,000.				THE POMFRET SCHOOL C
(5) PRESBYTERIAN CHURCH OF LAWRENCEVILLE 2688 MAIN STREET (ROUTE 206)	21-0698910	501C(3)	5,400.				GENERAL SUPPORT
(6) PRINCETON (MUNICIPALITY OF) 400 WITHERSPOON STREET PRINCETON, NJ 08540	99-9999999	501C(3)	5,150.				IN SUPPORT OF PRINCE
(7) PRINCETON ACADEMY OF THE SACRED HEART 1128 GREAT ROAD PRINCETON, NJ 08540	22-3623112	501C(3)	10,500.				GENERAL SUPPORT
(8) PRINCETON CENTER FOR TEACHER EDUCATION 487 CHERRY VALLEY ROAD PRINCETON, NJ 08540	22-1853399	501C(3)	5,400.				TEACHER TRAINING FOR
(9) PRINCETON CHARTER SCHOOL 100 BUNN DRIVE PRINCETON, NJ 08540	22-3505511	501C(3)	32,000.				GENERAL SUPPORT
(10) PRINCETON COMMUNITY HOUSING ONE MONUMENT DRIVE PRINCETON, NJ 08540-3036	13-3026182	501C(3)	32,450.				GENERAL SUPPORT
(11) PRINCETON DAY SCHOOL PO BOX 75 PRINCETON, NJ 08542	21-0727645	501C(3)	100,350.				GENERAL SUPPORT
(12) PRINCETON EDUCATION FOUNDATION 25 VALLEY ROAD PRINCETON, NJ 08542-0176	22-3313605	501C(3)	11,000.				GENERAL SUPPORT

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(1) PRINCETON FIRST AID & RESCUE SQUAD 237 NORTH HARRISON STREET	23-7140015	501C(3)	388,577.				GENERAL SUPPORT
(2) PRINCETON HEALTHCARE SYSTEM FOUNDATION 5 PLAINSBORO ROAD - SUITE 365	22-2225911	501C(3)	10,200.				GENERAL SUPPORT
(3) PRINCETON MEDICAL CENTER FOUNDATION 5 PLAINSBORO ROAD - SUITE 365	99-9999999	501C(3)	643,464.				GENERAL SUPPORT
(4) PRINCETON NURSERY SCHOOL 78 LEIGH AVENUE PRINCETON, NJ 08540	21-0643024	501C(3)	92,500.				GENERAL SUPPORT
(5) PRINCETON PRO MUSICA PO BOX 2244 PRINCETON, NJ 08542-1313	22-2317363	501C(3)	25,475.				GENERAL SUPPORT
(6) PRINCETON PUBLIC LIBRARY 65 WITHERSPOON STREET PRINCETON, NJ 08542	22-3494366	501C(3)	22,715.				GENERAL SUPPORT
(7) PRINCETON PUBLIC LIBRARY FOUNDATION 65 WITHERSPOON STREET PRINCETON, NJ 08542	22-3494366	501C(3)	22,417.				GENERAL SUPPORT
(8) PRINCETON RECREATION DEPARTMENT 380 WITHERSPOON STREET PRINCETON, NJ 08540	99-9999999	501C(3)	14,000.				GENERAL SUPPORT
(9) PRINCETON SENIOR RESOURCE CENTER 45 STOCKTON STREET PRINCETON, NJ 08540	22-2228083	501C(3)	24,517.				GENERAL SUPPORT
(10) PRINCETON SYMPHONY ORCHESTRA PO BOX 250 PRINCETON, NJ 08542	22-2327766	501C(3)	256,830.				GENERAL SUPPORT
(11) PRINCETON UNIVERSITY ART MUSEUM PRINCETON UNIVERSITY	21-0634501	501C(3)	13,050.				GENERAL SUPPORT
(12) PRINCETON UNIVERSITY OFFICE OF ALUMNI AND D PO BOX 5357 PRINCETON, NJ 08543-5357	21-0634501	501C(3)	123,800.				GENERAL SUPPORT

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(1) PRINCETON-BLAIRSTOWN CENTER 13 ROSZEL ROAD, SUITE C204A	22-6075831	501C(3)	8,500.				GENERAL SUPPORT
(2) PUBLIC HEALTH -- SEATTLE & KING COUNTY 401 5TH AVENUE SEATTLE, WA 98104	99-9999999	501C(3)	70,000.				PUBLIC HEALTH -- SEA
(3) PUBLIC INTEREST LAW CENTER OF PHILADELPHIA 1709 BENJAMIN FRANKLIN PARKWAY	23-1923398	501C(3)	50,000.				COMBATING INEQUITIES
(4) PUERTO RICAN COMMUNITY DAY CARE CENTER 223 PERRY STREET TRENTON, NJ 08629	22-2124503	501C(3)	10,000.				GENERAL SUPPORT
(5) PURPOSE BUILT SCHOOLS INC. 1670 BENJAMIN WELDON BICKERS DRIVE	81-1114844	501C(3)	7,500.		FMV		BIRMINGHAM/ATLANTA L
(6) QUEST COMMUNITY DEVELOPMENT ORGANIZATION 878 ROCK STREET NW ATLANTA, GA 30314	58-2634738	501C(3)	7,500.				BIRMINGHAM/ATLANTA L
(7) RACHEL'S NETWORK 1200 18TH STREET, NW - SUITE 910	31-1644905	501C(3)	25,000.				\$15,000 FOR GENERAL
(8) REED COLLEGE 3203 SE WOODSTOCK BOULEVARD	93-0386908	501C(3)	25,000.				BLAIR-REICHELDERFER
(9) RESCUE MISSION OF TRENTON 98 CARROLL STREET TRENTON, NJ 08605-0790	21-0656182	501C(3)	32,250.				GENERAL SUPPORT
(10) RIDER UNIVERSITY 2083 LAWRENCEVILLE ROAD	21-0650678	501C(3)	36,000.				\$25,000 - GENERAL SU
(11) RISE/A COMMUNITY SERVICE PARTNERSHIP 116 NORTH MAIN STREET HIGHTSTOWN, NJ 08520	22-2405087	501C(3)	107,500.				GENERAL SUPPORT
(12) ROTARY CLUB OF MONTGOMERY ROCKY HILL FOUNDA P.O. BOX 333 ROCKY HILL, NJ 08553	22-3332897	501C(3)	9,000.				GENERAL SUPPORT

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(1) RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVENUE	23-7318742	501C(3)	139,000.				ROBERT WOOD JOHNSON
(2) RUTGERS UNIVERSITY, THE STATE UNIVERSITY OF 94 ROCKEFELLER ROAD	99-9999999	501C(3)	10,000.				GENERAL SUPPORT
(3) SALVATION ARMY 575 E. STATE STREET TRENTON, NJ 08609	13-5562351	501C(3)	22,350.				GENERAL SUPPORT
(4) SAVE 1010 ROUTE 601 SKILLMAN, NJ 08558	22-6082741	501C(3)	24,700.				ANNUAL APPEAL
(5) SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY EAST, SUITE 400	06-0726487	501C(3)	10,000.				GENERAL SUPPORT
(6) SEATTLE CHILDREN'S HOSPITAL 2101 EAST YESLER WAY SEATTLE, WA 98122	91-0564748	501C(3)	25,000.				ODESSA BROWN CHILDRE
(7) SECOND STAGE THEATRE 1501 BROADWAY, SUITE 518 NEW YORK, NY 10036	13-3021180	501C(3)	5,700.				GENERAL SUPPORT
(8) SISTERHOOD OF SALAAM SHALOM PO BOX 7117 NORTH BRUNSWICK, NJ 08902	46-4185618	501C(3)	10,000.				FOSTERING UNDERSTAND
(9) SOMERSET HILLS LEARNING INSTITUTE 1810 BURNT MILLS ROAD BEDMINSTER, NJ 07921	22-3593804	501C(3)	27,000.				SUSTAINABLE INVESTME
(10) SOURLAND CONSERVANCY 83 PRINCETON AVENUE, SUITE 1A	22-3707157	501C(3)	44,650.				STAFFING SUPPORT
(11) SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501C(3)	19,150.				GENERAL SUPPORT
(12) SPECIAL OLYMPICS DISTRICT OF COLUMBIA INC 900 SECOND STREET NE STE 6	52-0889518	501C(3)	20,000.				SUPPORT OF THE SPECI

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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) SPECIAL OPERATIONS WARRIOR FOUNDATION P.O. BOX 89367 TAMPA, FL 33619	52-1183585	501C(3)	9,156.				GENERAL SUPPORT
(2) SPECIAL OPS SURVIVORS PMB 4049 3111 CAMINO DEL RIO N, - SUITE 40	81-0567790	501C(3)	7,500.				THE SPECIAL OPS SURV
(3) SPRINGPOINT SENIOR LIVING FOUNDATION 4814 OUTLOOK DRIVE, SUITE 201	31-1480524	501C(3)	12,000.				\$10,000 - STONEBRIDG
(4) ST. ANDREW'S SCHOOL 350 NOXONTOWN ROAD MIDDLETOWN, DE 19709	51-0079506	501C(3)	25,000.				SAINTS FUND
(5) ST. JOHN'S EPISCOPAL CHURCH 8992 KULA HIGHWAY KULA, HI 96790-7420	99-9999999	501C(3)	10,000.				GENERAL SUPPORT
(6) ST. NICHOLAS GREEK ORTHODOX CHURCH 621 FIRST COLONIAL AVENUE	99-9999999	501C(3)	13,000.				\$8,000 FOR A YEARLY
(7) ST. PETER'S EPISCOPAL CHURCH 421 WIANNO AVENUE OSTERVILLE, MA 02655	99-9999999	501C(3)	10,000.				A UNRESTRICTED GIFT
(8) STANDUP FOR KIDS 200 NELSON FERRY ROAD - SUITE B	33-0414855	501C(3)	200,000.				FUNDS WILL BE USED T
(9) STONY BROOK-MILLSTONE WATERSHED ASSOCIATION 31 TITUS MILL ROAD	21-0649717	501C(3)	24,050.				GENERAL SUPPORT
(10) STOUTSBURG CEMETERY ASSOCIATION 79 COLUMBIA AVENUE HOPEWELL, NJ 08525	23-7004256	501C(3)	20,000.				2017 CHALLENGE GRANT
(11) STRAY CAT RELIEF FUND PO BOX 54845 PHILADELPHIA, PA 19148	27-3138601	501C(3)	6,000.				THE STRAY CAT RELIEF
(12) STUART COUNTRY DAY SCHOOL 1200 STUART ROAD PRINCETON, NJ 08540-1297	21-0744683	501C(3)	15,500.				GENERAL SUPPORT

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

2018

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

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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 noncash assistance	(h) Purpose of grant or assistance
(1) SUSTAINABLE PRINCETON 1 MONUMENT DRIVE PRINCETON, NJ 08540	45-4743353	501C(3)	21,000.				GENERAL SUPPORT
(2) SUSTAINABLE WOODSTOCK PO BOX 611 WOODSTOCK, VT 05091	27-1178081	501C(3)	50,000.				EAST END PARK PROJEC
(3) SWARTHMORE COLLEGE 500 COLLEGE ROAD SWARTHMORE, PA 19081	23-1352683	501C(3)	45,000.				THE REICHELDERFER-BL
(4) TALER SALUD PO BOX 524 LOIZA, PR 00772	66-0494692	501C(3)	7,500.				GENERAL SUPPORT
(5) TCNJ FOUNDATION FBO CENTER FOR COMMUNITY EN 2000 PENNINGTON ROAD EWING, NJ 08628	22-2448189	501C(3)	12,500.				ALL KIDS THRIVE PLAN
(6) THE BREARLEY SCHOOL 610 EAST 83RD STREET NEW YORK, NY 10028	13-1623915	501C(3)	5,600.				GENERAL SUPPORT
(7) THE COLLEGE OF NEW JERSEY FOUNDATION 2000 PENNINGTON ROAD EWING, NJ 08628	22-2448189	501C(3)	301,000.				GENERAL SUPPORT
(8) THE COMMUNITY FOUNDATION OF HERKIMER & ONEI 2608 GENESEE STREET UTICA, NY 13502	15-6016932	501C(3)	252,329.				GENERAL SUPPORT
(9) THE COMMUNITY LIBRARY 415 SPRUCE AVENUE NORTH KETCHUM, ID 83340	23-7438072	501C(3)	25,000.				GENERAL SUPPORT
(10) THE DENVER HEALTH AND HOSPITALS FOUNDATION 655 BROADWAY - SUITE 750 DENVER, CO 80203	84-1085196	501C(3)	10,000.				GENERAL SUPPORT
(11) THE KENNEBEC LAND TRUST 331 MAIN STREET WINTHROP, ME 04364	01-0440729	501C(3)	50,000.				GENERAL SUPPORT
(12) THE NATIONAL CENTER ON ADDICTION AND SUBSTA 633 THIRD AVENUE - 19TH FLOOR	52-1736502	501C(3)	25,000.				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 ▶

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) THE SCHOOL OF SAINT ELIZABETH 30 SENEY DRIVE BENARDSVILLE, NJ 07924	99-9999999	501C(3)	10,000.				GENERAL SUPPORT
(2) THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	13-3705951	501C(3)	10,000.				GENERAL SUPPORT
(3) THE WATERSHED INSTITUTE 31 TITUS MILL ROAD	21-0649717	501C(3)	107,966.				GENERAL SUPPORT
(4) TOWNSHIP OF OCEAN SCHOOLS 163 MONMOUTH ROAD OCEAN, NJ 07712	99-9999999	501C(3)	10,000.				WANAMASSA ELEMENTARY
(5) TRENTON AREA SOUP KITCHEN 72 1/2 ESCHER STREET TRENTON, NJ 08605	22-2392881	501C(3)	317,500.				GENERAL SUPPORT
(6) TRENTON CHILDREN'S CHORUS 471 PARKWAY AVENUE TRENTON, NJ 08618	45-2633120	501C(3)	14,000.				GENERAL SUPPORT
(7) TRENTON CIRCUS SQUAD 675 SOUTH CLINTON AVENUE TRENTON, NJ 08611	47-2150184	501C(3)	12,600.				CAPACITY BUILDING
(8) TRENTON HEALTH TEAM 218 NORTH BROAD STREET TRENTON, NJ 08608	45-1257757	501C(3)	312,500.				ALL KIDS THRIVE - ED
(9) TRENTON MUSIC MAKERS PO BOX 5206 TRENTON, NJ 08638	99-9999999	501C(3)	31,850.				ALL KIDS THRIVE PLAN
(10) TRENTON PUBLIC SCHOOLS 108 NORTH CLINTON AVENUE TRENTON, NJ 08609	99-9999999	501C(3)	312,500.				GENERAL SUPPORT
(11) TRICHOTILLOMANIA LEARNING CENTER (TLC) 716 SOQUEL AVENUE - SUITE A	99-9999999	501C(3)	25,500.				THIS CONTRIBUTION SH
(12) TRINITY CHURCH 33 MERCER STREET PRINCETON, NJ 08540	21-0647707	501C(3)	45,250.				\$1,000 IN SUPPORT OF

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

2018

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Department of the Treasury
Internal Revenue Service

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

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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 noncash assistance	(h) Purpose of grant or assistance
(1) TRINITY COLLEGE 300 SUMMIT AVE HARTFORD, CT 06106	06-0646927	501C(3)	13,000.				\$2,500 - CHESTER MCP
(2) TRINITY COUNSELING SERVICE 22 STOCKTON STREET PRINCETON, NJ 08540	22-2185298	501C(3)	78,850.				GENERAL SUPPORT
(3) TRINITY EPISCOPAL CHURCH 503 ASBURY AVENUE ASBURY PARK, NJ 07712	99-9999999	501C(3)	15,500.				FUNDS WILL BE USED F
(4) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3535 MARKET STREET PHILADELPHIA, PA 19104	23-1352685	501C(3)	6,930.				ABRAMSON CANCER CENT
(5) U.S. OLYMPIC AND PARALYMPIC FOUNDATION 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	80-0939841	501C(3)	11,000.				SUPPORT AND TRAINING
(6) UIH FAMILY PARTNERS 4 NORTH BROAD STREET, 2ND FLOOR SUITE 2R	21-0635048	501C(3)	52,500.				UIH FAMILY PARTNERS
(7) UNICEF - UNITED STATES FUND 125 MAIDEN LANE, 10TH FLOOR	99-9999999	501C(3)	5,500.				GENERAL SUPPORT
(8) UNION OF CONCERNED SCIENTISTS 2 BRATTLE SQUARE - SUITE 6	04-2535767	501C(3)	5,100.				GENERAL SUPPORT
(9) UNION THEOLOGICAL SEMINARY 3041 BROADWAY NEW YORK, NY 10027	13-1624238	501C(3)	20,000.				ANNUAL GIVING
(10) UNITARIAN UNIVERSALIST CONGREGATION OF SOME 123 EAST CLIFF STREET SOMERVILLE, NJ 08876	99-9999999	501C(3)	8,500.				GENERAL SUPPORT
(11) UNIVERSITY OF ALASKA 3211 PROVIDENCE DRIVE ANCHORAGE, AK 99508	99-9999999	501C(3)	20,000.				THE ALASKA NATIVE SC
(12) UNIVERSITY OF CHICAGO 130 E RANDOLPH STREET - SUITE 2500	36-2177139	501C(3)	50,000.				ELLIOTT SIGAL M.D.

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) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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

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 noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF DELAWARE 24 EAST MAIN STREET NEWARK, DE 17916-0099	51-6000297	501C(3)	50,000.				GO BABY GO PROGRAM:
(2) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 210 MALABU DRIVE - SUITE 200	61-6033693	501C(3)	7,000.				UK ART MUSEUM EXHIBI
(3) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET - ROOM 433	23-1352685	501C(3)	14,175.				GENERAL SUPPORT
(4) UNIVERSITY OF PITTSBURGH 3719 TERRACE STREET, ROOM 1017	25-0965591	501C(3)	75,000.				GENERAL SUPPORT
(5) UNIVERSITY OF WASHINGTON FOUNDATION 4333 BROOKLYN AVENUE NE	94-3079432	501C(3)	10,000.				UNIVERSITY OF WASHIN
(6) USTA FOUNDATION INCORPORATED 70 WEST RED OAK LANE WHITE PLAINS, NY 10604	13-3782331	501C(3)	9,000.				GENERAL SUPPORT
(7) VIETNAMESE FRIENDSHIP ASSOCIATION FOR GREAT 3829B SOUTH EDMUNDS ST. SEATTLE, WA 98118	91-1122532	501C(3)	10,000.				GENERAL SUPPORT
(8) VILLAGE CHARTER SCHOOL FUND, INC. 101 SULLIVAN WAY TRENTON, NJ 08628	04-3622534	501C(3)	15,000.				GENERAL SUPPORT
(9) WASHINGTON STATE BUDGET AND POLICY CENTER 1402 THIRD AVENUE SEATTLE, WA 98101	72-1612982	501C(3)	10,000.				WASHINGTON STATE BUD
(10) WELLSRING OF GREENBRIER, INC. P.O. BOX 43 RUPERT, WV 25984	20-1943739	501C(3)	6,000.				UNRESTRICTED SUPPORT
(11) WEST SIDE MONTESSORI SCHOOL 309 WEST 92ND STREET NEW YORK, NY 10025	13-1992185	501C(3)	5,400.				TEACHER TRAINING FOR
(12) WESTMINSTER PRESBYTERIAN CHURCH PO BOX 3719 TRENTON, NJ 08629	99-9999999	501C(3)	34,000.				THE 120TH ANNIVERSAR

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
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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 noncash assistance	(h) Purpose of grant or assistance
(1) WHALE TRUST P.O. BOX 243 MAKAWAO, HI 96768	91-2144632	501C(3)	25,000.				GENERAL SUPPORT
(2) WHYY 150 NORTH SIXTH STREET	23-1438083	501C(3)	6,350.				GENERAL SUPPORT
(3) WINROCK INTERNATIONAL INSTITUTE FOR AGRICUL 2101 RIVERFRONT DRIVE LITTLE ROCK, AR 72202	71-0603560	501C(3)	7,500.				RWJF STAFF LEARNING
(4) WOMANSPACE 1530 BRUNSWICK AVENUE	22-2172522	501C(3)	40,782.				PURCHASE AND IMPLEME
(5) WORLD CENTRAL KITCHEN INCORPORATED 1875 CONNECTICUT AVENUE, NW 10TH FLOOR	27-3521132	501C(3)	20,000.				IN SUPPORT OF THE WO
(6) WOUNDED VETERAN FOUNDATION INC. 8609 W. TULIP TREE DRIVE MUNCIE, IN 47304	81-1823752	501C(3)	13,000.				TO PARTICIPATE IN TH
(7) YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521-2038	06-0646973	501C(3)	5,950.				THE DANIEL RAYMOND W
(8) YESLER COMMUNITY COLLABORATIVE 10611 EXETER AVENUE NE SEATTLE, WA 98165	47-1383623	501C(3)	25,000.				YESLER COMMUNITY COL
(9) YMCA OF PRINCETON 59 PAUL ROBESON PLACE PRINCETON, NJ 08540	21-0639890	501C(3)	332,735.				ALL KIDS THRIVE - PR
(10) YOUNG AUDIENCES OF NEW JERSEY & EASTERN PA 200 FORRESTAL ROAD PRINCETON, NJ 08540	23-7384991	501C(3)	445,718.				GENERAL SUPPORT
(11) YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BIRM 309 23RD STREET NORTH BIRMINGHAM, AL 35203	99-9999999	501C(3)	7,500.				BIRMINGHAM/ATLANTA L
(12) YWCA PRINCETON 59 PAUL ROBESON PLACE PRINCETON, NJ 08540	21-0635056	501C(3)	69,700.				CAPACITY BUILDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 312.

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) (2018)

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

(a) Type of grant or assistance	(b) Number of 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 SCHOLARSHIP RECIPIENTS	54.	151,700.			
2					
3					
4					
5					
6					
7					

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

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 FORM 990, AND IN MANY CASES, A REVIEW OF THEIR AUDITED FINANCIAL STATEMENTS. STAFF ALSO REVIEW WEBSITES, ANNUAL REPORTS AND NEWSLETTERS TO CONFIRM THE TAX-EXEMPT STATUS AND EFFICACY OF EACH ORGANIZATION. THE COMMUNITY FOUNDATION ALSO VISITS

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

(a) Type of grant or assistance	(b) Number of 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

MANY LOCAL GRANTEEES 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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**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 (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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.

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

	Yes	No
1a		
1b		
2		
3		
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) 2018

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

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

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

(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				
1 LAURA LONGMAN CFO	(i)	166,656.	0.	0.	9,631.	11,083.	187,370.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JEFFREY VEGA PRESIDENT & CEO	(i)	233,674.	0.	0.	13,105.	16,189.	262,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ELIZABETH WAGNER CHIEF PHILANTHROPY OFFICER	(i)	144,595.	0.	0.	8,220.	1,159.	153,974.	0.
	(ii)	0.	0.	0.				
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

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 PERSONS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A DURING THE YEAR ENDED DECEMBER 31, 2018. 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

2018

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

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	78.	5,691,314.	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 isn't 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 nonstandard 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 didn't 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) 2018

JSA

8E1298 1.000

Part II **Supplemental Information.** 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

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

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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 IS SUBSEQUENTLY DISTRIBUTED TO THE FOUNDATION'S AUDIT COMMITTEE FOR FURTHER REVIEW AND APPROVAL. IT IS THEN DISTRIBUTED TO ALL TRUSTEES WITH SCHEDULE B REDACTED TO PROTECT THE PRIVACY OF DONORS, 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 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.

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
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FORM 990, PART VI, SECTION B, LINE 15A-B

THE COMMUNITY FOUNDATION HAS A BOARD-APPROVED COMPENSATION POLICY WHICH GUIDES ITS DECISIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS WHO DO NOT HAVE A CONFLICT OF INTEREST, ACTS AS A PERSONNEL AND COMPENSATION COMMITTEE AND SETS ANNUAL COMPENSATION FOR THE PRESIDENT & 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 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 FORMS 990 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

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
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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 SEVERAL COMPETITIVE GRANT PROGRAMS INCLUDING COMMUNITY IMPACT GRANTS, FUND FOR WOMEN AND GIRLS AND ALL KIDS THRIVE. THE COMMUNITY FOUNDATION'S STRATEGIC GRANTMAKING PROGRAM, ALL KIDS THRIVE, IS ADDRESSING HIGH RATES OF CHRONIC ABSENTEEISM IN LOCAL PUBLIC SCHOOLS. COMMUNITY IMPACT GRANTS SUPPORT NONPROFITS WORKING TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN, FAMILIES AND COMMUNITIES, INCLUDING NONPROFITS FOCUSING ON FOOD INSECURITY, MENTAL HEALTH, ECONOMIC DEVELOPMENT AND ARTS EDUCATION. WE ALSO SUPPORT GIVING CIRCLES AND FIELD OF INTEREST FUNDS TO ENGAGE WOMEN AND MILLENNIALS IN PHILANTHROPY. THE COMMUNITY FOUNDATION ALSO MAKES GRANTS 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, AND ANIMAL WELFARE.

PROMOTING PHILANTHROPY AND PROVIDING EDUCATION: THE COMMUNITY FOUNDATION

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
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ACTIVELY ENGAGES ITS DONORS, GRANTEES, AND THE PROFESSIONAL ADVISORS IN THE REGION TO ENCOURAGE CHARITABLE GIVING BROADLY, AND TO BUILD OVER TIME A COMMUNITY-WIDE COMMITMENT TO PHILANTHROPY. IT SPONSORS SEMINARS AND WORKSHOPS ON TOPICS SUCH AS ENDOWMENT-BUILDING, GOOD GOVERNANCE, GRANT-SEEKING BEST PRACTICES, RISK MANAGEMENT, 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.

COMMUNITY SERVICE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NETS ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENT (\$17,944); REFUNDS OF PRIOR GRAND

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
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EXPENDITURES \$51,675; CHANGE IN RECOGNITION OF FUNDS HELD FOR OTHERS TO
AGREE WITH FINANCIAL STATEMENTS (\$35,377,016); FOR A TOTAL CHANGE IN NETS
ASSETS OF (\$35,343,285).

ATTACHMENT 1

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	37,566.	48,897.
TOTALS	<u>37,566.</u>	<u>48,897.</u>

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
DOMESTIC EQUITY	38,183,151.	31,091,610.	FMV
MUTUAL FUNDS - FIXED ASSETS	9,995,157.	10,285,982.	FMV
ALTERNATIVE - VENTURE CAPITAL		965,761.	
TOTALS	<u>48,178,308.</u>	<u>42,343,353.</u>	

ATTACHMENT 3

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	10,216.	
TOTALS	<u>10,216.</u>	