

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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.				D Employer identification number 52-1746234	
	Doing Business As				E Telephone number (609) 219-1800	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	15 PRINCESS ROAD					
City or town, state or province, country, and ZIP or foreign postal code LAWRENCEVILLE, NJ 08648				G Gross receipts \$ 33,520,657.		
F Name and address of principal officer: JEFFREY M. 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				H(c) Group exemption number ▶
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		22.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		22.		
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5		15.		
	6 Total number of volunteers (estimate if necessary)	6		61.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.		
b Net unrelated business taxable income from Form 990-T, line 34	7b		0.			
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	16,991,618.	Current Year	19,707,552.
	9 Program service revenue (Part VIII, line 2g)			0.		0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			2,919,880.		2,945,339.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			312,705.		259,651.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			20,224,203.		22,912,542.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			16,698,622.		18,561,660.
	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)			1,674,529.		1,917,435.
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 819,986.					
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			585,119.		527,601.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			18,958,270.		21,006,696.	
19 Revenue less expenses. Subtract line 18 from line 12			1,265,933.		1,905,846.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	199,474,737.	End of Year	231,468,802.
	21 Total liabilities (Part X, line 26)			43,661,999.		52,780,003.
	22 Net assets or fund balances. Subtract line 21 from line 20.			155,812,738.		178,688,799.

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 BRAD CARUSO	Date 11/15/2021	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** (2020)

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 SEVERAL GRANTMAKING INITIATIVES IN THE AREAS OF EDUCATION, ARTS, BASIC HUMAN NEEDS, CAPACITY BUILDING, AND MORE.

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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 \$ 19,486,280. including grants of \$ 18,561,660.) (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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 19,486,280.

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)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II.		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

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

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 number, 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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a, 1b, 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 columns for line number, description, and Yes/No checkboxes. Includes lines 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 on 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.
- See instructions for the order in which to list the persons above.

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) JEFFREY M. VEGA PRESIDENT & CEO	40.00 0.			X			254,302.	0.	31,622.	
(2) LAURA LONGMAN CFO	40.00 0.			X			199,560.	0.	21,488.	
(3) MARCIA W. SHACKELFORD CHIEF PHILANTHROPY OFFICER	40.00 0.					X	181,025.	0.	27,983.	
(4) NELIDA VALENTIN VP, GRANTS AND PROGRAMS	40.00 0.					X	143,338.	0.	21,464.	
(5) MICHAEL R NUNO SR. DIR. OF PHILANTHROPY	40.00 0.					X	133,149.	0.	7,983.	
(6) SUZANNE DE GROUCHY VICE PRESIDENT, ACCOUNTING	40.00 0.					X	117,169.	0.	16,749.	
(7) ANTHONY J. CIMINO CHAIR - TRUSTEE	5.00 0.	X		X			0.	0.	0.	
(8) CAROLYN P. SANDERSON, CFP VICE CHAIR - TRUSTEE	5.00 0.	X		X			0.	0.	0.	
(9) MARGUERITE L. MOUNT, CPA, CGMA TREASURER - TRUSTEE	5.00 0.	X		X			0.	0.	0.	
(10) ANDREW LIEU, CFP SECRETARY - TRUSTEE	5.00 0.	X		X			0.	0.	0.	
(11) ANDREW K. GOLDEN, CFA TRUSTEE	3.00 0.	X					0.	0.	0.	
(12) ELEANOR V. HORNE TRUSTEE	1.00 0.	X					0.	0.	0.	
(13) WILLIAM P. BURKS, MD TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) ANA BERDECIA TRUSTEE	1.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) WILLIAM HARLA ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(16) JOHN HATCH, FAIA, LEED AP ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(17) ELIZABETH MCNEILLY, CFP ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(18) JAMIE KYTE SAPOCH ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(19) CALVIN B. THOMAS, JR. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(20) MICHAEL H. ULLMANN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(21) VERNON BRAMBLE, MBA, CAE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(22) SHAWN W. ELLSWORTH ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(23) JUSTINA NIXON-SAINTIL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(24) RAKIA REYNOLDS ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(25) ANNE M. VANLENT ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								1,028,543.	0.	127,289.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,028,543.	0.	127,289.

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 ▶ 6

	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) NICOLE BRONZAN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(27) BERNARD FLYNN ----- VICE CHAIR - TRUSTEE	5.00 ----- 0.	X		X				0.	0.	0.
(28) MICHELLE EVERMAN, CPA, CGMA, P ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
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1b Sub-total								0.	0.	0.
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 **▶** 6

	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	3,167.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	257,200.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	19,447,185.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 3,525,664.				
	h	Total. Add lines 1a-1f		19,707,552.				
	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).		1,263,406.			1,263,406.
	4	Income from investment of tax-exempt bond proceeds .		0.				
	5	Royalties		0.				
	6a	Gross rents	(i) Real					
			(ii) Personal					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)		0.				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	12,289,948.				
			(ii) Other					
	b	Less: cost or other basis and sales expenses . .	7b	10,608,115.				
	c	Gain or (loss)	7c	1,681,833.				
	d	Net gain or (loss)		1,681,933.			1,681,933.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		0.					
		8b	0.					
		c	Net income or (loss) from fundraising events.		0.			
9a	Gross income from gaming activities. See Part IV, line 19		0.					
		9b	0.					
		c	Net income or (loss) from gaming activities.		0.			
10a	Gross sales of inventory, less returns and allowances		0.					
		10b	0.					
		c	Net income or (loss) from sales of inventory.		0.			
Miscellaneous Revenue	11a	ADMINISTRATIVE FEES	Business Code	900099	259,651.	259,651.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		259,651.				
12	Total revenue. See instructions		22,912,542.	259,651.		2,945,339.		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,519,810.	18,519,810.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	41,850.	41,850.		
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	500,007.	115,209.	269,589.	115,209.
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	1,130,212.	485,883.	180,895.	463,434.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,647.	20,530.	5,584.	19,533.
9 Other employee benefits	121,011.	48,894.	25,355.	46,762.
10 Payroll taxes	120,558.	44,987.	32,300.	43,271.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	3,360.	1,701.	1,659.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	3,938.		3,938.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	116,306.	58,866.	57,440.	
12 Advertising and promotion	46,624.	10,473.	12,000.	24,151.
13 Office expenses	94,006.	39,213.	40,732.	14,061.
14 Information technology	118,379.	44,174.	31,716.	42,489.
15 Royalties	0.			
16 Occupancy	110,136.	40,689.	30,310.	39,137.
17 Travel	2,700.	1,289.	603.	808.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	8,517.	3,178.	2,282.	3,057.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	8,297.	3,096.	2,223.	2,978.
23 Insurance	15,338.	6,438.	3,804.	5,096.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	21,006,696.	19,486,280.	700,430.	819,986.
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	16,633.	1	200.
	2 Savings and temporary cash investments	28,646,938.	2	29,185,514.
	3 Pledges and grants receivable, net	428,852.	3	3,175,650.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges ATCH .1	73,974.	9	90,347.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	166,132.		
	b Less: accumulated depreciation 10b	145,447.		
		27,812.	10c	20,685.
	11 Investments - publicly traded securities ATCH .2	42,176,269.	11	46,159,846.
	12 Investments - other securities. See Part IV, line 11	127,828,169.	12	152,533,757.
	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	276,090.	15	302,803.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	199,474,737.	16	231,468,802.	
Liabilities	17 Accounts payable and accrued expenses	90,213.	17	88,676.
	18 Grants payable	2,464,406.	18	2,796,613.
	19 Deferred revenue.	0.	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	41,107,380.	25	49,894,714.
	26 Total liabilities. Add lines 17 through 25.	43,661,999.	26	52,780,003.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	154,917,922.	27	175,220,471.
	28 Net assets with donor restrictions.	894,816.	28	3,468,328.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
32 Total net assets or fund balances	155,812,738.	32	178,688,799.	
33 Total liabilities and net assets/fund balances.	199,474,737.	33	231,468,802.	

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	22,912,542.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,006,696.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,905,846.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	155,812,738.
5	Net unrealized gains (losses) on investments	5	20,943,502.
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 on Schedule O)	9	26,713.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	178,688,799.

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 on 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 on 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

2020

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) 2020

JSA
0E1210 0.030

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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (57.94%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (55.87%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS REVENUE	7,395.	10,683.	225,732.	312,705.	259,651.	816,166.
TOTALS	<u>7,395.</u>	<u>10,683.</u>	<u>225,732.</u>	<u>312,705.</u>	<u>259,651.</u>	<u>816,166.</u>

Schedule of Contributors

2020

▶ **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	N/A	\$ 5,618,037.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 515,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,300,917.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 830,000.	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	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 410,000.	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.)
_____	_____	\$ _____	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
6	8650 SHARES OF JOHNSON & JOHNSON	\$ 1,300,917.	04/29/2020

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

2020

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 value of contributions, grants, and end of year, and two questions about donor advised funds.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses.

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

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

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

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

Schedule D (Form 990) 2020

JSA OE1268 1.000

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
- 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	46,214,634.	38,770,702.	44,361,653.	39,931,124.	37,386,642.
b Contributions	54,827.	319,171.	64,847.	214,467.	717,196.
c Net investment earnings, gains, and losses	6,097,568.	8,729,704.	-1,988,779.	6,090,920.	3,665,753.
d Grants or scholarships	1,292,787.	866,818.	2,947,919.	962,600.	626,786.
e Other expenditures for facilities and programs	747,475.	738,125.	719,100.	912,258.	1,211,681.
f Administrative expenses					
g End of year balance	50,326,767.	46,214,634.	38,770,702.	44,361,653.	39,931,124.

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** Term 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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.	63,318.	
d Equipment		102,814.	82,129.	20,685.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,685.

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		ATTACHMENT 1
(3) Other		
(A) ALTERNATIVE - MULTI-STRATEGY	46,436,345.	FMV
(B) ALTERNATIVE - L/S STRATEGY	4,702,208.	FMV
(C) ALTERNATIVE - EQUITY FUNDS	61,498,526.	FMV
(D) ALTERNATIVE - REAL ASSETS	6,361,066.	FMV
(E) ALTERNATIVE - NAV INVESTMENTS	28,628,786.	FMV
(F) ALTERNATIVE - VENTURE CAPITAL	4,906,826.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	152,533,757.	

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	49,894,714.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	49,894,714.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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 OR STATE INCOME TAXES. HOWEVER, REVENUE EARNED ON ACTIVITIES WHICH ARE UNRELATED TO THE COMMUNITY FOUNDATION'S EXEMPT PURPOSE IS TAXABLE. THE COMMUNITY FOUNDATION'S UNRELATED BUSINESS INCOME IS GENERATED FROM INVESTMENT INCOME FROM CERTAIN OF ITS INVESTMENTS IN ALTERNATIVE ASSETS. THE COMMUNITY FOUNDATION HAD NO INCOME TAXES ASSESSED FOR THE YEARS ENDING DECEMBER 31, 2020 AND 2019.

THE COMMUNITY FOUNDATION FOLLOWS THE PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND THERE WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2020 AND 2019. IN ADDITION, NO INCOME TAX RELATED PENALTIES OR INTEREST HAVE BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT \$26,713.

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
PRIVATELY HELD STOCK		FMV
TOTALS		

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

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	NONE	18,488,284.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					18,488,284.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					18,488,284.

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

Schedule F (Form 990) 2020

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 a tax exempt 501(c)(3) organization 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 I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ADVENTURE CYCLING ASSOCIATION 150 E. PINE STREET MISSOULA, MT 59802-	23-7427629	501(C)(3)	10,000.				GENERAL SUPPORT
(2) ADVOCATES FOR THE HOMELESS & THOSE IN NEED PO BOX 184 FAIRLESS HILLS, PA 19030-	27-5038755	501(C)(3)	7,500.				GENERAL OPERATING SU
(3) ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH ST., SUITE 1 TUCSON, AZ 85713-	52-2094677	501(C)(3)	52,250.				GENERAL SUPPORT
(4) ALLIANCE TO PROTECT NANTUCKET SOUND 4 BARNSTABLE ROAD HYANNIS, MA 02601-	10-0008105	501(C)(3)	10,000.				SAVE OUR SOUND
(5) AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF 1200 NEW YORK AVE NW WASHINGTON, DC 20005-	53-0196568	501(C)(3)	18,000.				\$2,500.00 - EPI CENT
(6) AMERICAN CIVIL LIBERTIES NJ POST OFFICE BOX 32159 NEWARK, NJ 07102-	22-2010593	501(C)(3)	12,750.				GENERAL SUPPORT
(7) AMERICAN CIVIL LIBERTIES UNION FOUNDATION N 125 BROAD STREET, 18TH FLOOR	13-6213516	501(C)(3)	11,140.				GENERAL SUPPORT
(8) AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102-	23-1352010	501(C)(3)	6,580.				GENERAL SUPPORT
(9) AMERICAN NATIONAL RED CROSS P.O. BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	12,000.				COVID-19
(10) AMERICAN RED CROSS OF CENTRAL NEW JERSEY 707 ALEXANDER ROAD, SUITE 101	53-0196605	501(C)(3)	124,477.				GENERAL SUPPORT
(11) AMERICAN REPERTORY BALLET/PRINCETON BALLET 301 N. HARRISON PRINCETON, NJ 08540-	21-0732575	501(C)(3)	53,000.				GENERAL SUPPORT
(12) ANCHOR HOUSE FOUNDATION PO BOX 2357 TRENTON, NJ 08607-	22-2898173	501(C)(3)	8,375.				COVID FUND PHASE II

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) 2020

**SCHEDULE I
(Form 990)**

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

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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.

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) ANCHOR HOUSE, INC. 482 CENTRE STREET TRENTON, NJ 08611-	22-2229995	501(C)(3)	46,200.				COVID-19 RELIEF & RE
(2) ARM IN ARM 123 E HANOVER STREET TRENTON, NJ 08608-	22-3198464	501(C)(3)	391,100.				COVID 19 SUPPORT
(3) ARTISTIC REALIZATION TECH 11 WHIPPOORWILL WAY BELLE MEAD, NJ 08502-	22-3421254	501(C)(3)	10,000.				IN SUPPORT OF THE 20
(4) ARTS COUNCIL OF PRINCETON 102 WITHERSPOON STREET PRINCETON, NJ 08542-	22-6108090	501(C)(3)	55,140.				ARTS
(5) ARTWORKS TRENTON INC 19 EVERETT ALLEY TRENTON, NJ 08611-	22-1803117	501(C)(3)	50,000.				STRENGTHENING ARTWOR
(6) ASBURY PARK DINNER TABLE A NJ NONPROFIT COR 521 COOKMAN AVENUE SUITE 201	84-5126010	501(C)(3)	10,000.				GENERAL OPERATING SU
(7) ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBL 1900 M STREET NW, SUITE 710	45-3220718	501(C)(3)	25,000.				PROJECT SUPPORT FOR
(8) BEND THE ARC-A JEWISH PARTNERSHIP FOR JUSTI 330 SEVENTH AVE 19TH FLOOR	52-1332694	501(C)(3)	50,000.				TO SUPPORT THE WORK
(9) BERGEN VOLUNTEERS CENTER 64 PASSAIC STREET HACKENSACK, NJ 07601-	22-1821282	501(C)(3)	20,000.				BERGEN MICRO-GRANTS
(10) BETTER BEGINNINGS DAY CARE CENTER OF HIGHTS 318 N MAIN STREET HIGHTSTOWN, NJ 08520-	22-1989487	501(C)(3)	7,500.				GENERAL SUPPORT
(11) BIG BROTHERS BIG SISTERS OF MERCER COUNTY 535 EAST FRANKLIN STREET TRENTON, NJ 08610-	06-1653897	501(C)(3)	30,750.				GENERAL SUPPORT
(12) BLACK EMOTIONAL AND MENTAL HEALTH COLLECTIV PO BOX 27945 LOS ANGELES, CA 90027-	81-3138233	501(C)(3)	250,000.				GENERAL OPERATING SU

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) 2020

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(Form 990)**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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) BLUE BEARS SPECIAL MEALS 31 RANDALL ROAD PRINCETON, NJ 08540-	82-4116000	501(C)(3)	82,500.				COVID-19 RELIEF AND
(2) BORDENTOWN CITY 324 FARNSWORTH AVENUE BORDENTOWN, NJ 08505-	99-9999999	501(C)(3)	50,000.				BORDENTOWN CITY - T
(3) BOYS & GIRLS CLUBS OF MERCER COUNTY, INC. 212 CENTRE STREET TRENTON, NJ 08611-	21-0634556	501(C)(3)	97,650.				COVID-19 RELIEF & RE
(4) BOYS & GIRLS CLUBS OF MARTIN COUNTY PO BOX 910 HOBE SOUND, FL 33475-	65-0253002	501(C)(3)	50,000.				GENERAL SUPPORT
(5) BREAD & ROSES COMMUNITY FUND 100 S. BROAD STREET, SUITE 1600	23-2047297	501(C)(3)	50,000.				GENERAL OPERATING S
(6) BROAD STREET MINISTRY 315 SOUTH BROAD STREET	20-2760310	501(C)(3)	25,000.				GENERAL OPERATING SU
(7) BUCKS COUNTY ADMIRALS SPECIAL NEEDS CLUB 53 BRINKER DRIVE DOYLESTOWN, PA 18901-	82-2362278	501(C)(3)	10,000.				GENERAL OPERATING SU
(8) BUCKS COUNTY HOUSING GROUP INC. 626 JACKSONVILLE ROAD - SUITE 140	23-1878791	501(C)(3)	7,500.				GENERAL OPERATING SU
(9) CALVARY BAPTIST CHURCH 3 EAST BROAD STREET HOPEWELL, NJ 08525-	21-0632116	501(C)(3)	17,500.				CHUBBY'S PROJECT
(10) CAMBRIDGE CITY HALL 795 MASSACHUSETTS AVENUE	99-9999999	501(C)(3)	15,000.				MAYOR'S DISASTER REL
(11) CAMDEN AREA HEALTH EDUCATION CENTER 514 COOPER STREET CAMDEN, NJ 08102-	22-2358827	501(C)(3)	10,000.				GENERAL SUPPORT
(12) CAPITAL AREA YMCA 431 PENNINGTON AVENUE TRENTON, NJ 08618-	21-0635052	501(C)(3)	54,300.				COVID-19 RELIEF AND

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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- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (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) CAPITAL HEALTH SYSTEM FOUNDATION TWO CAPITAL WAY PENNINGTON, NJ 08534-	22-2230681	501(C)(3)	10,000.				HOPEWELL CAMPUS
(2) CARE FOR REAL 5339 N. SHERIDAN ROAD CHICAGO, IL 60640-	27-1962360	501(C)(3)	25,000.				GENERAL OPERATING SU
(3) CASA DE MARYLAND 8151 15TH AVENUE HYATTSVILLE, MD 20783-	52-1372972	501(C)(3)	25,000.				GENERAL OPERATING SU
(4) CASA FOR CHILDREN OF MERCER & BURLINGTON CO 1450 PARKSIDE AVENUE - SUITE 22	22-3770968	501(C)(3)	38,000.				COVID-19 FUND FOR WO
(5) CATHOLIC CHARITIES- DIOCESE OF TRENTON 383 WEST STATE STREET TRENTON, NJ 08618-	21-0634494	501(C)(3)	23,400.				COVID-19 RELIEF AND
(6) CATHOLIC YOUTH ORGANIZATION OF MERCER COUNT 920 SOUTH BROAD STREET TRENTON, NJ 08611-	22-2054324	501(C)(3)	25,000.				COVID-19 RELIEF & RE
(7) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD., SUITE 2416	95-1644600	501(C)(3)	10,000.				THE FUNDS ARE DESIG
(8) CENTER FOR NON-PROFITS 3635 QUAKERBRIDGE ROAD - SUITE 35	22-2427364	501(C)(3)	15,000.				CNP CENSUS OUTREACH
(9) CENTRAL JERSEY ALUMNAE FOUNDATION INC. PO BOX 636 SCOTCH PLAINS, NJ 07076-	22-3437856	501(C)(3)	10,000.				GENERAL OPERATING SU
(10) CENTRAL VALLEY COMMUNITY FOUNDATION 5260 NORTH PALM AVENUE - SUITE 122	77-0478025	501(C)(3)	30,000.				COVID-19 EMERGENCY R
(11) CENTURION MINISTRIES 1000 HERRONTOWN ROAD PRINCETON, NJ 08540-	22-2563979	501(C)(3)	24,000.				ANNUAL FUND DRIVE
(12) CFC LOUD N CLEAR FOUNDATION 260 CASINO DRIVE FARMINGDALE, NJ 07727-	46-4187400	501(C)(3)	10,000.				GENERAL OPERATING SU

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) 2020

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHAPIN SCHOOL, PRINCETON 4101 PRINCETON PIKE PRINCETON, NJ 08540-	21-0688891	501(C)(3)	8,250.				GENERAL SUPPORT
(2) CHILD CARE CONNECTION, INC. 1001 SPRUCE STREET SUITE 201	22-2698190	501(C)(3)	33,905.				COVID-19 RELIEF & REC
(3) CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDAT PO BOX 781352 PHILADELPHIA, PA 19178-1352	23-2237932	501(C)(3)	15,100.				CHOP SCC IN PLAINSBO
(4) CHILDREN'S SHELTER OF HOPE FOUNDATION PO BOX 3471 PORTLAND, OR 97208-	33-1045256	501(C)(3)	7,500.				\$1,250 IN SUPPORT OF
(5) CHINESE STAFF AND WORKERS' ASSOCIATION INC. P.O. BOX 130401 NEW YORK, NY 10013-	13-3015932	501(C)(3)	25,000.				GENERAL OPERATING SU
(6) CITY HARVEST 6 EAST 32ND STREET - 5TH FLOOR	13-3170676	501(C)(3)	90,900.				COVID -19 - IN MEMOR
(7) CITY OF TRENTON 319 EAST STATE STREET TRENTON, NJ 08608-	99-9999999	501(C)(3)	10,000.				PLAYGROUNDS AND BASK
(8) CLASSIS OF NEW BRUNSWICK COMMUNITY DEVELOPM 23 SOUTH 2ND AVENUE	45-2053473	501(C)(3)	10,000.				GENERAL OPERATING S
(9) CLEVELAND CLINIC INDIAN RIVER FOUNDATION (F 1000 36TH STREET VERO BEACH, FL 32960-	59-0760215	501(C)(3)	10,000.				EAGLE SOCIETY
(10) COLLEGE OF THE ATLANTIC 105 EDEN STREET BAR HARBOR, ME 04609-	23-7032625	501(C)(3)	10,000.				THE ENDOWMENT
(11) COLLIER COUNTY HUNGER AND HOMELESS COALITIO P.O. BOX 9202 NAPLES, FL 34101-	04-3610154	501(C)(3)	20,000.				GENERAL OPERATING SU
(12) COLOR OF CHANGE 1714 FRANKLIN STREET SUITE 100-136	45-5569879	501(C)(3)	12,500.				GENERAL SUPPORT

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

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(1) COMMUNITIES IN COOPERATION 9-11 CRAWFORD STREET NEWARK, NJ 07102-	81-0659032	501(C)(3)	8,000.				ENCOURAGING CENSUS P
(2) COMMUNITY FOUNDATION FOR MONTEREY COUNTY 2354 GARDEN ROAD MONTEREY, CA 93940-	94-1615897	501(C)(3)	10,000.				COVID-19 FUND
(3) COMMUNITY FOUNDATION OF NEW JERSEY P.O. BOX 338 MORRISTOWN, NJ 07963-0338	22-2281783	501(C)(3)	11,000.				GENERAL SUPPORT FOR
(4) COMMUNITY HOPE FUND INC. 399 MONMOUTH AVENUE OCEAN, NJ 07712-	27-0224957	501(C)(3)	15,000.				GENERAL OPERATING SU
(5) COMMUNITY IMPROVEMENT ASSOCIATION OF THE OR 336 OAKWOOD AVENUE ORANGE, NJ 07050-	46-2677889	501(C)(3)	23,000.				CENSUS OUTREACH IN O
(6) COMMUNITY LOAN FUND OF NEW JERSEY, INC. (DB 108 CHURCH STREET, 3RD FLOOR	22-2872262	501(C)(3)	70,000.				COVID-19 RELIEF & RE
(7) CORNER HOUSE FOUNDATION ONE MONUMENT DRIVE PRINCETON, NJ 08542-	22-2359490	501(C)(3)	34,400.				COVID-19 RELIEF AND
(8) CREATIVE REACTION LAB 3547 OLIVE STREET ST. LOUIS, MO 63103-	47-2876860	501(C)(3)	50,000.				GENERAL OPERATING SU
(9) CROSSROADS OF THE AMERICAN REVOLUTION ASSOC 101 BARRACK STREET TRENTON, NJ 08608-2007	30-0083430	501(C)(3)	17,848.				CROSSROADS OF THE AM
(10) D&R GREENWAY LAND TRUST ONE PRESERVATION PLACE PRINCETON, NJ 08540-	22-3035836	501(C)(3)	61,950.				GENERAL SUPPORT
(11) DEFENDER MOBILITY 8679 26 MILE RD. WASHINGTON, MI 48094-	47-4543354	501(C)(3)	17,154.				IN SUPPORT OF THE EX
(12) DELAWARE VALLEY COUNCIL OF CHURCHES FOOD PA 1 CHERRY STREET #1 LAMBERTVILLE, NJ 08530-	31-1724211	501(C)(3)	10,000.				GENERAL OPERATING SU

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) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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
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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.

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) DICKINSON COLLEGE PO BOX 1773 CARLISLE, PA 17013-2896	23-1365954	501(C)(3)	20,000.				GENERAL SUPPORT
(2) DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONT 40 RECTOR STREET - 16TH FLOOR	13-3433452	501(C)(3)	61,150.				GENERAL SUPPORT
(3) DRAKE UNIVERSITY -THE HARKIN INSTITUTE FOR 2507 UNIVERSITY AVENUE	42-0680460	501(C)(3)	35,000.				THE ANNUAL HARKIN ON
(4) DRCNET FOUNDATION P.O, BOX 9853 WASHINGTON, DC 20016-	52-2034867	501(C)(3)	10,000.				GENERAL SUPPORT
(5) EDEN AUTISM SERVICES FOUNDATION 2 MEWRICK ROAD PRINCETON, NJ 08540-	22-4215005	501(C)(3)	44,845.				EDEN DREAMS GALA
(6) ELON UNIVERSITY JOHNSTON HALL 205A ELON, NC 27244-	56-0532303	501(C)(3)	75,000.				ANNUAL FUND
(7) EMBRELLA 101 COLLEGE ROAD EAST, 3RD FLOOR	22-2152414	501(C)(3)	12,500.				GENERAL OPERATING SU
(8) ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010-	11-6107128	501(C)(3)	19,700.				GENERAL SUPPORT
(9) EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104-	63-1135091	501(C)(3)	92,000.				GENERAL OPERATING SU
(10) ETTYPLAY INC. 310 W. 99TH ST. NEW YORK, NY 10025-	26-2633152	501(C)(3)	15,000.				GENERAL SUPPORT
(11) EVERGLADES FOUNDATION 18001 OLD CUTLER ROAD - SUITE 625	59-3228899	501(C)(3)	69,000.				FOR YOUR GREATEST NE
(12) EVERY CHILD VALUED 175 JOHNSON AVENUE LAWRENCEVILLE, NJ 08648-	26-4654078	501(C)(3)	127,934.				COVID-19 RELIEF & RE

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(1) FAIR SHARE HOUSING CENTER 510 PARK BOULEVARD CHERRY HILL, NJ 08002-	22-2111275	501(C)(3)	20,000.				BLACK MULTI FAITH AL
(2) FAITH IN NEW JERSEY P.O. BOX 1317 CAMDEN, NJ 08105-	47-2456034	501(C)(3)	70,000.				FAITH & COMMUNITY OU
(3) FEEDING AMERICA 35 EAST WACKER DRIVE SUITE 2000	36-3673599	501(C)(3)	10,250.				GENERAL OPERATING SU
(4) FEEDING MIDDLESEX COUNTY 306 MAIN STREET WOODBRIDGE, NJ 07095-	82-2487235	501(C)(3)	7,500.				MCFOODS - SUPPORT AN
(5) FELICIAN UNIVERSITY ONE FELICIAN WAY RUTHERFORD, NJ 07070-	22-1912028	501(C)(3)	10,000.				THE JOHN T. CONNOLLY
(6) FIRELIGHT MEDIA INC. 72 HAMILTON TERRACE NEW YORK, NY 10031-	11-3489379	501(C)(3)	25,000.				GENERAL OPERATING SU
(7) FISHERMAN'S MARK 37 SOUTH MAIN STREET	22-2302255	501(C)(3)	98,600.				GENERAL SUPPORT
(8) FLEMINGTON AREA FOOD PANTRY INC. PO BOX 783 FLEMINGTON, NJ 08822-	22-3061060	501(C)(3)	33,000.				COVID-19 RELIEF
(9) FOCUS HISPANIC CENTER FOR COMMUNITY DEVELOP 212 HOLLYWOOD AVENUE HILLSIDE, NJ 07205-	22-1839206	501(C)(3)	8,000.				ENCOURAGING CENSUS P
(10) FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006-	13-3179546	501(C)(3)	25,000.				GENERAL OPERATING S
(11) FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BOULEVARD	22-2623089	501(C)(3)	7,500.				GENERAL OPERATING SU SUPPORT
(12) FORGOTTEN HARVEST INC. 21800 GREENFIELD ROAD OAK PARK, MI 48237-	38-2926476	501(C)(3)	10,000.				FOOD INSECURITY AND SUPPORT

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(1) FOSTERING HOPE INC. 308 ELM STREET CONWAY, SC 29526-	34-2003272	501(C)(3)	50,000.				GENERAL OPERATING SU
(2) FOUNDATION ACADEMY CHARTER SCHOOL 363 WEST STATE STREET TRENTON, NJ 08618-	20-4406909	501(C)(3)	15,000.				GENERAL SUPPORT
(3) FOUNDATION AT NJIT AKA NJIT EBERHARDT HALL 224 - UNIVERSITY HEIGHTS	22-1714037	501(C)(3)	10,000.				GENERAL SUPPORT
(4) FOUNDATION FIGHTING BLINDNESS-NJ CHAPTER 7168 COLUMBIA GATEWAY DRIVE	23-7135845	501(C)(3)	35,250.				\$10,000 - GENERAL SU
(5) FOUNDATION FOR EDUCATIONAL ADMINISTRATION 12 CENTRE DRIVE MONROE TOWNSHIP, NJ 08831-	22-2757694	501(C)(3)	115,166.				BUILDING A CULTURE W
(6) FRANKLIN TOWNSHIP FOOD BANK 224 CHURCHILL AVENUE SOMERSET, NJ 08875-	22-2406472	501(C)(3)	21,000.				GENERAL OPERATING SU
(7) FRESH AIR FUND 633 3RD AVENUE, 14TH FLOOR	13-1656653	501(C)(3)	6,200.				GENERAL SUPPORT
(8) FRIENDS OF FOUNDATION ACADEMY 363 WEST STATE STREET TRENTON, NJ 08618-	27-2091277	501(C)(3)	15,000.				COVID-19 RELIEF & RE
(9) FRIENDS OF HOPEWELL VALLEY OPEN SPACE PO BOX 395 PENNINGTON, NJ 08534-	22-2810757	501(C)(3)	37,900.				GENERAL OPERATING SU
(10) FRIENDS OF PRINCETON OPEN SPACE 57 MOUNTAIN AVENUE PRINCETON, NJ 08540-	23-7259355	501(C)(3)	18,500.				FRIENDS OF PRINCETON
(11) FRIENDS OF THE PRINCETON PUBLIC LIBRARY 65 WITHERSPOON STREET PRINCETON, NJ 08542-	22-6059246	501(C)(3)	7,100.				GENERAL SUPPORT
(12) GARDEN STATE EQUALITY EDUCATION FUND INC. 1408 MAIN STREET ASBURY PARK, NJ 07712-	20-2588166	501(C)(3)	25,000.				GENERAL OPERATING SU

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(1) GEORGE STREET PLAYHOUSE 9 LIVINGSTON AVENUE	23-7361588	501(C)(3)	15,000.				GENERAL SUPPORT
(2) GEORGETOWN UNIVERSITY BOX 571252 WASHINGTON, DC 20057-1252	53-0196603	501(C)(3)	10,000.				GENERAL SUPPORT
(3) GEORGIA STATE UNIVERSITY FOUNDATION INC ONE PARK PLACE SOUTH - SUITE 533	58-6033185	501(C)(3)	70,000.				GEORGIA HEALTH POLIC
(4) GIRLS ON THE RUN NJ EAST PO BOX 896 MILBURN, NJ 07041-	22-3773443	501(C)(3)	20,000.				GENERAL OPERATING SU
(5) GIRLS, LIVE, LOVE, LAUGH, INC. PO BOX 668 NEWARK, NJ 07101-	27-0939461	501(C)(3)	12,500.				GENERAL OPERATING SU
(6) GOOD GRIEF, INC. 38 ELM STREET MORRISTOWN, NJ 07960-4110	20-0514996	501(C)(3)	20,500.				GENERAL OPERATING SU
(7) GOOD SHEPHERD SERVICES 305 7TH AVENUE - 9TH FLOOR	13-5598710	501(C)(3)	10,000.				GENERAL OPERATING SU
(8) GREATER BOSTON FOOD BANK 70 SOUTH BANK AVENUE BOSTON, MA 02118-2700	04-2717782	501(C)(3)	30,000.				GENERAL SUPPORT
(9) GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PLACE CHICAGO, IL 60632-	36-2971864	501(C)(3)	25,100.				GENERAL OPERATING SU
(10) GREATER PHILADELPHIA COALITION AGAINST HUNG 123 CHESTNUT STREET, SUITE 401	26-2727680	501(C)(3)	10,000.				GENERAL SUPPORT
(11) GREATER TRENTON, INC. 124 WEST STATE STREET TRENTON, NJ 08608-	26-1307260	501(C)(3)	10,000.				GREATER TRENTON SMAL
(12) GREEN VISION INC. 8 EMERY AVENUE RANDOLPH, NJ 07869-	27-3128654	501(C)(3)	10,000.				GENERAL OPERATING SU

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(1) GROUNDS FOR SCULPTURE 80 SCULPTORS WAY HAMILTON, NJ 08619-	22-3694371	501(C)(3)	27,750.				ANNUAL FUND
(2) GYRL WONDER INC. 10096 JOYNNERS BRIDGE ROAD	82-3450475	501(C)(3)	12,500.				GENERAL OPERATING SU
(3) HABITAT FOR HUMANITY OF BURLINGTON AND MERC 530 ROUTE 38 EAST MAPLE SHADE, NJ 08052-	22-2905055	501(C)(3)	80,100.				\$10,000 WHERE MOST N
(4) HADPRE, INC. 490 WESTFIELD RD SUITE A	82-1121832	501(C)(3)	10,800.				TO IMUA
(5) HAMILTON TOWNSHIP SCHOOL DISTRICT 90 PARK AVENUE HAMILTON, NJ 08690-	21-6000323	501(C)(3)	55,000.				COVID-19 RELIEF & RE
(6) HAUTE HEALING FOUNDATION 7111 SANTA MONICA BLVD STE B 113	82-2694380	501(C)(3)	10,000.				GENERAL OPERATING SU
(7) HEADWATERS FOUNDATION FOR JUSTICE 2801 21ST AVENUE SOUTH, SUITE 132B	36-3359386	501(C)(3)	50,000.				GENERAL OPERATING SU
(8) HEALTHY NEWSWORKS PO BOX 431 DREXEL HILL, PA 19026-	81-4668072	501(C)(3)	76,900.				BOOK LAUNCH, 2020
(9) HELP SELF COMMUNITY DEVELOPMENT CORPORATION 215 N. MONTGOMERY STREET TRENTON, NJ 08608-	22-3849068	501(C)(3)	14,000.				COVID-19 RELIEF AND
(10) HENRY J. AUSTIN HEALTH CENTER, INC. 321 NORTH WARREN STREET TRENTON, NJ 08618-	22-2682708	501(C)(3)	52,500.				FUNDS WILL HELP TO S
(11) HILL SCHOOL 717 EAST HIGH STREET	23-1352647	501(C)(3)	7,000.				GENERAL SUPPORT
(12) HISTORIC MORVEN, INC. 55 STOCKTON STREET PRINCETON, NJ 08540-6912	22-2817982	501(C)(3)	64,000.				GENERAL SUPPORT

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(1) HOME AND SCHOOL ASSOCIATION OF SOMERSET HIL P.O. BOX 74 BERNARDSVILLE, NJ 07924-	22-3615526	501(C)(3)	10,000.				GENERAL OPERATING SU
(2) HOMEFRONT 1880 PRINCETON AVENUE	22-3165145	501(C)(3)	511,200.				ANNUAL FUND
(3) HOMEWORKS TRENTON 174 NASSAU STREET BOX #196	81-5218769	501(C)(3)	13,880.				COVID-19 FUND FOR WO
(4) HOPELAB FOUNDATION INC. 100 CALIFORNIA STREET - SUITE 1150	77-0560011	501(C)(3)	50,000.				TECH, HEALTH AND EVE
(5) HOPES COMMUNITY ACTION PARTNERSHIP 301 GARDEN STREET HOBOKEN, NJ 07030-	22-1801849	501(C)(3)	29,500.				CENSUS OUTREACH IN H
(6) HOPEWELL VOLUNTEER FIRE DEPARTMENT AND EMER 4 COLUMBIA AVENUE HOPEWELL, NJ 08525-	22-6090528	501(C)(3)	11,500.				GENERAL SUPPORT
(7) HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVIC 15 S. ESSEX AVENUE, REAR	22-2712067	501(C)(3)	13,000.				CENSUS OUTREACH IN O
(8) HOUSING INITIATIVES OF PRINCETON CHARITABLE 33 MERCER STREET PRINCETON, NJ 08540-	27-6983137	501(C)(3)	151,810.				ANNUAL FUNDRAISER
(9) HUMANE SOCIETY OF NAPLES 370 AIRPORT-PULLING ROAD NORTH	59-1033966	501(C)(3)	12,000.				RUN FOR THE PAWS
(10) HUN SCHOOL OF PRINCETON 176 EDGERSTOUNE ROAD PRINCETON, NJ 08540-	21-0639868	501(C)(3)	20,000.				GENERAL SUPPORT
(11) IMMIGRATION SERVICES AND LEGAL ADVOCACY 2714 CANAL STREET - SUITE 300	82-4375254	501(C)(3)	32,000.				GENERAL OPERATING SU
(12) INSTITUTE FOR ADVANCED STUDY 1 EINSTEIN DRIVE PRINCETON, NJ 08540-	21-0634988	501(C)(3)	14,000.				ANNUAL FUND

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(1) INSTITUTE FOR EDUCATIONAL LEADERSHIP INC (I 4301 CONNECTICUT AVENUE, NE, SUITE 100	52-1198450	501(C)(3)	25,000.				RISE UP FOR EQUITY:
(2) INTERFAITH SOCIAL SERVICES INC. 105 ADAMS STREET QUINCY, MA 02169-	04-2104853	501(C)(3)	10,000.				GENERAL OPERATING SU
(3) ISLES, INC. 10 WOOD STREET TRENTON, NJ 08618-	22-2350832	501(C)(3)	128,200.				COVID FUND PHASE II
(4) IVINS OUTREACH CENTER 80 WEST TRENTON AVENUE	11-3677088	501(C)(3)	10,000.				COVID-19 RELIEF & RE
(5) JAMES R HALSEY FOUNDATION OF THE ARTS 243 ANDOVER PLACE ROBBINSVILLE, NJ 08691-	83-1144406	501(C)(3)	11,000.				COVID-19 RELIEF & RE
(6) JERSEY BATTERED WOMEN'S SERVICE 10 COURT STREET MORRISTOWN, NJ 08960-	22-2170048	501(C)(3)	12,500.				GENERAL OPERATING SU
(7) JEWISH COMMUNITY CENTER OF SOMERSET, HUNTER 775 TALAMINI ROAD BRIDGEWATER, NJ 08807-	22-3681640	501(C)(3)	25,000.				SPLASH PARK - FUNDS
(8) JEWISH FAMILY & CHILDREN'S SERVICES OF GREA 707 ALEXANDER ROAD, SUITE 102	21-0634563	501(C)(3)	81,500.				COVID-19 RELIEF & RE
(9) JOEYS LITTLE ANGELS INC. 223 SHARPS LANE HAMILTON, NJ 08610-	45-5463960	501(C)(3)	10,000.				GENERAL OPERATING SU
(10) JUPITER ISLAND MEDICAL CLINIC 100 ESTRADA SQUARE HOBE SOUND, FL 33455-	20-4659155	501(C)(3)	8,000.				GENERAL SUPPORT
(11) JUPITER MEDICAL CENTER FOUNDATION 1210 SOUTH OLD DIXIE HIGHWAY	65-0132406	501(C)(3)	7,000.				THE CHAIRMANS CLUB
(12) KENYON COLLEGE OFFICE OF DEVELOPMENT GAMBIER, OH 43022-	31-4379507	501(C)(3)	5,100.				THE ANNUAL FUND FROM

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KINDERSMILE FOUNDATION 10 BROAD STREET BLOOMFIELD, NJ 07003-	56-2635166	501(C)(3)	56,500.				COVID-19 FUND FOR WO
(2) LATIN AMERICAN LEGAL DEFENSE AND EDUCATIONA 714-716 S. CLINTON AVENUE	20-2484231	501(C)(3)	168,500.				ADDITIONAL BOARD SUP
(3) LATINO ACTION NETWORK FOUNDATION 1 BROAD STREET FREEHOLD, NJ 08826-	45-5150013	501(C)(3)	10,000.				EL PUEBLO UNIDO ATLA
(4) LAWYERS' COMMITTEE FOR CIVIL RIGHTS UNDER L 1500 K STREET N.W. SUITE 900	52-0799246	501(C)(3)	10,000.				GENERAL SUPPORT
(5) LAWYERS FOR GOOD GOVERNMENT 10685-B HAZELHURST DRIVE STE. # 19646	81-4543775	501(C)(3)	20,000.				GENERAL SUPPORT FOR
(6) LAZOS AMERICA UNIDA 10 PROSPECT STREET NEW BRUNSWICK, NJ 08901-	20-2935339	501(C)(3)	50,000.				HEALTHY MEXICAN IMMI
(7) LEAD NJ 174 NASSAU STREET PRINCETON, NJ 08542-	22-2562368	501(C)(3)	100,000.				OTHER
(8) LEAGUE OF WOMEN VOTERS EDUCATION FUND PO BOX 11036 LEWISTON, ME 04243-9405	53-0239013	501(C)(3)	7,600.				GENERAL SUPPORT
(9) LEARNING ALLY AKA RECORDING FOR THE BLIND A 20 ROSZEL ROAD PRINCETON, NJ 08540-	13-1659345	501(C)(3)	7,350.				GENERAL SUPPORT
(10) LEGAL SERVICES OF NEW JERSEY AKA LSNJ 100 METROPLEX DRIVE - SUITE 402	22-2059939	501(C)(3)	6,000.				CAMPAIGN FOR JUSTICE
(11) LEGAL SERVICES OF NORTHERN VIRGINIA INC. 10700 PAGE AVENUE, SUITE 100	54-1137931	501(C)(3)	12,500.				GENERAL OPERATING SU
(12) LEWIS AND CLARK COLLEGE 0615 SW PALATINE HILL ROAD, MSC 88	93-0386858	501(C)(3)	80,000.				ANIMAL-ASSISTED THER

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

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Employer identification number

52-1746234

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(1) LIFETIES 2205 PENNINGTON ROAD EWING, NJ 08638-	22-2417627	501(C)(3)	90,755.				COVID FUND PHASE II
(2) LITTLEBROOK SCHOOL PARENT TEACHER ORGANIZAT 39 MAGNOLIA LANE PRINCETON, NJ 08540-	22-3467284	501(C)(3)	25,000.				SUPPORT FOR THE JOE
(3) LOVELAND FOUNDATION INC. 320 7TH AVE#263 BROOKLYN, NY 11215-	83-3421375	501(C)(3)	12,500.				GENERAL OPERATING SU
(4) LUKE'S WINGS INC. 1054 31ST SUITE 540 WASHINGTON, DC 20007-	26-1691195	501(C)(3)	20,000.				GENERAL OPERATING SU
(5) LUNCH BREAK 121 DRS. JAMES PARKER BOULEVARD	22-2440028	501(C)(3)	7,500.				GENERAL OPERATING SU
(6) LUPUS RESEARCH ALLIANCE INC. 275 MADISON AVENUE - 10TH FLOOR	58-2492929	501(C)(3)	25,000.				LUPUS RESEARCH ALLIA
(7) MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237-	11-3344389	501(C)(3)	8,000.				FOR MAKE THE ROAD NE
(8) MAMATOTO VILLAGE INC. 311 47TH STREET NE WASHINGTON, DC 20019-	46-2564702	501(C)(3)	20,000.				GENERAL OPERATING SU
(9) MCCARTER THEATRE 91 UNIVERSITY PLACE PRINCETON, NJ 08540-	21-0724198	501(C)(3)	99,900.				\$1,000 - ANNUAL FUND
(10) MEALS ON WHEELS IN HUNTERDON, INC. 5 WALTER FORAN BOULEVARD	22-3084358	501(C)(3)	20,000.				GENERAL OPERATING SU
(11) MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638-	22-1990231	501(C)(3)	66,400.				COVID-19 RELIEF & RE
(12) MELANOMA RESEARCH ALLIANCE 1101 NEW YORK AVENUE, SUITE 620	26-1636099	501(C)(3)	10,000.				2020 ANNUAL SCIENTIF

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

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**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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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) MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065-	13-1924236	501(C)(3)	7,200.				GENERAL SUPPORT
(2) MERCER COUNTY COMMUNITY COLLEGE FOUNDATION 1200 OLD TRENTON ROAD	22-2133029	501(C)(3)	29,200.				\$300 IN SUPPORT OF W
(3) MERCER STREET FRIENDS FOOD BANK 151 MERCER STREET TRENTON, NJ 08611-	21-0733990	501(C)(3)	270,400.				ACHIEVE AND SUCCEED
(4) METROPOLITAN OPERA GUILD 70 LINCOLN CENTER PLAZA, 6TH FLOOR	13-1681983	501(C)(3)	13,750.				GENERAL SUPPORT
(5) MICHIGAN STATE UNIVERSITY FOUNDATION SPARTAN WAY, 535 CHESTNUT ROAD, ROOM 300	23-7326030	501(C)(3)	50,200.				GENERAL SUPPORT
(6) MIDDLESEX COUNTY COLLEGE FOUNDATION 2600 WOODBRIDGE AVENUE EDISON, NJ 08818-	22-6079662	501(C)(3)	28,000.				GENERAL SUPPORT
(7) MILLHILL CHILD & FAMILY DEVELOPMENT CORPORA 101 OAKLAND STREET TRENTON, NJ 08618-	22-2123700	501(C)(3)	131,000.				COVID FUND PHASE II
(8) MINNEAPOLIS FOUNDATION 80 S EIGHTH STREET MINNEAPOLIS, MN 55402-	41-6029402	501(C)(3)	12,500.				SUPPORT FOR CATALYST
(9) MOBILE MEALS OF HAMILTON TOWNSHIP INCORPORA 2277 RTE. 33, SUITE 404 HAMILTON, NJ 08690-	22-2051632	501(C)(3)	7,500.				GENERAL OPERATING SU
(10) MOMS HELPING MOMS FOUNDATION 1118 NORTH AVENUE PLAINFIELD, NJ 07062-	46-2201535	501(C)(3)	25,000.				GENERAL OPERATING SU
(11) MOMS WHO CARE INC. 419 ROSE AVENUE WEST HEMPSTEAD, NY 11552-	85-1291764	501(C)(3)	15,000.				GENERAL OPERATING SU
(12) MONTGOMERY EMERGENCY MEDICAL SERVICES P.O. BOX 105 BELLE MEAD, NJ 08502-	23-7365264	501(C)(3)	6,250.				ANNUAL FUND DRIVE

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(1) MONTGOMERY TOWNSHIP HIGH SCHOOL 1016 ROUTE 601 SKILLMAN, NJ 08558-1799	99-9999999	501(C)(3)	5,050.				GENERAL SUPPORT
(2) MOST BLESSED SACRAMENT CHURCH 787 FRANKLIN LAKES ROAD	99-9999999	501(C)(3)	6,000.				GENERAL SUPPORT
(3) MOUNT CARMEL GUILD 73 NORTH CLINTON AVENUE TRENTON, NJ 08609-	21-0675183	501(C)(3)	29,000.				COVID-19 RELIEF AND
(4) MR. MICHAEL WALDMAN 120 BROADWAY - SUITE 1750	13-3839293	501(C)(3)	10,000.				GENERAL SUPPORT FROM
(5) MUNICIPALITY OF PRINCETON 400 WITHERSPOON STREET PRINCETON, NJ 08540-	99-9999999	501(C)(3)	31,070.				A FLAGSHIP BUS SHELTER
(6) NAACP LEGAL DEFENSE & EDUCATIONAL FUND PRIN 137 LAWRENCEVILLE-PENNINGTON ROAD	13-1655255	501(C)(3)	7,000.				GENERAL SUPPORT
(7) NAMI MERCER NJ 1235 WHITEHORSE MERCERVILLE ROAD	22-2587453	501(C)(3)	11,100.				COVID-19 RELIEF AND
(8) NASSAU PRESBYTERIAN CHURCH 61 NASSAU STREET PRINCETON, NJ 08540-	21-0634470	501(C)(3)	45,300.				GENERAL SUPPORT
(9) NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE 8455 COLESVILLE ROAD - SUITE 910	52-0908178	501(C)(3)	20,000.				GENERAL OPERATING SU
(10) NATIONAL COMMITTEE FOR QUALITY ASSURANCE (N 1100 13TH ST NW THIRD FLOOR	52-1191985	501(C)(3)	10,000.				NCQA QUALITY TALKS 2
(11) NATIONAL INDIAN YOUTH LEADERSHIP PROJECT 2501 SAN PEDRO DR NE STE 116	85-0373602	501(C)(3)	50,000.				TO EXPAND PROJECT VE
(12) NATIONAL JUNIOR TENNIS & LEARNING OF TRENTO 949 WEST STATE STREET TRENTON, NJ 08618-	52-1260470	501(C)(3)	32,600.				GENERAL OPERATING SU

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(1) NATIONAL MEDICAL FELLOWSHIPS INC. 1199 NORTH FAIRFAX STREET - SUITE 600	01-0963657	501(C)(3)	50,000.				NATIONAL MEDICAL FEL
(2) NATIONAL TRUST FOR HISTORIC PRESERVATION IN 2600 VIRGINIA AVENUE - SUITE 1000	53-0210807	501(C)(3)	10,100.				GENERAL SUPPORT
(3) NATURAL RESOURCES DEFENSE COUNCIL AKA NRDC 40 WEST 20TH STREET NEW YORK, NY 10011-	13-2654926	501(C)(3)	10,850.				GENERAL SUPPORT
(4) NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE, SUITE 100	53-0242652	501(C)(3)	8,550.				GENERAL SUPPORT
(5) NEHEMIAH COMMUNITY DEVELOPMENT CORPORATION PO BOX 259861 MADISON, WI 53713-	39-1736091	501(C)(3)	20,000.				GENERAL OPERATING SU
(6) NEIGHBORS TOGETHER CORPORATION 2094 FULTON STREET BROOKLYN, NY 11233-	11-2632109	501(C)(3)	25,000.				GENERAL OPERATING SU
(7) NEW JERSEY AGRICULTURAL SOCIETY 1200 FLORENCE COLUMBUS ROAD	21-0634544	501(C)(3)	57,600.				COVID-19 RELIEF & RE
(8) NEW JERSEY CONSERVATION FOUNDATION 170 LONGVIEW ROAD FAR HILLS, NJ 07931-	22-6065456	501(C)(3)	1,392,500.				\$700,000 TO SUPPORT
(9) NEW JERSEY GOALS OF CARE INC. P.O. BOX 3083 PRINCETON, NJ 08543-	26-4271484	501(C)(3)	131,500.				GENERAL SUPPORT
(10) NEW JERSEY INSTITUTE FOR SOCIAL JUSTICE INC 60 PARK PLACE, SUITE 511 NEWARK, NJ 07102-	22-3478143	501(C)(3)	79,598.				ENCOURAGING CENSUS P
(11) NEW JERSEY LIBRARY ASSOCIATION PO BOX 1534 TRENTON, NJ 08607-	22-1845019	501(C)(3)	15,500.				CENSUS OUTREACH PROG
(12) NEW JERSEY PRESS FOUNDATION P.O. BOX 358 TITUSVILLE, NJ 08560-	22-6071765	501(C)(3)	57,003.				EDUCATION

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(1) NEW JERSEY STATE MUSEUM FOUNDATION PO BOX 530 TRENTON, NJ 08625-0530	22-6098724	501(C)(3)	23,898.				C19 OPERATIONS
(2) NEW JERSEY STATE POLICEMEN'S BENEVOLENT ASS PO BOX 484 HOPEWELL, NJ 08525-	22-3106012	501(C)(8)	10,000.				HOPEWELL TOWNSHIP PB
(3) NEW JERSEY YMCA STATE ALLIANCE INC. 407 GREENWOOD AVENUE TRENTON, NJ 08609-	56-2467563	501(C)(3)	54,200.				THESE FUNDS ARE DESI
(4) NEW YORK FOUNDATION FOR THE ARTS 20 JAY STREET, 7TH FLOOR	23-7129564	501(C)(3)	36,000.				GENERAL SUPPORT
(5) NEWARK PERFORMING ARTS CORPORATION 1030 BROAD STREET NEWARK, NJ 07102-	22-2804063	501(C)(3)	116,000.				GENERAL SUPPORT
(6) NEWTOWN AMERICAN LEGION AMBULANCE SQUAD 2651 S EAGLE ROAD NEWTOWN, PA 18940-	23-2953433	501(C)(3)	25,000.				GENERAL OPERATING SU
(7) NONPROFITCONNECT 12 STOCKTON STREET PRINCETON, NJ 08540-	22-3595586	501(C)(3)	103,750.				ANNUAL FUND
(8) NORTH CAROLINA AGRICULTURAL & TECHNICAL STA 1601 E. MARKET STREET GREENSBORO, NC 27411-	23-7055330	501(C)(3)	17,119.				TO ADD TO THE SCHOLA
(9) NORTHEAST ORGANIC FARMING ASSOCIATION 386 ROCK RD EAST LAMBERTVILLE, NJ 08530-	22-3043823	501(C)(3)	20,000.				GENERAL SUPPORT
(10) OASIS - A HAVEN FOR WOMEN & CHILDREN INC. 59 MILL STREET PATERSON, NJ 07501-	22-3491573	501(C)(3)	7,500.				GENERAL OPERATING SU
(11) OF HOME, FAMILY AND FUTURE, INC. 9 EAST 8TH STREET, SUITE 135	20-2014390	501(C)(3)	31,000.				GENERAL OPERATING SU
(12) OPEN COLLECTIVE FOUNDATION 340 S LEMON AVE # 3717 WALNUT, CA 91789-	81-4004928	501(C)(3)	10,000.				SUPPORT THE CHARITAB

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(1) OPPORTUNITY INTERNATIONAL 550 WEST VAN BUREN STREET - SUITE 200	54-0907624	501(C)(3)	15,000.				GENERAL SUPPORT
(2) PARKER FAMILY HEALTH CENTER 211 SHREWSBURY AVENUE RED BANK, NJ 07701-	22-3619518	501(C)(3)	10,000.				GENERAL SUPPORT
(3) PARKINSON'S UNITY WALK P.O. BOX 275 KINGSTON, NJ 08528-	13-3842415	501(C)(3)	12,000.				THIS CONTRIBUTION IS
(4) PARTNERSHIP FOR MATERNAL & CHILD HEALTH OF 50 PARK PLACE - SUITE 700 NEWARK, NJ 07102-	52-1815234	501(C)(3)	12,500.				IRVINGTON TOWNSHIP O
(5) PARTNERSHIP TO END ADDICTION 485 LEXINGTON AVENUE - SUITE 300	52-1736502	501(C)(3)	15,000.				GENERAL OPERATING SU
(6) PASSAGE THEATRE COMPANY P.O. BOX 967 TRENTON, NJ 08605-0967	22-2679031	501(C)(3)	54,750.				COVID-19 RELIEF & RE
(7) PATERSON ALLIANCE INC. 301 MAIN STREET PATERSON, NJ 07505-	02-0598570	501(C)(3)	20,000.				PATERSON CENSUS OUTR
(8) PAUL ROBESON HOUSE 112 WITHERSPOON STREET PRINCETON, NJ 08542-	46-0587094	501(C)(3)	26,000.				GENERAL SUPPORT
(9) PEACE ACTION EDUCATION FUND 40 WITHERSPOON STREET PRINCETON, NJ 08542-	22-2402577	501(C)(3)	13,200.				COALITION FOR PEACE
(10) PEI KIDS AKA PREVENTION EDUCATION INC 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648-	22-2594219	501(C)(3)	18,130.				COVID-19 RELIEF AND
(11) PENNSYLVANIA INNOCENCE PROJECT 1515 MARKET STREET, SUITE 300	26-3176893	501(C)(3)	12,500.				GENERAL OPERATING SU
(12) PENNSYLVANIA STATE UNIVERSITY 2 CARNEGIE BUILDING	24-6000376	501(C)(3)	33,500.				ARTHUR W. PAGE CENTE

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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.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PEOPLE & STORIES/GENTE Y CUENTOS 295 EGGERTS CROSSING ROAD	22-3260895	501(C)(3)	12,420.				COVID FUND PHASE II
(2) PETEY GREENE PROGRAM INC. 22 STOCKTON STREET PRINCETON, NJ 08540-	30-0499760	501(C)(3)	15,250.				GENERAL SUPPORT
(3) PHILABUNDANCE 3616 SOUTH GALLOWAY STREET	23-2290505	501(C)(3)	29,500.				COVID-19 FUND
(4) PHILADELPHIA ANIMAL WELFARE SOCIETY (PAWS) 100 NORTH 2ND STREET (AT ARCH)	26-3862631	501(C)(3)	134,485.				\$18,375.00 REPLENISH
(5) PHILADELPHIA VOLUNTEER LAWYERS FOR THE ARTS 200 S. BROAD STREET, SUITE 700	23-2066564	501(C)(3)	10,000.				SUPPORT FOR GREATEST
(6) PINELANDS PRESERVATION ALLIANCE 17 PEMBERTON ROAD SOUTHAMPTON, NJ 08088-	52-1641512	501(C)(3)	28,800.				ANNUAL FUND
(7) PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET - 10TH FLOOR	13-1644147	501(C)(3)	38,500.				GENERAL OPERATING SU
(8) PLANNED PARENTHOOD OF NORTHERN, CENTRAL, AN 196 SPEEDWELL AVENUE	22-1643997	501(C)(3)	672,960.				2018 5% DRAW
(9) PLAYHOUSE ARTISTS 12 WEST MECHANIC STREET - SUITE 2A	47-5530437	501(C)(3)	30,000.				COVID-19 FUND
(10) PRESERVE COMMUNITY FOUNDATION PO BOX 222301 CARMEL, CA 93922-	26-4732039	501(C)(3)	10,000.				EMPLOYEE EMERGENCY R
(11) PRINCETON ACADEMY OF THE SACRED HEART 1128 GREAT ROAD PRINCETON, NJ 08540-	22-3623112	501(C)(3)	10,500.				GENERAL SUPPORT
(12) PRINCETON BLAIRSTOWN CENTER 13 ROSZEL ROAD, SUITE C204A	22-6075831	501(C)(3)	19,084.				CAPITAL CAMPAIGN, W

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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(1) PRINCETON CHARTER FOUNDATION, INC. 79 PROSPECT AVENUE PRINCETON, NJ 08540-	22-3609242	501(C)(3)	36,000.				EDUCATION
(2) PRINCETON CHARTER SCHOOL CAPITAL & ENDOWMEN 100 BUNN DRIVE PRINCETON, NJ 08540-	38-3642213	501(C)(3)	33,000.				GENERAL SUPPORT
(3) PRINCETON CHILDREN'S FUND P.O. BOX 652 PRINCETON, NJ 08542-	81-4663325	501(C)(3)	126,608.				CORONAVIRUS EMERGENC
(4) PRINCETON COMMUNITY HOUSING ONE MONUMENT DRIVE PRINCETON, NJ 08540-3036	13-3026182	501(C)(3)	133,200.				\$5,000 IS FOR THE CA
(5) PRINCETON DAY SCHOOL PO BOX 75 PRINCETON, NJ 08542-	21-0727645	501(C)(3)	265,600.				\$15,000 FOR THE CAMP
(6) PRINCETON FIRST AID & RESCUE SQUAD 2 MOUNT LUCAS ROAD PRINCETON, NJ 08540-	23-7140015	501(C)(3)	1,578,085.				\$20,000.00 - CAPITA
(7) PRINCETON HEALTH CARE SYSTEM FOUNDATION INC 5 PLAINSBORO ROAD - SUITE 365	22-2225911	501(C)(3)	119,200.				ANNUAL FUND
(8) PRINCETON NURSERY SCHOOL 78 LEIGH AVENUE PRINCETON, NJ 08540-	21-0643024	501(C)(3)	101,168.				COVID FUND PHASE II
(9) PRINCETON PRO MUSICA PO BOX 2244 PRINCETON, NJ 08543-2244	22-2317363	501(C)(3)	16,875.				ARTS
(10) PRINCETON PUBLIC LIBRARY 65 WITHERSPOON STREET PRINCETON, NJ 08542-	21-6008497	501(C)(3)	28,200.				ANNUAL APPEAL
(11) PRINCETON SENIOR RESOURCE CENTER 45 STOCKTON STREET PRINCETON, NJ 08540-	22-2228083	501(C)(3)	620,952.				A. SOCIAL WORK SERVI
(12) PRINCETON SYMPHONY ORCHESTRA PO BOX 250 PRINCETON, NJ 08542-	22-2327766	501(C)(3)	406,625.				2021 ANNUAL FUND

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(1) PRINCETON THEOLOGICAL SEMINARY PO BOX 821 PRINCETON, NJ 08542-0803	21-0635010	501(C)(3)	5,400.				GENERAL SUPPORT
(2) PRINCETON UNIVERSITY ART MUSEUM PRINCETON UNIVERSITY	21-0634501	501(C)(3)	11,000.				GENERAL SUPPORT
(3) PRINCETON UNIVERSITY OFFICE OF ALUMNI AND D ALUMNI AND DONOR RECORDS - PRINCETON UNIVER	21-0634501	501(C)(3)	242,180.				ANNUAL GIVING - CLAS
(4) PROGRAMS FOR PARENTS 570 BROAD STREET, 9TH FLOOR	22-2504469	501(C)(3)	20,000.				ESSEX COUNTY YOUNG C
(5) PROJECT HOME 1515 FAIRMOUNT AVENUE	23-2555950	501(C)(3)	20,000.				GENERAL OPERATING SU
(6) PROTEUS FUND 15 RESEARCH DRIVE SUITE B	04-3243004	501(C)(3)	13,750.				EMBRACERACE
(7) PUBLIC INTEREST LAW CENTER 1500 JFK BOULEVARD - SUITE 802	23-1923398	501(C)(3)	81,400.				CAPITAL CAMPAIGN - P
(8) PUERTO RICAN COMMUNITY CENTER INC 223 PERRY STREET TRENTON, NJ 08629-	22-2124503	501(C)(3)	47,500.				COVID-19 FUND FOR WO
(9) PURDUE FOUNDATION AKA PURDUE RESEARCH FOUND 403 WEST WOOD STREET	35-1052049	501(C)(3)	156,000.				DAVIDSON-GIMBLE SCHO
(10) PUSH TO WALK A NEW JERSEY NON-PROFIT CORPOR 100 BAUER DRIVE OAKLAND, NJ 07436-	20-8059368	501(C)(3)	10,000.				GENERAL OPERATING SU
(11) REACH EDUCATION INC. 300 M STREET SE, SUITE 803	26-4622113	501(C)(3)	20,000.				GENERAL OPERATING SU
(12) RECTOR WARDENS VESTRYMEN TRINITY CHURCH 33 MERCER STREET PRINCETON, NJ 08540-	21-0647707	501(C)(3)	77,600.				2020 DONATION

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(1) REED INSTITUTE AKA REED COLLEGE 3203 SE WOODSTOCK BOULEVARD	93-0386908	501(C)(3)	48,500.				BLAIR-REICHELDERFER
(2) RESCUE MISSION OF TRENTON 98 CARROLL STREET TRENTON, NJ 08605-0790	21-0656182	501(C)(3)	309,100.				COVID-19 RELIEF AND
(3) RIDER UNIVERSITY 2083 LAWRENCEVILLE ROAD	21-0650678	501(C)(3)	36,250.				\$25,000 - GENERAL SU
(4) RISE/A COMMUNITY SERVICE PARTNERSHIP 116 NORTH MAIN STREET HIGHTSTOWN, NJ 08520-	22-2405087	501(C)(3)	228,000.				\$33,000 - COVID-19 F
(5) ROCKING THE BOAT 812 EDGEWATER ROAD BRONX, NY 10474-	13-4177814	501(C)(3)	10,000.				IN MEMORY OF TOM HEM
(6) ROLLING HARVEST FOOD RESCUE 3920 RIVER ROAD LUMBERVILLE, PA 18933-	27-4630639	501(C)(3)	35,500.				COVID-19 RELIEF & RE
(7) SAFE+SOUND SOMERSET INC. 427 HOMESTEAD ROAD HILLSBOROUGH, NJ 08844-	22-2205833	501(C)(3)	15,000.				S+SS BUSINESS MODEL
(8) SALVATION ARMY 575 E. STATE STREET TRENTON, NJ 08609-	13-5562351	501(C)(3)	43,150.				COVID-19 RELIEF & RE
(9) SALZBURG GLOBAL SEMINAR, INC. 1250 H ST NW, STE 1150	04-2200147	501(C)(3)	25,000.				SALZBURG GLOBAL SEMI
(10) SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY EAST, SUITE 400	06-0726487	501(C)(3)	11,000.				GENERAL SUPPORT
(11) SAVE, A FRIEND TO HOMELESS ANIMALS 1010 ROUTE 601 SKILLMAN, NJ 08558-	22-6082741	501(C)(3)	22,350.				ANNUAL FUND
(12) SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105-	31-1640316	501(C)(3)	91,905.				ACCOUNT #9875-3480

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(1) SEND HUNGER PACKING PRINCETON 1 MONUMENT DRIVE PRINCETON, NJ 08540-	82-3884254	501(C)(3)	83,700.				COVID-19 RELIEF & RE
(2) SHARE MY MEALS 252 NASSAU STREET PRINCETON, NJ 08542-	84-4149439	501(C)(3)	51,000.				COVID-19 RELIEF & RE
(3) SHRINER'S HOSPITALS FOR CHILDREN 2900 N. ROCKY POINT DRIVE TAMPA, FL 33607-	36-2193608	501(C)(3)	12,500.				GENERAL OPERATING SU
(4) SIKH AMERICAN LEGAL DEFENSE AND EDUCATION F 1050 CONNECTICUT AVENUE, NW - SUITE 500	04-3382840	501(C)(3)	30,000.				GENERAL OPERATING SU
(5) SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL, SUITE 300	20-5205488	501(C)(3)	40,000.				THE R&B EIREF FUND
(6) SISTERS ACADEMY OF BALTIMORE 139 FIRST AVENUE BALTIMORE, MD 21227-3002	34-1975939	501(C)(3)	10,000.				GENERAL SUPPORT
(7) SKIDMORE COLLEGE 815 NORTH BROADWAY	14-1338562	501(C)(3)	5,500.				GENERAL SUPPORT
(8) SMITHSONIAN INSTITUTION OFFICE OF ADVANCEMENT - 600 MARYLAND AVE. S	53-0206027	501(C)(3)	11,000.				HORN OF 20: PRINCETO
(9) SNIP COLLIER 6491 SABLE RIDGE LANE NAPLES, FL 34104-	47-4607649	501(C)(3)	6,240.				SNIP 5K
(10) SNIPES FARM AND EDUCATION CENTER 890 W BRIDGE STREET MORRISVILLE, PA 19067-	26-1338481	501(C)(3)	57,500.				COVID-19 RELIEF
(11) SNO-KING AMATEUR HOCKEY ASSOCIATION 14326 124TH AVENUE NE KIRKLAND, WA 98034-	23-7275375	501(C)(3)	20,000.				THE RAISE THE RINK C
(12) SOCIAL AND ENVIRONMENTAL ENTREPRENEURS (SEE 23564 CALABASAS ROAD, SUITE 201	95-4116679	501(C)(3)	37,000.				GENERAL OPERATING SU

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(1) SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805-	46-1323531	501(C)(3)	40,000.				CONQUERING GYRATE AT
(2) SOCIETY FOR DISASTER MEDICINE AND PUBLIC HE 16422 WANDERERS PORT LANE	45-3607398	501(C)(3)	20,000.				SPECIAL ISSUE ON THE
(3) SOMERSET HILLS LEARNING INSTITUTE 1810 BURNT MILLS ROAD BEDMINSTER, NJ 07921-	22-3593804	501(C)(3)	30,000.				FIND A NEED
(4) SOURLAND CONSERVANCY 83 PRINCETON AVENUE, SUITE 1A	22-3707157	501(C)(3)	31,100.				FIGHTING THE EMERALD
(5) SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104-	63-0598743	501(C)(3)	44,500.				GENERAL SUPPORT
(6) SPRINGFIELD CATHOLIC CENTRAL SCHOOL FOUNDAT 1200 EAST HIGH STREET	23-7252047	501(C)(3)	26,000.				GENERAL SUPPORT
(7) SPRINGPOINT SENIOR LIVING INC. 4814 OUTLOOK DRIVE, SUITE 201	31-1480524	501(C)(3)	7,000.				\$1,000 -STONEBRIDGE
(8) ST ANDREWS SCHOOL OF DELAWARE INC 350 NOXONTOWN ROAD MIDDLETOWN, DE 19709-	51-0079506	501(C)(3)	25,000.				GENERAL SUPPORT
(9) ST. BERNARD'S PROTESTANT EPISCOPAL CHURCH 88 CLAREMONT RD. BERNARDSVILLE,, NJ 07924-	22-1506942	501(C)(3)	25,000.				GENERAL OPERATING SU
(10) ST. CROIX FOUNDATION FOR COMMUNITY DEVELOPM PO BOX 1128	66-0480131	501(C)(3)	10,000.				GENERAL OPERATING SU
(11) ST. LUKE'S EPISCOPAL CHURCH 73 SO. FULLERTON AVENUE	31-1629166	501(C)(3)	10,000.				TONI'S KITCHEN (THE
(12) ST. VINCENT DE PAUL REGIONAL SEMINARY 10701 S. MILITARY TRAIL	99-9999999	501(C)(3)	11,000.				GENERAL SUPPORT

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(1) STOUTSBURG SOURLAND AFRICAN AMERICAN MUSEUM PO BOX 162 HOPEWELL, NJ 08525-	81-2811228	501(C)(3)	21,400.				FROM MARTHA SWORD, A
(2) STUART COUNTRY DAY SCHOOL OF THE SACRED HEA 1200 STUART ROAD PRINCETON, NJ 08540-1297	53-0196617	501(C)(3)	25,800.				GENERAL SUPPORT
(3) SUMMIT INTERFAITH COUNCIL 70 MAPLE STREET SUMMIT, NJ 07901-	82-2980565	501(C)(3)	12,500.				ANTI-RACISM COMMITTE
(4) SUSTAINABLE PRINCETON 1 MONUMENT DRIVE PRINCETON, NJ 08540-	45-4743353	501(C)(3)	13,100.				GENERAL SUPPORT
(5) TEAM PHENOMENAL HOPE INC. 300 MILL STREET #1115 BELOIT, WI 53512-	45-4956117	501(C)(3)	10,000.				UNMET PATIENT NEEDS
(6) TECHNOLOGY AFFINITY GROUP, INC.AKA TECHNOLO 200 W. MADISON STREET, 3RD FLOOR	56-2558836	501(C)(3)	20,000.				GENERAL OPERATING SU
(7) THE ALAMEDA COUNTY COMMUNITY FOOD BANK INC PO BOX 2599 OAKLAND, CA 94614-	94-2960297	501(C)(3)	13,000.				GENERAL SUPPORT
(8) THE BOARD OF TRUSTEES OF THE LELAND STANFOR PO BOX 20466 STANFORD, CA 94309-	94-1156365	501(C)(3)	50,000.				FUNDS WILL BE USED F
(9) THE CENTER FOR AQUATIC SCIENCES INC. 1 RIVERSIDE DRIVE CAMDEN, NJ 08103-	52-1647018	501(C)(3)	15,000.				GENERAL OPERATING SU
(10) THE CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVENUE	21-0634966	501(C)(3)	124,614.				\$37,500 COVID-19 FUN
(11) THE COLLEGE OF NEW JERSEY FOUNDATION PO BOX 7718 EWING, NJ 08628-	22-2448189	501(C)(3)	63,500.				DYSLEXIA INITIATIVE
(12) THE CONSERVATION FUND 18 MIDDLE ROAD STUART, FL 34996-	52-1388917	501(C)(3)	15,000.				LOXA-LUCIE PROJECT

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE DENVER HEALTH AND HOSPITALS FOUNDATION 601 N BROADWAY, MC 0111 DENVER, CO 80203-	84-1085196	501(C)(3)	10,000.				THE DENVER HEALTH AN
(2) THE FATHER CENTER OF NEW JERSEY (FORMERLY U 4 NORTH BROAD STREET, 2ND FLOOR SUITE 2R	21-0635048	501(C)(3)	162,550.				COVID FUND PHASE II
(3) THE MULTIPLE MYELOMA RESEARCH FOUNDATION IN 383 MAIN AVE - 5TH FLOOR NORWALK, CT 06851-	06-1504413	501(C)(3)	20,000.				GENERAL OPERATING SU
(4) THE NEW YORK COMMUNITY TRUST AKA COMMUNITY 909 THIRD AVENUE NEW YORK, NY 10022-	13-3062214	501(C)(3)	25,000.				COLUMBIA UNIVERSITY
(5) THE NIGHT MINISTRY 1735 NORTH ASHLAND AVENUE, SUITE 2000	36-3145764	501(C)(3)	25,000.				GENERAL OPERATING SU
(6) THE OPERA COMPANY OF PHILADELPHIA 1420 LOCUST STREET, SUITE 210	23-1504706		18,000.				PHILADELPHIA OPERA I
(7) VILLANOVA UNIVERSITY 800 E. LANCASTER AVENUE	23-1352688	501(C)(3)	10,000.				GENERAL SUPPORT
(8) YALE UNIVERSITY P.O. BOX 7611 NEW HAVEN, CT 06519-0611	06-0646973	501(C)(3)	9,550.				\$1,000 FOR THE YALE
(9)							
(10)							
(11)							
(12)							

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) 2020

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 THE OPERA COMPANY OF PHILADELPHIA		18,000.			
2 SCHOLARSHIP RECIPIENTS	26.	41,850.			
3 SCHOLARSHIPS	26.	41,850.			
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. SOME REQUIREMENTS WERE AMENDED DURING THE PANDEMIC. 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

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.

EACH ORGANIZATION.

PRE-PANDEMIC, THE COMMUNITY FOUNDATION STAFF ALSO VISITED MANY LOCAL GRANTEES EACH YEAR FOR FACE-TO-FACE MEETINGS AND FIRST-HAND EXPERIENCE OF FUNDED PROGRAMS. BECAUSE OF PANDEMIC-RELATED CLOSURES, MANY OF THOSE SITE VISITS WERE CONDUCTED VIA ZOOM IN 2020.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization? **5a** **5b**
- b** Any related organization? **5b**
- 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? **6a** **6b**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** **9**

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

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

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

Schedule J (Form 990) 2020

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)	181,833.	17,727.	0.	10,626.	10,862.	221,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JEFFREY M. VEGA PRESIDENT & CEO	(i)	232,010.	22,292.	0.	13,765.	17,857.	285,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARCIA W. SHACKELFORD CHIEF PHILANTHROPY OFFICER	(i)	164,525.	16,500.	0.	6,092.	21,891.	209,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 NELIDA VALENTIN VP, GRANTS AND PROGRAMS	(i)	132,925.	10,413.	0.	7,800.	13,664.	164,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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, 2020. 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 CONSISTENT WITH THE BOARD OF TRUSTEES COMPENSATION PHILOSOPHY STATEMENT. 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

2020

**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	79 .	3,525,664 .	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 V, 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) 2020

JSA

OE1298 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 M, PART 1, LINE 1B

ON SCHEDULE M PART 1, LINE 1 B, THE ORGANIZATION REPORTED 79 CONTRIBUTIONS OF STOCK AT THEIR FMV. THIS IS THE NUMBER OF CONTRIBUTIONS,

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.

NOT CONTRIBUTORS.

**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

2020

**Open to Public
Inspection**

Employer identification number

52-1746234

CORE FORM 990 RESPONSES

FORM 990, PART III, LINE 4A

GRANTS: THE COMMUNITY FOUNDATION IS AN ACTIVE GRANTMAKER THROUGH SEVERAL GRANT PROGRAMS INCLUDING GREATER MERCER GRANTS AND THE FUND FOR WOMEN & GIRLS)AND GRANTMAKING FROM DONOR-ADVISED, DESIGNATED, NONPROFIT, AND FIELD-OF-INTEREST FUNDS. THE COMMUNITY FOUNDATION'S STRATEGIC GRANTMAKING PROGRAM, ALL KIDS THRIVE, IS ADDRESSING HIGH RATES OF CHRONIC ABSENTEEISM IN LOCAL PUBLIC SCHOOLS. BECAUSE OUR SCHOOLS WERE REMOTE DURING MUCH OF THE 2020 SCHOOL YEAR, WE ALLOWED OUR ALL KIDS THRIVE GRANTEE PARTNERS TO USE FUNDING TO INCREASE STUDENT ENGAGEMENT DURING VIRTUAL LEARNING AND TO HELP MEET THE BASIC NEEDS OF STUDENTS AND THEIR FAMILIES.

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. IN 2020, THE COMMUNITY FOUNDATION CREATED A COVID-19 RELIEF & RECOVERY FUND TO HELP LOCAL NONPROFITS RESPOND TO THE DEVASTATING IMPACT THE PANDEMIC HAD ON LOCAL COMMUNITIES. FUNDING WAS PROVIDED TO HELP NONPROFITS ADDRESS FOOD INSECURITY, OTHER BASIC AND SOCIAL SERVICE NEEDS, CAPACITY BUILDING, PHYSICAL AND MENTAL HEALTH NEEDS AND COUNSELING SERVICES, AND HOUSING AND RENTAL ASSISTANCE. LATER THAT YEAR, THE COMMUNITY FOUNDATION AGREED TO HOST A FUND CREATED TO ADDRESS THE PANDEMIC-RELATED NEEDS OF NONPROFIT ARTS, CULTURE AND HISTORICAL INSTITUTIONS. THE NJ ARTS & CULTURAL

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
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RECOVERY FUND IS AWARDING GRANTS TO NONPROFITS STATEWIDE. 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 ACTIVELY ENGAGES ITS DONORS, GRANTEEES, AND THE PROFESSIONAL ADVISORS IN THE REGION TO ENCOURAGE CHARITABLE GIVING BROADLY, AND TO BUILD OVER TIME A COMMUNITY-WIDE COMMITMENT TO PHILANTHROPY. IT SPONSORS SEMINARS AND WORKSHOPS ON TOPICS SUCH AS ENDOWMENT-BUILDING, GOOD GOVERNANCE, GRANT-SEEKING BEST PRACTICES, RISK MANAGEMENT, AND PLANNED GIVING. THE COMMUNITY FOUNDATION POSITIONS ITSELF AS A RESOURCE TO THE REGION AND REGULARLY RESPONDS TO REQUESTS FOR INFORMATION AND GUIDANCE. THE COMMUNITY FOUNDATION PARTNERS WITH OTHER ORGANIZATIONS SUCH AS THE COUNCIL OF NJ GRANTMAKERS, THE GIFT PLANNING COUNCIL OF NEW JERSEY, CENTER FOR NONPROFITS, AND THE SUPPORT CENTER PARTNERSHIP IN PHILANTHROPY TO EXPAND ITS EDUCATIONAL OFFERINGS. OUTSIDE GROUPS CONDUCT RELATED WORKSHOPS ON ITS PREMISES. STAFF ARE AVAILABLE TO CONSULT WITH DONORS,

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

THE COMMUNITY FOUNDATION'S LIABILITIES TO ASSETS RATIO INCREASES AS THE COMMUNITY FOUNDATION'S PORTFOLIO OF NON-PROFIT FUNDS INCREASE. AS PART OF ITS MISSION, THE COMMUNITY FOUNDATION ASSISTS LOCAL NON-PROFIT ORGANIZATIONS INVEST THEIR MONEY. THIS RELATIONSHIP WITH LOCAL NON-PROFIT FUNDHOLDERS IS IMPORTANT TO OUR MISSION AND SHOWS AS A LIABILITY ON OUR FINANCIAL STATEMENTS.

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

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

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.

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

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
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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 WEBSITE AND UPON REQUEST. ITS GOVERNING DOCUMENTS AND FORM 1023 ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NETS ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENT \$26,713.

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
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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	73,974.	90,347.
TOTALS	<u>73,974.</u>	<u>90,347.</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	33,534,133.	30,242,128.	FMV
MUTUAL FUNDS - FIXED ASSETS	8,642,136.	15,917,718.	FMV
TOTALS	<u>42,176,269.</u>	<u>46,159,846.</u>	

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

For calendar year 2020 or other tax year beginning 01/01, 2020, and ending 12/31, 2020

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) PRINCETON AREA COMMUNITY FOUNDATION INC.	D Employer identification number 52-1746234
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. C/O JEFFREY VEGA 15 PRINCESS ROAD	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code LAWRENCEVILLE, NJ 08648	
		C Book value of all assets at end of year ▶ 231,468,802.	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶ 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
L The books are in care of ▶ JEFFREY VEGA		Telephone number ▶ 609-219-1800	

15 PRINCESS ROAD
LAWRENCEVILLE NJ 08648

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	-82,124.
2 Reserved	2	
3 Add lines 1 and 2	3	-82,124.
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-82,124.
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-82,124.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9	10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). ▶	2	
3 Proxy tax. See instructions ▶	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6 a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶	11		

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ _____		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
4 a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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

Signature of officer: _____ Date: 11/15/2021 Title: _____

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

Paid Preparer Use Only	Print/Type preparer's name BRAD CARUSO	Preparer's signature BRAD CARUSO	Date 11/15/2021	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	

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0074

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	B Employer identification number 52-1746234
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ GAIN ON FULL DISPOSITION OF PTP INVESTMENT

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance ▶			
2 Cost of goods sold (Part III, line 8)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			
c Capital loss deduction for trusts			
5 Income (loss) from a partnership or an S corporation (attach statement) ATCH 1	-82,124.		-82,124.
6 Rent income (Part IV)			
7 Unrelated debt-financed income (Part V)			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10 Exploited exempt activity income (Part VIII)			
11 Advertising income (Part IX)			
12 Other income (see instructions; attach statement)			
13 Total. Combine lines 3 through 12	-82,124.		-82,124.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement) (see instructions)	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562) (see instructions)	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-82,124.
17 Deduction for net operating loss (see instructions)	17		
18 Unrelated business taxable income. Subtract line 17 from line 16.	18		-82,124.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table with 1 row for Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions). Columns A, B, C, D.

Table with 4 columns (A, B, C, D) and 3 rows (2, 2a, 2b) for Rent received or accrued. Row 2c is Total rents received or accrued by property.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

Table with 4 columns (A, B, C, D) for Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

Table with 1 row for Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions). Columns A, B, C, D.

Table with 4 columns (A, B, C, D) and 7 rows for Unrelated Debt-Financed Income: 2 Gross income, 3 Deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Divide line 4 by line 5, 7 Gross income reportable.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends-received deductions included in line 10.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A)

Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns: A, B, C, D. Row 2: Gross advertising income.

a Add columns A through D. Enter here and on Part I, line 11, column (A).

Table with 4 columns: A, B, C, D. Row 3: Direct advertising costs by periodical.

a Add columns A through D. Enter here and on Part I, line 11, column (B).

Table with 4 columns: A, B, C, D. Rows 4-8: Advertising gain (loss), Readership costs, Circulation income, Excess readership costs.

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Rows (1) through (4).

Total. Enter here and on Part II, line 1.

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

SCHEDULE A: SALE OF PTP INVESTMENT

PART I LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
STOCKBRIDGE FUND, LP			293,914.
2020 ORDINARY INCOME FROM PTP			-26,399.
2016 - 2019 NOL CARRYFORWARDS			-349,639.
INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS			<u>-82,124.</u>