Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

١	•	Information	about Form	n 990 and it	s instructions	is at ww	vw.irs.aov/form99	O.

A F	or th	e 201	7 calendar year, or tax year begin	ning	, 2017	7, and endi	ng		,	20	
D			C Name of organization					D Employer ide	entification n	umber	
B C	heck if ap	oplicable:	PRINCETON AREA COMMUNI	TY FOUNDATION	INC.						
	Addre		Doing Business As					52-1746	234		
	Name	change	Number and street (or P.O. box if mail is r	not delivered to street addre	ess)	Room/suite		E Telephone no	umber		
	Initial	return	15 PRINCESS ROAD					(609) 21	9-1800		
	Term	inated	City or town, state or province, country, a	nd ZIP or foreign postal coo	de	•					
	Amen		LAWRENCEVILLE, NJ 0864	18				G Gross receipt	ts \$ 5	1,170	,760.
		cation	F Name and address of principal officer:	JEFFREY VEGA	7			H(a) Is this a grou		Yes	X No
	_ ,	9	15 PRINCESS ROAD LAWRE	ENCEVILLE, NJ (08648			H(b) Are all subord		Yes	No
ī	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 52	27	If "No," attac	ch a list. (see ins	tructions)	
J	Websi	te: 🕨	WWW.PACF.ORG					H(c) Group exemp	ption number	>	
K	Form	of organ	nization: X Corporation Trust	Association Other	>	L Year	of format	tion: 1991 M	State of legal	domicile:	NJ
P	art I	Sui	mmary	'		'		'			
		Briefly	y describe the organization's mission or	most significant activitie	es: THE P	RINCETON	N ARE	A COMMUNI	TY FOUN	DATIO	N
ø			MOTES PHILANTHROPY THROU								
auc		A N	ETWORK OF DONORS, ADVISO	RS AND NONPROF	IT CORP	ORATIONS	 S.				
/er	2	Check	k this box ▶ ☐ if the organization di	scontinued its operatio	ns or dispos	ed of more th	 nan 25%	of its net assets	 3.		
Governance	3		per of voting members of the governing						3		23.
	4	Numb	per of independent voting members of the	he governing body (Part	VI, line 1b)				4		23.
ties	5		number of individuals employed in cale						5		11.
ctivities &	6		number of volunteers (estimate if necess						6		42.
Ā	7a	Total	unrelated business revenue from Part VI	II, column (C), line 12					7a	143	3,637
			nrelated business taxable income from F						7b	95	5,947
								Prior Year	C	urrent Y	ear
ø	8	Contri	ibutions and grants (Part VIII, line 1h)				1	27,602,98	7. 3	3,824	1,088
ž	9	Progra	am service revenue (Part VIII, line 2g)		COP	PY FOR			0.		0
Revenue	10	Invest	tment income (Part VIII, column (A), line	s 3, 4, and 7d)	PUBLIC I	NSPECTION		-1,325,63	3.	4,078	3,243
œ	11		revenue (Part VIII, column (A), lines 5,					4,71	.8.	10	0,683
	12		revenue - add lines 8 through 11 (must					26,282,07	2. 3	37,913	3,014
	13		s and similar amounts paid (Part IX, colu					16,794,72	5. 2	20,317	7,417
	14		fits paid to or for members (Part IX, colur						0.		0
ģ	15		ies, other compensation, employee bene					1,059,46	8.	1,458	3,793
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)					0.		0
xbe	b	Total	fundraising expenses (Part IX, column (E	D), line 25) ▶	630,010).					
Ш	17		expenses (Part IX, column (A), lines 11a					434,70	5.	531	1,610
			expenses. Add lines 13-17 (must equal					18,288,89			7,820
	19	Rever	nue less expenses. Subtract line 18 from	line 12				7,993,17	4. 1	5,605	5,194
s or							Begin	ning of Current Y	'ear E	nd of Yea	ar
sets	20	Total	assets (Part X, line 16)				1	L43,441,19	1. 17	75,719	9,923
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)					1,850,91	.2.	1,492	2,657
S.F	22	Net as	ssets or fund balances. Subtract line 21	from line 20			1	L41,590,27	9. 17	4,227	7,266
Pa	rt II	Sig	gnature Block								
			of perjury, I declare that I have examined this complete. Declaration of preparer (other than						my knowled	ge and b	elief, it is
	5, 00110	Tot, and	Complete. Becarding of proparer (error trial)	omoor) to bacoa on an inte	mation or wit	non proparor n	ao any id	liowidago.			
Si.	ın										
Sig He			Signature of officer					Date			
116											
			Type or print name and title								
Paid	4		Type preparer's name	Preparer's signature		Date		Check	if PTIN		
	parer	BRA		1/x Cm		11-14-2	2018	self-employe		49134	
	Only	Firm's	s name ► WITHUMSMITH+BROW	N, PC				2	22-2027		
		Firm's	s address ONE TOWER CENTER BLVD 14					Phone no.	732-828	-1614	
			scuss this return with the preparer shown	`	ns)			<u> </u>	X	Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.					F	orm 990	0 (2017)

Page 2 Form 990 (2017)

Pa	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.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	orior Form 990 or 990-EZ? Yes f "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as meaning expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$21,054,348. including grants of \$20,317,417.) (Revenue \$	_)
	COMPETITIVE GRANT PROGRAMS AND ALSO FROM DONOR-ADVISED, DESIGNATED, FIELD-OF-INTEREST, AND NONPROFIT FUNDS. THE COMMUNITY	
	FOUNDATION ENCOURAGES PHILANTHROPY IN THE REGION THROUGH	
	EDUCATIONAL PARTNERSHIPS AND BY ENGAGING WITH DONORS, NONPROFITS, AND PROFESSIONAL ADVISORS. (SEE SCHEDULE O FOR MORE DETAIL.)	
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
4c	Code:) (Expenses \$including grants of \$) (Revenue \$	_)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 21.054.348.	

Form 990 (2017) Page **3**

Part	V 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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	3		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	4		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	5		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.	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
-	complete Schedule D, Part III	8		Х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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	11b	Х	
С	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.	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b	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	15	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	16	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)	17		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	18	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	19		X

Form 990 (2017) Page **4**

Part IV **Checklist of Required Schedules** (continued) Yes No Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.......... 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 Χ 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II......... Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Χ If "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III........... 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ Χ 35a 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Χ 19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2017)

	330 (2011)			age C
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	. 12		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		3.7	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 2a 11		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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			v
	account)?	4a		Х
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).	_		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	٥-		Х
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70	Х	
	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	- 21	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		Х
	required to file Form 8282?	7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
Ţ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			21
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Х
•	sponsoring organization have excess business holdings at any time during the year?	8		21
9	Sponsoring organizations maintaining donor advised funds.	9a		Х
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	minutes and capital control morador on an annual control management and an annual control managemen			
	2.000 1000 [7.0]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders			
D	· · · · · · · · · · · · · · · · · · ·			
12-	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. L a		
13				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a	Is the organization licensed to issue qualified health plans in more than one state?	·Ju		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
. - a	Did the dispense that it is it			

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Form 990 (2017)

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

sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 23			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or ur				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	•	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el				
-	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under				
-	the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte		Code	.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of				
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	· · · · · · · · · · · · · · · · · · ·	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	g			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests t				
-	rise to conflicts?	=	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the pe				
	describe in Schedule O how this was done	•	12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review an				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arrangement			
	with a taxable entity during the year?	_	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?	<u></u>	16b		
Sect	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ, PA,		_	_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	I 990-T (Section	501(c)(3)s	onlv)
-	available for public inspection. Indicate how you made these available. Check all that apply.	(222301	(, , - , -)
	X Own website Another's website X Upon request Other (explain in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of inte	erest	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 to	ooks and record	s:▶		
	TERREPRY WINGS 15 DETAINING DON'T TAMPENDENTIFE AT 00.40				

JEFFREY VEGA 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648 609-219-1800

FOUNDATION INC.

52-1746234 Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

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

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

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

								,	, ,	
(A) Name and Title	(B) Average hours per week (list any hours for related	box,	Position (do not check more than box, unless person is bott officer and a director/trus The property of the position of the p				an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	er e	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		organization and related organizations
(1)CAROL P. HERRING	5.00									
CHAIR - TRUSTEE	0.	Х		Х				0.	0.	0.
(2)ANTHONY J. CIMINO	3.00									
VICE CHAIR - TRUSTEE	0.	Х		Х				0.	0.	0.
(3)MEREDITH C. MOORE	3.00									
VICE CHAIR - TRUSTEE	0.	Х		Х				0.	0.	0.
(4)MARGUERITE L. MOUNT, CPA, CGMA	1.00									
TREASURER - TRUSTEE	0.	Х		Х				0.	0.	0 .
(5)PATRICIA U. HERST, ESQ.	1.00									
SECRETARY - TRUSTEE	0.	Х		Х				0.	0.	0.
(6)WILLIAM P. BURKS MD	5.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)ANDREW K. GOLDEN, CFA	5.00									
TRUSTEE	0.	Х						0.	0.	0.
(8)JOHN HATCH, FAIA, LEED AP	1.00									
TRUSTEE	0.	Х						0.	0.	0
(9)ELEANOR V. HORNE	5.00									
TRUSTEE	0.	Х						0.	0.	0.
(10) CAROLYN P. SANDERSON, CFP	5.00									
TRUSTEE	0.	Х						0.	0.	0.
(11)DAVID R. SCOTT, ESQ.	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(12)LISA SKEETE TATUM	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13)JOHN D. WALLACE	5.00									
TRUSTEE	0.	Х						0.	0.	0
(14)THOMAS P. WEIDNER, ESQ.	1.00									
TRUSTEE	0.	X						0.	0.	0

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Public Disclosure PRINCETON AREA COMMUNITY FOUNDATION INC.

Part VII Section A. Officers, Directors, To	rustees, Ke	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinuea	1)	
(A)	(B)			(C)			(D)	(E)	((F)	
Name and title	Average				sition			Reportable	Reportable		mated	
	hours per	,				e than o is both		compensation	compensation from		unt of her	
	week (list any hours for					tor/trust		from the	related organizations		ensation	า
	related	or Inc	Ing	Q.	₽ Fe	en E	Fo	organization	(W-2/1099-MISC)		n the	
	organizations	dividual director	E	Officer	y en	ploy	rme	(W-2/1099-MISC)		-	nization	
	below dotted line)	ual t	ions		Key employee	t co	,				related izations	:
		Individual trustee or director	=		yee	mpe				3		
		ee	Institutional trustee			Highest compensated employee						
			L			ted						
15) ANA BERDECIA	1.00											
TRUSTEE	0.	Х						0.	0.			0.
16) WILLIAM HARLA	1.00											
TRUSTEE	0.	Х						0.	0.			0.
17) ANDREW LIEU	1.00											
TRUSTEE	0.	X						0.	0.			0.
18) ELIZABETH MCNEILLY	1.00											_
TRUSTEE	0.	Х						0.	0.			0.
19) JAMIE KYTE SAPOCH	1.00	,										0
TRUSTEE	0.	X						0.	0.			0.
20) CALVIN B. THOMAS, JR. TRUSTEE	1.00							0.	0.			0
	1.00	X						0.	0.			0.
21) MICHAEL H. ULLMANN TRUSTEE	$-\frac{1.00}{0.}$	X						0.	0.			0.
22) VERNON BRAMBLE	1.00	Δ.						0.	0.			
TRUSTEE	$-\frac{1.00}{0.}$	X						0.	0.			0.
23) SHAWN W. ELLSWORTH	1.00	21							0.			
TRUSTEE		X						0.	0.			0.
24) LAURA LONGMAN	40.00								0.1			
CFO	0.	1		X				159,547.	0.	1	.8,92	27.
25) JEFFREY VEGA	40.00							,				
PRESIDENT & CEO		1		Х				223,021.	0.	2	28,93	34.
1b Sub-total				1				0.	0.			0.
c Total from continuation sheets to Part VII,			• •	• •			•	746,090.	0.	8	37,01	17.
d Total (add lines 1b and 1c)	-		-				•	746,090.	0.	8	37,01	17.
2 Total number of individuals (including but no	t limited to t	hose	liste	ed a			o re	eceived more than	\$100,000 of			
reportable compensation from the organization	on 🕨	į	5									
										`	Yes	No
3 Did the organization list any former offi												
employee on line 1a? If "Yes," complete Schee	dule J for su	ch ina	livid	lual						3		Х
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	nsatio	n a	nd other compens	sation from the			
organization and related organizations g												
individual										4	Х	_
5 Did any person listed on line 1a receive o												37
for services rendered to the organization? If "	Yes," comple	te Scl	nedu	ule .	J for	such	per	rson		5		Х
Section B. Independent Contractors		1				1		the constant		,		—
1 Complete this table for your five highest cor												

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 ▶

Public Disclosure

PRINCETON AREA COMMUNITY FOUNDATION INC.

Part	VII Section A. Officers, Directors, 110	ustees, Ke	ey Em	ıpıo	yee	es,	and F	ııgı	nest Compensat	ea Empio	yees (c	continue	ed)	
	Average hours per week (list any hours for related organizations	box,	unles r and	Pos neck ss pe	erson direct	e than of is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from ed tions	am com fro orga	(F) timated tount of other pensation the anization	on n	
26)		below dotted line)	Individual trustee or director	Institutional trustee	r	Key employee	st compensated yee	-					d related inization	
	ELIZABETH WAGNER VP OF DEVELOPMENT	40.00					х		138,246.		0.		8,8	847.
	DIANA D LEIGHTON VP OF DEVELOPMENT PROGRAMS	40.00					Х		111,389.		0.		14,6	59.
	NELIDA VALENTIN VP OF GRANTS AND PROGRAMS	40.00					Х		113,887.		0.		15,6	50.
			-											
сТ	Sub-total otal from continuation sheets to Part VII, S otal (add lines 1b and 1c)	ection A						^ ^ ^						
2 7	otal number of individuals (including but not eportable compensation from the organization	limited to t		liste				o re	eceived more than	\$100,000	of			
3 [Did the organization list any former offic	er directo	or or	tru	ısta	Δ	kev e	mn	alovee or highes	t compens	ated		Yes	No
e	employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividu	ual			• •				3		Х
c	for any individual listed on line 1a, is the sorganization and related organizations ground individual	eater than	\$15	0,0	00?	. If	"Yes	5, "				4	X	
5 E	Did any person listed on line 1a receive or or services rendered to the organization? If "Yo	accrue co	mpen	satio	on i	fron	n any	un				5		X
1 0	ion B. Independent Contractors Complete this table for your five highest compensation from the organization. Report clear.													
	(A) Name and business add	dress							(B) Description of se	rvices	C	(C) Compens	ation	
								+						

! 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 resp	onse or note to an	y line in this Part VI	II		X
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1a b c d e f g h	Federated campaigns	7,458. 33,816,630. 20,505,102.	33,824,088.			
gram Se	d e f	All other program service revenue					
Pro	3 4	Investment income (including divident and other similar amounts). ATTACHMENT Income from investment of tax-exempt books and the similar amounts.	ends, interest,	0. 1,764,951. 0.		143,637.	1,621,314.
	5 6a b c		(ii) Personal	0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	3.	0.212.000			0.012.000
Other Revenue	d 8a b	Net gain or (loss) Gross income from fundraising events (not including \$	ATCH 2 a 9,478. b 9,478.	2,313,292.			2,313,292.
	9a	Net income or (loss) from fundraising even Gross income from gaming activities. See Part IV, line 19		0.			
	b c 10a	Less: direct expenses		0.			
	b c	Less: cost of goods sold		0.			
	11a b	Miscellaneous Revenue MISCELLANEOUS REVENUE	Business Code 900099	10,683.			10,683.
	c d e	All other revenue		10,683.			
	12	Total revenue. See instructions.		37,913,014.		143,637.	3,945,289.

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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 (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 19,957,919. 19,957,919. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 290,811. 290,811. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 68,687 individuals. See Part IV, lines 15 and 16 68,687. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 382,568. 156,147. 102,565. 123,856. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 266,870. 824,315. 336,449. 220,996 7 Other salaries and wages 8 Pension plan accruals and contributions (include 61,532. 27,884. 27,975 5,673. section 401(k) and 403(b) employer contributions) 104,536 36,477. 68,059. 85,842. 38,458. 39,560. 7,824. 11 Fees for services (non-employees): 44,284 44,284 a Management 9,860 9,860 **b** Legal 25,200. 25,200. c Accounting 0 **d** Lobbying 0. e Professional fundraising services. See Part IV, line 17. 10,943. 10,943 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 40,070 13,477 26,593. 12 Advertising and promotion 47,918. 16,679. 93,080. 28,483. 13 Office expenses $33,\overline{142}$. 102,371. 41,783. 27,446. 14 Information technology 0. 15 Royalties 94,342. 37,647. 26,833 29,862. Occupancy 16 5,231. 12,817. 3,437. 4,149. Travel Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 77,768. 19,852. 17,371 40,545. Conferences, conventions, and meetings 19 0 Interest 0 Payments to affiliates 11,203. 4,572. 3,004 3,627. Depreciation, depletion, and amortization 22 9,672. 3,948. 2,593. 3,131. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) e All other expenses 22,307,820 21,054,348. 623,462 630,010. 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) 0

Page **11** Form 990 (2017) Part X Balance Sheet

ГС	Irt X	Check if Schedule O contains a response or note to any line in this Pa	art V		X
		Check if Schedule O contains a response of note to any line in this Pa	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	22,209.	1	39,915.
	2	Savings and temporary cash investments	26,966,289.	2	28,715,422.
	3	Pledges and grants receivable, net	2,193,655.	3	793,972.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.		0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
_	9	Inventories for sale or use Prepaid expenses and deferred charges	31,512.	9	37,566.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 138,869.			
	b	Less: accumulated depreciation	25,225.	10c	14,022.
	11	Investments - publicly traded securities ATCH 5	36,311,476.	11	48,178,308.
	12	Investments - other securities. See Part IV, line 11	77,673,156.	12	97,691,188.
	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	217,669.	15	249,530.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	143,441,191.	16	175,719,923.
	17	Accounts payable and accrued expenses	47,764.		116,639.
	18	Grants payable	1,781,284.		1,365,802.
	19	Deferred revenue	21,864.	19	10,216.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	0.		0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
_	26	Total liabilities. Add lines 17 through 25.	1,850,912.	26	1,492,657.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	140,792,735.	27	173,717,861.
Bal	28	Temporarily restricted net assets	797,544.	28	509,405.
Б	29	Permanently restricted net assets	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	141,590,279.	33	174,227,266.
	34	Total liabilities and net assets/fund balances	143,441,191.	34	175,719,923.

orm 98	30 (2017)				Pa	ge IZ
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37,9	13,0)14.
2	- -					
3	Revenue less expenses. Subtract line 2 from line 1	3		15,6	05,1	94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		41,5		
5	Net unrealized gains (losses) on investments	5		17,0	21,6	523.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			10,1	L70.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	74,2	27,2	266.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

20 17

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

			I OUI.DIIII I OI. I				00 = 1.100	
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this pa	art.) See instructions	
The	he 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			-			
4		A medical research organiz	•	-				(iii). Enter the
		hospital's name, city, and st	-	•	•		()()(. ,
5		An organization operated		a college or universit	v owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		.	,			
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma						om the general public
-		described in section 170(b)	=	•		3-		g p
8	X	A community trust describe		·	Part II)			
9		An agricultural research org	-		-		Lin conjunction with a	land-grant college
·		or university or a non-land-	=			-	=	
		university:	grant concess or ag	grioditaro (oco motraci	10110). E	11101 1110 1	name, ony, and state of	the conege of
10		An organization that norma	lly receives: (1) m	ore than 331/3 % of its	sunnort	from co	ntributions membersh	nin fees, and aross
		receipts from activities rela	ted to its exempt f	unctions - subject to	certain e	exception	s, and (2) no more tha	n 331/3 %of its
		support from gross investm	ent income and u	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses
11		acquired by the organization An organization organized						
12	\vdash	An organization organized	•	•	-		, ,, ,	earny out the nurneses
12		of one or more publicly su	•		-			
		Check the box in lines 12a t	· ·					
			=					-
а		Type I. A supporting orga	•	•	•		• , , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	-					()
b	· L							
		control or management of		=	the sam	e persor	is that control or man	age the supported
		organization(s). You must	-					
С	_	Type III functionally integrated						ly integrated with,
		its supported organization						
d		Type III non-functionally			•			= ::
		that is not functionally into	-	-	-		· ·	an attentiveness
		requirement (see instruct	•	-				
е	_	Check this box if the orga						I, Type III
	г.,	functionally integrated, or						
1		ter the number of supported ovide the following information						
9		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) to the		(v) Amount of monetary	(vi) Amount of
	(1) 14	ariie or supported organization	(II) LIN	(described on lines 1-10		organization ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, contributions, grants. membership fees received. (Do not include any "unusual grants.") 9,153,790. 18,198,027 26,475,954 27,609,432 33,816,630. 115,253,833. Tax revenues levied organization's benefit and either paid 0. to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 9,153,790. 18,198,027. 26,475,954. 27,609,432. 33,816,630. 115,253,833. Total. Add lines 1 through 3 The portion of total contributions by person (other governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount 38,242,627. shown on line 11, column (f) Public support. Subtract line 5 from line 4 77,011,206. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9,153,790. 18,198,027 26,475,954. 27,609,432 33,816,630. 115,253,833. Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. royalties, and income from 3,378,689. 6,140,987 3,578,435. 1,180,936. similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 0. 10 Other income. Do not include gain or loss from the sale of capital assets 14,380. 20,055. 71,316. (Explain in Part VI.) ATCH 1 131,369,147. 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 58.62% Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 62.45% 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

 Schedule A (Form 990 or 990-EZ) 2017 Page 3

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

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	1					
	received. (Do not include any "unusual grants.")	ı					
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						
	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						
8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_		(4) 20:0	(3) 20 1 1	(0) 20 10	(4) 20.0	(0) 20	(1) 10161
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
L	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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	1					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	-			•		
	organization, check this box and stop here						▶ 🔃
	tion C. Computation of Public Sup					1	
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investmen					,	
17	Investment income percentage for 2017 (lin					17	%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org	ganization did n	ot check the box	x on line 14, and	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check th	is box and sto	p here. The org	anization qualifies	s as a publicly	supported organi	ization . >
b	331/3% support tests - 2016. If the orga	anization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization
20	Private foundation. If the organization	did not check	a hox on line	14 19a or 19h	check this bo	ox and see instr	uctions >

Schedule A (Form 990 or 990-EZ) 2017 Page 4

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Se

Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1	162	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b		
С	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)? 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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))? If "Yes," provide detail in Part VI .	9a		
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? If "Yes," provide detail in Part VI.	9b		
С	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>	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

Schedu	ıle A (Form 990 or 990-EZ) 2017		F	Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а		44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Yes	No
			162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_		-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Secti	on C. Type II Supporting Organizations			
	on or type in eapperting 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)? 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).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	۵.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-FZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	 S	1 age 🔾
Check here if the organization satisfied the Integral Part Test as a qualifying the control of the control			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	_		•
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).	-		•

Schedule A (Form 990 or 990-EZ) 2017

Page 7 Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	<u> </u>
Sect	ion D - Distributions		· , , , , , , , , , , , , , , , , , , ,	Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2013 Excess from 2014 . . . c Excess from 2015 d Excess from 2016 Excess from 2017

N AREA COMMUNITY FOUNDATION INC. 52-1746234

Schedule A (Form 990 or 990-EZ) 2017

Part VISupplemental 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	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS REVENUE	14,380.	20,055.	11,345.	7,395.	10,683.	63,858.
MISCELLANEOUS REVENUE	14,300.	20,055.	11,345.	7,395.	10,663.	03,030.
NET FUNDRAISING REVENUE					7,458.	7,458.
TOTALS	14,380.	20,055.	11,345.	7,395.	18,141.	71,316.

Schedule A (Form 990 or 990-EZ) 2017

Page 8

Schedule of Contributors

Schedule B (Form 990, 990-EZ, or 990-PF)

90-EZ, he Treasury

► Attach to Form 990, Form 990-EZ, or Form 990-PF. OMB No. 1545-0047

2017

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234 Organization type (check one): Filers of: Section: X 501(c)(3Form 990 or 990-EZ) (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** $\lfloor X \rfloor$ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received

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).

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Χ Person **Payroll** 4,900,125. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Χ Person **Payroll** 7,025,962. Х Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 Χ Person **Payroll** 750,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Χ Person **Payroll** 753,192. Χ \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Χ Person **Payroll** 3,577,613. Х Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Χ Person **Payroll** 2,359,146. Х \$ Noncash (Complete Part II for noncash contributions.)

Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.

| Employer identification number 52-1746234

Parti	Contributors (see instructions). Ose duplicate copi	es of Part Fil additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number 52-1746234

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	54,330 SHARES OF JOHNSON & JOHNSON	_	
			_12/31/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	14,757 SHARES OF GOLDMAN SACHS	_	
		\\$3,577,613.	12/31/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	5,000 SHARES OF ALIGN TECHNOLOGY 3,358 SHARES OF LABCORP 10,000 SHARES OF GILEAD		12/31/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	10,000 SHARES OF GLAXO SMITH KLINE 4,900 SHARES OF EXXON MOBIL	_	
			12/31/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	75,655 SHARES OF VARIOUS COMMON STOCK	_	
			12/31/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

Name of or	rganization PRINCETON AREA COMMUNI	TY FOUNDATION I	INC.	52-1746234					
Part III	Exclusively religious, charitable, etc.	contributions to o	rganizations desc						
	(10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ons completing Par e year. (Enter this in	one contributor. On till, enter the total of formation once. See	Complete columns (a) through (e) and of exclusively religious, charitable, etc.					
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
Part I	(,	.,							
		-							
		(e) Transf	er of gift						
			J						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee					
(a) No									
(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								
	Transferee 3 name, address, at	IU ZII T T	Kelatioi	ising of transferor to transferee					
(a) No. from	(h) Durnoss of sift	(a) IIaa	of wife	(d) Deceription of how wift in held					
Part I	(b) Purpose of gift	(c) Use	or girt	(d) Description of how gift is held					
		-							
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship 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) Transf	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee					
			l						

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ 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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization		Employer identification number				
PR.	INCETON AREA COMMUNITY FOUNDATION IN	C.	52-1746234				
Pa	organizations Maintaining Donor Advis	sed Funds or Other Similar Funds or	Accounts.				
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	212.	185.				
		29,178,170.	4,486,563.				
2	Aggregate value of contributions to (during year)	15,598,014.	4,758,987.				
3	Aggregate value of grants from (during year)	92,029,967.	77,793,354.				
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor						
	funds are the organization's property, subject to the						
6	Did the organization inform all grantees, donors, as						
	only for charitable purposes and not for the benefit	it of the donor or donor advisor, or for ar	· · ·				
	conferring impermissible private benefit?		X Yes No				
Pa	rt Conservation Easements.						
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the	organization (check all that apply).					
	Preservation of land for public use (e.g., recre	eation or education) Preservation of	of a historically important land area				
	Protection of natural habitat	Preservation of	of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution in	the form of a conservation				
	easement on the last day of the tax year.	[Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b			2b				
	Total acreage restricted by conservation easements		2c				
C	Number of conservation easements on a certified h		20				
d	Number of conservation easements included in (c)	•	24				
•	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, trans	sterrea, releasea, extinguisnea, or termina	ated by the organization during the				
	tax year >						
4	Number of states where property subject to conser						
5	Does the organization have a written policy reg						
_	violations, and enforcement of the conservation eas						
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing cons	servation easements during the year				
	>						
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing co	nservation easements during the year				
	> \$						
8	Does each conservation easement reported on line 2						
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue and	expense statement, and				
	balance sheet, and include, if applicable, the text of	f the footnote to the organization's financia	al statements that describes the				
	organization's accounting for conservation easemer						
Pa	rt III Organizations Maintaining Collections		Similar Assets.				
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its re	evenue statement and balance sheet				
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	r assets held for public exhibition, educ	ation, or research in furtherance of				
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance shee works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or						
	public service, provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1.		▶\$				
	(ii) Assets included in Form 990, Part X		> \$				
2							
2	If the organization received or held works of art						
_	following amounts required to be reported under SF						
a	Revenue included on Form 990, Part VIII, line 1						
<u>D</u>	Assets included in Form 990, Part X						

52-1746234

Schedule D (Form 990) 2017 Page 2

Par	t III Organizations Maintaini	ng Collections of	Art, Historical T	reasures,	or Other S	Similar Asse	ts (cor	ntinue	ed)	
3										
	collection items (check all that apply):									
а	Public exhibition		d Loan o	or exchange	programs					
b	Scholarly research		e Other							
С	Preservation for future gene	erations								
4	Provide a description of the orga	nization's collections	and explain how t	hey further	the organization	ation's exemp	t purpo	se in	Part	
	XIII.									
5	During the year, did the organization	on solicit or receive o	donations of art, histo	orical treasu	ıres, or other	similar			_	
	assets to be sold to raise funds rat	her than to be mainta	ained as part of the o	organization	's collection?		Yes		No	
Par	art 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, trust		•			_		_	_	
	included on Form 990, Part X?						Yes		No	
b	If "Yes," explain the arrangement	in Part XIII and comp	olete the following tab	ole:						
						Amount				
С	Beginning balance									
d	0 ,									
е	Distributions during the year									
f	Ending balance								T	
	Did the organization include an an						Yes		No	
	If "Yes," explain the arrangement	in Part XIII. Check no	ere if the explanation	nas been p	rovided on Pa	ırt XIII		<u></u>		
Par	Endowment Funds. Complete if the organiza	tion answered "Ves	" on Form 990 Pa	art IV/ line	10					
	Complete ii tile organiza	(a) Current year	(b) Prior year	(c) Two yea		hree years back	(e) Fou	r veare	hack	
		39,931,124.	37,386,642.	39,176		,970,828.		905,		
	Beginning of year balance	214,467.	717,196.			,535,733.		763,		
	Contributions	211/10/1	71771501		7723.	73337733.		7007		
С	Net investment earnings, gains,	6,090,920.	3,665,753.	156	156,673. 1,113		3,814,32		321.	
-1	and losses	962,600.	626,786.		1,364,450. 1,02					
	Grants or scholarships	,	,	,						
е	Other expenditures for facilities	539,842.	844,227.	306	,278.	41,229.		21,	250.	
f	and programs	372,416.	367,454.		,355.	378,251.			251.	
	End of year balance	44,361,653.	39,931,124.	37,386	,642. 39	,176,339.		970,		
g 2	Provide the estimated percentage	of the current year	and halance (line 1g	column (a))	held as:					
a	Board designated or quasi-endowr	nent ▶ 100.0000	%	coluitiii (a))	neid as.					
	Permanent endowment >	%	_							
С	Temporarily restricted endowment	▶ %								
	The percentages on lines 2a, 2b,	and 2c should equal	100%.							
3a	Are there endowment funds not in	the possession of the	ne organization that	are held an	d administere	ed for the				
	organization by:							Yes	No	
	(i) unrelated organizations						3a(i)		X	
	(ii) related organizations						3a(ii)		X	
b	If "Yes" on line 3a(ii), are the relat	•	•				3b			
4	Describe in Part XIII the intended									
Par	Land, Buildings, and Equ Complete if the organiza	iipment. ation answered "Ye	s" on Form 990 P	art IV line	11a See F	orm 990 Pai	rt X line	10 م		
	Description of property	(a) Cost or		or other basis	(c) Accumula		d) Book va			
4 -	Lond	(inves		ther)	depreciation	<u> </u>				
1a	Land									
b	Buildings Leasehold improvements			63,318.	57,1	75			43.	
d	Leasehold improvements			75,551.	67,6				379.	
	Equipment Other			13,331.	07,0	, , 4 .		_ , , c	12.	
	Other I. Add lines 1a through 1e. (Colum)		n 990 Part X colum	n (R) line 10	Oc.)			14,0	122	
. –		· (a / mast oqual i on	555, 1 41171, 00141111	. ,	. ~ -/	1		, 0		

Schedule D (Form 990) 2017 Page 3

Concadic b (1 oint 330) 2011			1 age C
Part VII Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion:
(1) Financial derivatives		,	
(2) Closely-held equity interests	23,857.	ATTACHMENT 1	
(3) Other			
(A) ALTERNATIVE - MULTI-STRATEGY	39,598,318.	FMV	
(B) ALTERNATIVE - L/S STRATEGY	5,035,109.	FMV	
(C) ALTERNATIVE - EQUITY FUNDS	32,802,615.	FMV	
(D) ALTERNATIVE - REAL ASSETS	5,377,591.	FMV	
(E) ALTERNATIVE - NAV INVESTMENTS	14,853,698.	FMV	
(F)			
(G)			
(H) Tatal (Column /b) must equal Form 000 Port V col /P) line (2)	07 601 100		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	97,691,188.		
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 valua Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> <u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
(a) De	scription		(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 line 25.			m 990, Part X,
1. (a) Description of liability	(b) Book value	e	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	•		
to the second se	<u>- 1 </u>		

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

PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234

	le D (Form 990) 2017		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	46,531,904.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	17,056,262.
3	Subtract line 2e from line 1	3	29,475,642.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	8,437,372.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		37,913,014.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	19,756,079.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	.	
d	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d	2e	24,470.
3	Subtract line 2e from line 1	3	19,731,609.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		0 576 011
С	Add lines 4a and 4b	4c	2,576,211.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,307,820.
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	nation	

Supplemental Information (continued) Part XIII

SCHEDULE D, PART V, LINE 4

THE COMMUNITY FOUNDATION'S QUASI-ENDOWMENT FUNDS ARE INVESTED AND MANAGED TO SUPPORT GRANTMAKING TO NONPROFIT ORGANIZATIONS; TO FUND SPECIAL INITIATIVES SUCH AS PERIODIC RESEARCH TO EXPAND ITS UNDERSTANDING OF LOCAL ISSUES AND TO SUPPORT ITS EDUCATIONAL OUTREACH WORK TO PROMOTE PHILANTHROPY IN CENTRAL NJ.

SCHEDULE D, PART X, LINE 2

THE COMMUNITY FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR FEDERAL INCOME TAXES. THE COMMUNITY FOUNDATION FOLLOWS THE PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND THERE WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2017 AND 2016. IN ADDITION, NO INCOME TAX RELATED PENALTIES OR INTEREST HAVE BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016.

SCHEDULE D, PART XI, LINE 4B

NET CONTRIBUTIONS AND GRANTS FROM NON-PROFIT ORGANIZATION FUNDS AND INVESTMENT EXPENSES. THE COMMUNITY FOUNDATION FOLLOWS THE ACCOUNTING GUIDANCE FOR NON-PROFIT ORGANIZATION FUNDS WHICH ARE SUBJECT TO VARIANCE POWER. THESE FUNDS ARE SHOWN AS CUSTODIAL FUNDS ON THE FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES, BUT HAVE BEEN INCLUDED IN CHANGES IN NET ASSETS FOR THE PREPARATION OF THE FORM 990 AS DETAILED IN THE AUTHORITATIVE LITERATURE. THE OVERALL NET ADJUSTMENT FOR THESE FUNDS IS \$8,437,372 ON LINE 4B INCLUDING CONTRIBUTIONS AND ALLOCABLE SHARE OF INVESTMENT

Part XIII Supplemental Information (continued)

EARNINGS.

SCHEDULE D, PART XII, LINE 4B

GRANTS FROM NON-PROFIT ORGANIZATION FUNDS. THE COMMUNITY FOUNDATION

FOLLOWS THE ACCOUNTING GUIDANCE FOR NON-PROFIT ORGANIZATION FUNDS WHICH

ARE SUBJECT TO VARIANCE POWER. THESE FUNDS ARE SHOWN AS CUSTODIAL FUNDS

ON THE FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED

ACCOUNTING PRINCIPLES IN THE UNITED STATES, BUT HAVE BEEN INCLUDED IN

CHANGES IN NET ASSETS FOR THE PREPARATION OF THE FORM 990 AS DETAILED IN

THE AUTHORITATIVE LITERATURE. ACCORDINGLY, GRANTS AND EXPENSES OF

\$2,576,211 ARE INCLUDED IN PART IX AND ARE SHOWN IN THE RECONCILIATION OF

EXPENSES ON LINE 4B.

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$25,161

SPECIAL EVENTS EXPENSE: \$9,478

TOTAL ON PART XI LINE 2D: \$34,639

SCHEDULE D, PART XII, LINE 2D

SCHOLARSHIP NPV ADJUSTMENT: \$(14,992).

SPECIAL EVENTS EXPENSE: \$(9,478)

TOTAL ADJUSTMENT ON PART XII, LINE 2D : (24,470).

ATTACHMENT 1

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

COST

DESCRIPTION BOOK VALUE

OR FMV

PRIVATELY HELD STOCK

23,857.

FMV

TOTALS

23,857.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

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.

Open to Public

Inspection Name of the organization **Employer identification number** PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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 X grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total offices in the émployees, region (by type) (such as, a program service, expenditures for describe specific type of fundraising, program services, region agents, and and investments investments, grants to recipients located in the region) independent service(s) in the region in the region contractors in the region (1) CENTRAL AMERICA/CARIBBEAN Ω 0. GRANTMAKING 62,687. (2) NORTH AMERICA 0. 0. GRANTMAKING 6,000. (3) CENTRAL AMERICA/CARIBBEAN 0. 0. INVESTMENTS 14,853,698. (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)Sub-total 14,922,385. 3a

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

from continuation sheets to Part I Totals (add lines 3a and 3b)

7E1274 1.000

Total

GQM50J M998 11/14/2018 3:35:42 PM V 17-7.2F

Schedule F (Form 990) 2017

14,922,385.

PRINCETON AREA COMMUNITY FOUNDATION INC.

Schedule F (Form 990) 2017

Public Disclosure

Part	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)			NORTH AMERICA	GENERAL SUPP	6,000.	EFT			FMV
(2)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	62,687.	EFT			FMV
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	Enter total number of recipient or						x-exempt		
3	by the IRS, or for which the grante Enter total number of other organ	ee or counsel has pronications or entities	vided a section 501(c)(3) e	quivalency lette	er 		· · · • —	Cab - dul - =	2. (Form 990) 2017

Part III

52-1746234

Schedule F (Form 990) 2017

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

Schedule F (Form 990) 2017 Page 4

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	X 1	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 :	X 1	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	X 1	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 :	X 1	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	X 1	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 [X 1	No

Schedule F (Form 990) 2017 Page **5**

Part V

Supplemental Information

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

SCHEDULE F, PART I, LINE 1

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

SCHEDULE F, PART I, LINE 2

ALL FOREIGN GRANTS MADE BY THE COMMUNITY FOUNDATION ARE PAID THROUGH

ORGANIZATIONS BASED IN THE UNITED STATES WITH 501(C)(3) TAX-EXEMPT STATUS

AND FORWARDED TO FOREIGN GRANTEES. ALL MONITORING OF GRANTS AND DUE

DILIGENCE AFTER THE GRANT IS MADE IS ADMINISTERED BY THE GRANTEE

ORGANIZATION BASED IN THE UNITED STATES. SCHOLARSHIPS MADE TO FOREIGN

EDUCATIONAL INSTITUTIONS IN SUPPORT OF SCHOLARSHIP RECIPIENTS ARE

MONITORED EACH YEAR TO DETERMINE THAT RECIPIENTS ARE ENROLLED AND

MAINTAIN COMPLIANCE WITH SCHOLARSHIP GUIDELINES.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Department of the Treasury ► Go to www.irs.gov/Form990 for the latest instructions. Inspection Employer identification

	TON AREA COMMUNITY FOUN	DATTON INC				52-1746234	on number
			nization	2004/282	I "Voo" on Form		17
Part I	Fundraising Activities. Con				r Yes" on Form	990, Part IV, line	17.
	Form 990-EZ filers are not						
1 Inc	dicate whether the organization rais	sed funds through		_			
a	Mail solicitations	е			non-government g		
b	Internet and email solicitations	f			government grants	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
	d the organization have a written o key employees listed in Form 990						Yes No
b If '	"Yes," list the 10 highest paid indi mpensated at least \$5,000 by the	viduals or entities					
00	imponibated at loads 40,000 by the	organization:					
						(v) Amount paid to	
((i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		,	
1							
2							
3							
J							
4							
5							
6							
7							
8							
9							
10							
Total .							
	st all states in which the organiza	tion is registered of	or licensed	d to solicit	contributions or	has been notified	it is exempt from
reç	gistration or licensing.						

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

Schedule G (Form 990 or 990-EZ) 2017

Public Disclosure PRINCETON AREA COMMUNITY FOUNDATION INC.

Schedule G (Form 990 or 990-EZ) 2017 Page **2**

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

		gross receipts greater than \$5,00	00.			
			(a) Event #1 LUNCHEON	(b) Event #2 DINNER	(c) Other events	(d) Total events (add col. (a) through
-			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	9,795.	7,141.	0.	16,936
œ		Less: Contributions Gross income (line 1 minus	4,900.	2,558.	0.	7,458
	<u> </u>	line 2)	4,895.	4,583.	0.	9,478
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs	4,445.	3,834.	0.	8,279
ct Exp	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	450.	749.	0.	1,199
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	through 9 in column (d) 0 from line 3, column (d)		9,478
Pa	rt l	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y			orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
=xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	▶	
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
9 a b	Is	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain:		of these states?		Yes No
		ere any of the organization's gaming l	icenses revoked, suspe	ended, or terminated duri	ng the tax year?	. Yes No

Public Disclosure PRINCETON AREA COMMUNITY FOUNDATION INC.

52-1746234

Sched	ule G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
12	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION	52-1746234						
Part I General Information on Grants and	d Assistanc	е				'	
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		_			•		es" on Form
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) ABAC FOUNDATION							
2802 MOORE HIGHWAY TIFTON, GA 31793	58-6073263	501(C)(3)	10,000.				GENERAL SUPPORT
(2) AIRPORT MARINA COUNSELING SERVICE							
7891 LA TIJERA BLVD LOS ANGELES, CA 90245	95-2224149	501(C)(3)	20,000.				AT-RISK KIDS PROGRAM
(3) ALL STARS PROJECT, INC.							
33 WASHINGTON STREET NEWARK, NJ 07012	13-3148295	501(C)(3)	35,000.				GENERAL SUPPORT
(4) ALLIED ARTS FOUNDATION							
4111 E. MADISON STREET - SUITE 52	91-0829974	501(C)(3)	25,000.				GENERAL SUPPORT
(5) AMERICAN ACADEMY OF NURSING							
1000 VERMONT AVENUE NW - SUITE 910	52-2213870	501(C)(3)	50,000.				GENERAL SUPPORT
(6) AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF							
1200 NEW YORK AVE NW WASHINGTON, DC 20005	53-0196568	501(C)(3)	28,000.				GENERAL SUPPORT
(7) AMERICAN CAMP ASSOCIATION							
5000 STATE ROAD 67 NORTH	35-0962419	501(C)(3)	6,000.				GENERAL SUPPORT
(8) AMERICAN CIVIL LIBERTIES UNION FOUNDATION							
125 BROAD STREET, 18TH FL	13-6213516	501(C)(3)	10,000.				GENERAL SUPPORT
(9) AMERICAN HEART ASSOCIATION, INC.							
7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	50,000.				GENERAL SUPPORT
(10) AMERICAN RED CROSS OF CENTRAL NEW JERSEY							
707 ALEXANDER ROAD, SUITE 101	53-0196605	501(C)(3)	10,000.				GENERAL SUPPORT
(11) AMERICAN REPERTORY BALLET/PRINCETON BALLET							
80 ALBANY STREET, FLOOR 2	21-0732575	501(C)(3)	49,300.				GENERAL SUPPORT
(12) ANCHOR HOUSE FOUNDATION							
PO BOX 2357 TRENTON, NJ 08611	22-2898173	501(C)(3)	21,125.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis	ted in the line	1 table	<u> </u>			. . >	

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION	ON INC.					52-174623	52-1746234	
Part I General Information on Grants and	d Assistanc	е						
1 Does the organization maintain records to so	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	deligibility for the grant	s or assistance, and		
the selection criteria used to award the grant	s or assistand	e?					X Yes No	
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.				
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	polete if the organiza	ation answered "Y	es" on Form	
990, Part IV, line 21, for any recipi		_					00 0111 01111	
	The trial roo	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)	25,000.				GENERAL SUPPORT	
(2) ANSWER/RUTGERS UNIVERSITY FOUNDATION								
41 GORDON ROAD, SUITE C	99-9999999	501(C)(3)	20,000.				GENERAL SUPPORT	
(3) APPETITE FOR CHANGE, INC.								
1200 WEST BROADWAY AVENUE #180	27-5112040	501(C)(3)	50,000.				GENERAL SUPPORT	
(4) ARM IN ARM (FORMERLY CRISIS MINISTRY OF MER								
123 E HANOVER STREET TRENTON, NJ 08608	22-3198464	501(C)(3)	86,250.				GENERAL SUPPORT	
(5) ARTS COUNCIL OF PRINCETON								
102 WITHERSPOON STREET PRINCETON, NJ 08542	22-6108090	501(C)(3)	30,000.				GENERAL SUPPORT	
(6) ASOCIACIAN PUERTORRIQUENOS EN MARCHA INC.								
1900 NORTH 9TH STREET - 2ND FLOOR	99-9999999	501(C)(3)	7,500.				GENERAL SUPPORT	
(7) ASPHALT GREEN, INC.								
555 EAST 90TH STREET NEW YORK, NY 10128	99-9999999	501(C)(3)	20,000.				GENERAL SUPPORT	
(8) ASSOCIATION FOR THE MULTIPLE IMPAIRED BLIND								
35 BEAVERSON BOULEVARD., BUILDING #13	22-1923699	501(C)(3)	10,000.				GENERAL SUPPORT	
(9) AUTISM SCIENCE FOUNDATION								
106 WEST 32ND STREET NEW YORK, NY 10001	99-9999999	501(C)(3)	60,000.				GENERAL SUPPORT	
(10) BETTER COMMUNITY HOUSING OF TRENTON, INC.								
802 EAST STATE STREET TRENTON, NJ 08602	23-7229294	501(C)(3)	10,000.				GENERAL SUPPORT	
(11) BIG BROTHERS BIG SISTERS OF MERCER COUNTY								
535 EAST FRANKLIN STREET TRENTON, NJ 08610	06-1653897	501(C)(3)	100,000.				GENERAL SUPPORT	
(12) BLACK WOMEN'S AGENDA								
5335 WISCONSIN AVENUE NW	52-1139558	501(C)(3)	10,000.				GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) and	-	•						
3 Enter total number of other organizations list	ted in the line	1 table	<u> </u>	<u> </u>		>		

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION	NCETON AREA COMMUNITY FOUNDATION INC.										
Part I General Information on Grants and	d Assistanc	е				-					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand	e?					X Yes No				
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) BONNIE BRAE SCHOOL FOR BOYS											
3415 VALLEY ROAD	22-1500479	501(C)(3)	15,000.				GENERAL SUPPORT				
(2) BOOM HEALTH											
540 EAST FORDHAM ROAD BRONX, NY 10458	99-9999999	501(C)(3)	7,500.				GENERAL SUPPORT				
(3) BOYS & GIRLS CLUBS OF MERCER COUNTY											
212 CENTRE STREET TRENTON, NJ 08611	21-0634556	501(C)(3)	56,000.				GENERAL SUPPORT				
(4) BOYS & GIRLS CLUBS OF PHILADELPHIA											
1518 WALNUT STREET SUITE 605	99-9999999	501(C)(3)	50,000.				GENERAL SUPPORT				
(5) BROAD STREET MINISTRY											
315 SOUTH BROAD STREET	99-9999999	501(C)(3)	15,000.				GENERAL SUPPORT				
(6) BRONXWORKS INC.											
60 EAST TREMONT AVENUE BRONX, NY 10453	99-9999999	501(C)(3)	7,500.				GENERAL SUPPORT				
(7) CAHABA MEDICAL CARE FOUNDATION											
405 BELCHER STREET CENTERVILLE, AL 35042	99-9999999	501(C)(3)	7,500.				GENERAL SUPPORT				
(8) CAMDEN AREA HEALTH EDUCATION CENTER											
514 COOPER STREET CAMDEN, NJ 08102	22-2358827	501(C)(3)	10,000.				GENERAL SUPPORT				
(9) CANCER CONNECTION INC.											
41 LOCUST STREET NORTHAMPTON, MA 01060	99-9999999	501(C)(3)	50,000.				GENERAL SUPPORT				
(10) CAPITAL HEALTH SYSTEM FOUNDATION											
TWO CAPITAL WAY PENNINGTON, NJ 08534	99-9999999	501(C)(3)	10,000.				GENERAL SUPPORT				
(11) CASA FOR CHILDREN OF MERCER & BURLINGTON CO											
1450 PARKSIDE AVENUE - SUITE 22	22-3770968	501(C)(3)	140,000.				GENERAL SUPPORT				
(12) CATHOLIC CENTRAL SCHOOL FOUNDATION											
1200 EAST HIGH STREET SPRINGFIELD, OH 45505	99-9999999	501(C)(3)	28,800.				GENERAL SUPPORT				
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			·				
3 Enter total number of other organizations lis-	ted in the line	1 table									

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization						Employer identific	ation number
PRINCETON AREA COMMUNITY FOUNDATION	ON INC.					52-174623	34
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	ce?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		_					es" on Form
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) CENTER FOR SUPPORTIVE SCHOOLS							
911 COMMONS WAY PRINCETON, NJ 08540	22-2962532	501(C)(3)	10,000.				GENERAL SUPPORT
(2) CENTURION MINISTRIES							
1000 HERRONTOWN ROAD PRINCETON, NJ 08540	22-2563979	501(C)(3)	25,000.				GENERAL SUPPORT
(3) CHAPIN SCHOOL, PRINCETON							
4101 PRINCETON PIKE PRINCETON, NJ 08540	21-0688891	501(C)(3)	10,000.				GENERAL SUPPORT
(4) CHARLOTTESVILLE AREA COMMUNITY FOUNDATION							
114 4TH STREET SE CHARLOTTESVILLE, VA 22902	54-1506312	501(C)(3)	50,000.				GENERAL SUPPORT
(5) CHILDREN'S HOME SOCIETY OF NJ							
635 SOUTH CLINTON AVENUE	21-0634966	501(C)(3)	8,000.				OPERATING FUND
(6) CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDAT							
PO BOX 781352 PHILADELPHIA, PA 19178-1352	23-2237932	501(C)(3)	30,000.				GENERAL SUPPORT
(7) CHRIST CHURCH							
66 HIGHLAND AVENUE SHORT HILLS, NJ 07078	99-9999999	501(C)(3)	7,350.				GENERAL SUPPORT
(8) CHRIST HEALTH CENTER, INC.							
5720 1ST AVENUE SOUTH BIRMINGHAM, AL 35212	20-1935552	501(C)(3)	7,500.				GENERAL SUPPORT
(9) CLEVELAND CENTER FOR ARTS AND TECHNOLOGY							
3634 EUCLID AVENUE SUITE 100	27-1193704	501(C)(3)	50,000.				GENERAL SUPPORT
(10) CLINICAL SCHOLARS PROGRAM ALUMNI ASSOCIATIO							
700 NORTH PENNOCK STREET	82-1308641	501(C)(3)	15,000.				GENERAL SUPPORT
(11) COLUMBIA COUNTY HABITAT FOR HUMANITY							
829 ROUTE 66 HUDSON, NY 12534	14-1766587	501(C)(3)	7,500.				GENERAL SUPPORT
(12) COMMITTEE TO ENCOURAGE CORPORATE PHILANTHRO							
5 HANOVER SQUARE NEW YORK, NY 10004	13-4024259	501(C)(3)	15,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble		 •	
3 Enter total number of other organizations lis	ted in the line	e 1 table				.	

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION	ON INC.					52-174623	52-1746234	
Part I General Information on Grants and	d Assistanc	е						
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and		
the selection criteria used to award the grant			-	_			X Yes No	
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.				
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments Com	nlete if the organiza	ation answered "Y	es" on Form	
990, Part IV, line 21, for any recip		_			-		50 0111 01111	
	-		απ ψ5,000. τ απ π	Tean be duplicat	•	e is riceded.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
_(1) COMMUNITY FOUNDATION OF NEW JERSEY								
P.O. BOX 338 MORRISTOWN, NJ 07963-0338	22-2281783	501(C)(3)	10,000.				GENERAL SUPPORT	
(2) COMMUNITY FUNDS INC.								
909 THIRD AVENUE - 22ND FLOOR	13-3062214	501(C)(3)	100,000.				GENERAL SUPPORT	
(3) COMMUNITY HEALTH PROJECT INC. (CALLEN-LORDE								
356 WEST 18TH STREET NEW YORK, NY 10011	13-3765140	501(C)(3)	7,500.				GENERAL SUPPORT	
(4) CONSERVANCY OF SOUTHWEST FLORIDA								
1450 MERRIHUE DRIVE NAPLES, FL 34102-3449	59-1157084	501(C)(3)	10,000.				GENERAL SUPPORT	
(5) COTOCHESET HISTORIC PRESERVATION TRUST								
P.O. BOX 249 OSTERVILLE, MA 02655	61-1563684	501(C)(3)	50,000.				GENERAL SUPPORT	
(6) CRANBURY TOWNSHIP								
23-A NORTH MAIN STREET CRANBURY, NJ 08512	99-999999	501(C)(3)	9,652.				GENERAL SUPPORT	
(7) CUYAHOGA COUNTY BOARD OF HEALTH								
5550 VENTURE DRIVE PARMA, OH 44140	99-999999	501(C)(3)	75,000.				GENERAL SUPPORT	
(8) D&R GREENWAY LAND TRUST								
ONE PRESERVATION PLACE PRINCETON, NJ 08540	22-3035836	501(C)(3)	56,000.				GENERAL SUPPORT	
(9) DARTMOUTH COLLEGE								
6066 DEVELOPMENT OFFICE	02-0222111	501(C)(3)	10,025.				ANNUAL FUND	
(10) DAYTOP NEW JERSEY AT CRAWFORD HOUSE, INC.								
362 SUNSET ROAD SKILLMAN, NJ 08558	13-3949518	501(C)(3)	20,000.				GENERAL SUPPORT	
(11) DIRECTIONS FOR OUR YOUTH								
349 EAST 149TH STREET - SUITE 501	06-1308851	501(C)(3)	7,500.				GENERAL SUPPORT	
(12) DOCTORS W/O NYC								
PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	20,000.				GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) and	•	•						
3 Enter total number of other organizations lis	ted in the line	1 table	<u> </u>	<u> </u>	<u> </u>	<u> </u>		

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION	RINCETON AREA COMMUNITY FOUNDATION INC.								
Part I General Information on Grants and	d Assistanc	е				•			
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	æ?					X Yes No		
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		•					es" on Form		
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) DRESS FOR SUCCESS MERCER COUNTY									
3131 PRINCETON PIKE, BUILDING 4, SUITE 209	37-1536476	501(C)(3)	44,409.				GENERAL SUPPORT		
(2) DREXEL UNIVERSITY (THE DORNSIFE CENTER FOR									
3509 SPRING GARDEN STREET	23-1352630	501(C)(3)	7,500.				GENERAL SUPPORT		
(3) EB RESEARCH PARTNERSHIP									
132 EAST 43RD STREET - SUITE 432	27-2417202	501(C)(3)	10,000.				GENERAL SUPPORT		
(4) ELIJAH'S PROMISE									
211 LIVINGSTON AVENUE	22-3055539	501(C)(3)	10,000.				GENERAL SUPPORT		
(5) EMERGENCY ASSISTANCE FOUNDATION									
3713 PINE STREET JACKSONVILLE, FL 32205	45-1813056	501(C)(3)	60,000.				GENERAL SUPPORT		
(6) EVERGREEN COOPERATIVE CORPORATION									
540 EAST 105TH STREET CLEVELAND, OH 44108	45-2743815	501(C)(3)	50,000.				GENERAL SUPPORT		
(7) FAMILY GUIDANCE CENTER/FAMILY & CHILDREN'S									
1931 NOTTINGHAM WAY HAMILTON, NJ 08619-3554	22-3237254	501(C)(3)	45,000.				GENERAL SUPPORT		
(8) FARMER VETERAN COALITION									
4614 2ND STREET - SUITE 4 DAVIS, CA 95618	46-2362098	501(C)(3)	12,500.				GENERAL SUPPORT		
(9) FELICIAN UNIVERSITY									
ONE FELICIAN WAY RUTHERFORD, NJ 07070	22-1912028	501(C)(3)	10,000.				GENERAL SUPPORT		
(10) FISHERMAN'S MARK									
89 NORTH MAIN STREET LAMBERTVILLE, NJ 08530	22-2302255	501(C)(3)	97,300.				GENERAL SUPPORT		
(11) FOUNDATION ACADEMIES									
363 WEST STATE STREET TRENTON, NJ 08618	20-4406909	501(C)(3)	15,000.				GENERAL SUPPORT		
(12) FOUNDATION FIGHTING BLINDNESS-NJ CHAPTER									
PO BOX 449 PRINCETON, NJ 08540-0449	23-7135845	501(C)(3)	35,000.				GENERAL SUPPORT		
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		. •			
3 Enter total number of other organizations lis	ted in the line	1 table				<u></u>			

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATIO	NCETON AREA COMMUNITY FOUNDATION INC.								
Part I General Information on Grants and	d Assistanc	е				•			
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No		
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipi		_					es" on Form		
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) FOUNDATION FOR INSPIRATION & RECOGNITION OF									
200 BEDFORD STREET MANCHESTER, NH 03101	27-2657899	501(C)(3)	500,000.				GENERAL SUPPORT		
(2) FREEDOM HOUSE									
2004 ROUTE 31 NORTH CLINTON, NJ 08809	22-2638093	501(C)(3)	9,000.				GENERAL SUPPORT		
(3) FRIENDS OF THE JACOBUS VANDERVEER HOUSE, IN									
3055 RIVER ROAD (INSIDE RIVER ROAD PARK)	22-3576710	501(C)(3)	10,000.				GENERAL SUPPORT		
(4) FRIENDS OF THE MONMOUTH COUNTY CHILD ADVOCA									
75 WEST MAIN STREET FREEHOLD, NJ 07728	56-2329493	501(C)(3)	50,000.				GENERAL SUPPORT		
(5) GEORGE STREET PLAYHOUSE									
9 LIVINGSTON AVENUE	23-7361588	501(C)(3)	15,000.				GENERAL SUPPORT		
(6) GEORGE WASHINGTON UNIVERSITY									
2121 I STREET NW - SUITE 601	53-0196584	501(C)(3)	25,000.				GENERAL SUPPORT		
(7) GEORGETOWN UNIVERSITY									
BOX 571252 WASHINGTON, DC 20057-1252	53-0196603	501(C)(3)	10,000.				GENERAL SUPPORT		
(8) GETTING OUT AND STAYING OUT INC.									
75 EAST 116TH STREET NEW YORK, NY 10029	06-1711370	501(C)(3)	20,000.				GENERAL SUPPORT		
(9) GLADSTONE INSTITUTES									
1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	25,000.				GENERAL SUPPORT		
(10) GREATER MERCER PUBLIC HEALTH PARTNERSHIP									
P.O. BOX 6194 LAWRENCEVILLE, NJ 08648	81-3754468	501(C)(3)	218,418.				GENERAL SUPPORT		
(11) GREATER MERCER TRANSPORTATION MANAGEMENT AS									
15 ROSZEL ROAD SOUTH, SUITE 101	22-2577631	501(C)(3)	5,445.				GENERAL SUPPORT		
(12) GREATER TRENTON, INC.									
102 BARRACK STREET TRENTON, NJ 08608	26-1307260	501(C)(3)	95,000.				OPERATING FUND		
2 Enter total number of section 501(c)(3) and	-	•							
3 Enter total number of other organizations list	ted in the line	1 table	<u> </u>		<u> </u>	>			

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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OMB No. 1545-0047

2017

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Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION	RINCETON AREA COMMUNITY FOUNDATION INC.							
Part I General Information on Grants and	d Assistanc	е						
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No	
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		_					es" on Form	
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) GREEN BRONX MACHINE INTERNATIONAL INC.								
3935 BLACKSTONE AVENUE - SUITE 12G	45-3303493	501(C)(3)	7,500.				GENERAL SUPPORT	
(2) GREENE STREET FRIENDS SCHOOL								
5511 GREENE STREET PHILADELPHIA, PA 19144	23-1352643	501(C)(3)	50,000.				GENERAL SUPPORT	
(3) GREENS LEDGE LIGHT PRESERVATION SOCIETY								
101 ROWYTON AVENUE - 2ND FLOOR	81-3221399	501(C)(3)	50,000.				GENERAL SUPPORT	
(4) GROVE PARK FOUNDATION INC.								
749 MARIETTA STREET NW ATLANTA, GA 30318	82-1913260	501(C)(3)	7,500.				GENERAL SUPPORT	
(5) HABITAT FOR HUMANITY OF BURLINGTON COUNTY A								
530 ROUTE 38 EAST MAPLE SHADE, NJ 08052	22-2736214	501(C)(3)	52,500.				GENERAL SUPPORT	
(6) HARLEM CHILDREN'S ZONE								
35 EAST 125TH STREET NEW YORK, NY 10035	23-7112974	501(C)(3)	50,000.				GENERAL SUPPORT	
(7) HEALING TOWERS INC.								
2417 TONGASS - SUITE 111-355	81-0704176	501(C)(3)	5,600.				GENERAL SUPPORT	
(8) HEALTH POLICY INSTITUTE OF OHIO								
10 WEST BROAD STREET COLUMBUS, OH 43215	30-0186863	501(C)(3)	50,000.				GENERAL SUPPORT	
(9) HEPATITIS B FOUNDATION								
3805 OLD EASTON ROAD	23-2655669	501(C)(3)	25,000.				GENERAL SUPPORT	
(10) HIGH FIVES FOUNDATION							GENERAL SUPPORT	
10775 PIONEER TRAIL - SUITE 108	26-4275773	501(C)(3)	9,000.				SUPPORT	
(11) HISTORIC MORVEN								
55 STOCKTON STREET PRINCETON, NJ 08540-6912	22-2817982	501(C)(3)	60,000.				GENERAL SUPPORT	
(12) HISTORICAL SOCIETY OF PRINCETON								
354 QUAKER ROAD PRINCETON, NJ 08540	22-6074979	501(C)(3)	32,000.				GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		. •		
3 Enter total number of other organizations lis-	ted in the line	1 table				<u></u>		

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATIO	N INC.					52-174623	52-1746234				
Part I General Information on Grants and	d Assistanc	е									
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	æ?					X Yes No				
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.											
(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) HITOPS											
21 WIGGINS STREET PRINCETON, NJ 08540	22-3486441	501(C)(3)	21,125.				GENERAL SUPPORT				
(2) HOMEFRONT											
1880 PRINCETON AVENUE	22-3165145	501(C)(3)	241,000.				GENERAL SUPPORT				
(3) HOPEWELL PUBLIC LIBRARY											
13 E. BROAD STREET HOPEWELL, NJ 08525	99-9999999	501(C)(3)	10,000.				GENERAL SUPPORT				
(4) HUGS FOR BRADY FOUNDATION											
4 QUENTIN ROAD KENDALL PARK, NJ 08824	27-3921673	501(C)(3)	50,000.				GENERAL SUPPORT				
(5) HUMANITY IN ACTION											
601 WEST 26TH STREET, SUITE 325	13-3977257	501(C)(3)	10,000.				GENERAL SUPPORT				
(6) HUN SCHOOL OF PRINCE											
176 EDGERSTOUNE ROAD	21-0639868	501(C)(3)	10,000.				GENERAL SUPPORT				
(7) IMPACT SERVICES CORPORATION											
1952 EAST ALLEGHENY AVENUE	23-2087348	501(C)(3)	7,500.				GENERAL SUPPORT				
(8) INSTITUTE FOR HEALTHCARE IMPROVEMENT											
20 UNIVERSITY ROAD - 7TH FLOOR	38-3017223	501(C)(3)	150,000.				GENERAL SUPPORT				
(9) INTEGRITY TRANSFORMATIONS' COMMUNITY DEVELO											
692 LINDSAY STREET ATLANTA, GA 30318	01-0698118	501(C)(3)	7,500.				GENERAL SUPPORT				
(10) ISLES, INC.											
10 WOOD STREET TRENTON, NJ 08618	22-2350832	501(C)(3)	81,125.				GENERAL SUPPORT				
(11) JAMES RUSHTON I FOUNDATION											
5512 1ST AVENUE S BIRMINGHAM, AL 35212	63-0955085	501(C)(3)	7,500.				GENERAL SUPPORT				
(12) JED FOUNDATION											
6 EAST 39TH ST.REET - SUITE. 1204	<u> </u>	501(C)(3)	40,000.				GENERAL SUPPORT				
2 Enter total number of section 501(c)(3) and											
3 Enter total number of other organizations list	ed in the line	1 table				<u></u>					

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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.

2017
Open to Public Inspection

OMB No. 1545-0047

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	ame of the organization									
PRINCETON AREA COMMUNITY FOUNDATION	N INC.					52-174623	34			
Part I General Information on Grants and	d Assistanc	е								
 Does the organization maintain records to sure the selection criteria used to award the grant Describe in Part IV the organization's process. 	s or assistand lures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No			
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.										
 (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) JEWISH COMMUNITY CENTER OF SOMERSET HUNTERD 775 TALAMINI ROAD BRIDGEWATER, NJ 08807	22-3681640	501(C)(3)	50,000.				GENERAL SUPPORT			
(2) JOHN WITHERSPOON MIDDLE SCHOOL PTO 217 WALNUT LANE PRINCETON, NJ 08540	22-3600348	501(C)(3)	6,000.				GENERAL SUPPORT			
(3) JONES VALLEY URBAN FARM 5365 1ST AVENUE N BIRMINGHAM, AL 35212	52-2359003	501(C)(3)	7,500.				GENERAL SUPPORT			
(4) JUNTA DE ACCION PUERTORRIQUENA, INC. PUERTO 90 JERSEY AVENUE NEW BRUNSWICK, NJ 08901	22-1944440	501(C)(3)	50,000.				GENERAL SUPPORT			
(5) KARTEMQUIN EDUCATIONAL FILMS 1901 WEST WELLINGTON AVENUE	23-7430402	501(C)(3)	25,000.				GENERAL SUPPORT			
(6) KENTS HILL SCHOOL 1614 MAIN STREET KENTS HILL, ME 04349	01-0211532	501(C)(3)	100,000.				GENERAL SUPPORT			
(7) KIDS KICKING CANCER INC. 27600 NORTHWESTERN HIGHWAY - SUITE 220	38-3500655	501(C)(3)	35,000.				GENERAL SUPPORT			
(8) KIDSBRIDGE 999 LOWER FERRY ROAD EWING, NJ 08628	22-3438541	501(C)(3)	25,000.				GENERAL SUPPORT			
(9) KIRKRIDGE RETREAT CENTER 2495 FOX GAP ROAD BANGOR, PA 18013	24-0791777	501(C)(3)	10,000.				GENERAL SUPPORT			
10) LATIN AMERICAN LEGAL DEFENSE AND EDUCATIONA 669 CHAMBERS STREET TRENTON, NJ 08611	20-2484231	501(C)(3)	102,750.				GENERAL SUPPORT			
11) LATIN AMERICAN YOUTH CENTER, INC. 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009	52-1023074	501(C)(3)	20,000.				GENERAL SUPPORT			
12) LAZOS AMERICA UNIDA 10 PROSPECT STREET NEW BRUNSWICK, NJ 08901	20-2935339	501(C)(3)	50,000.				GENERAL SUPPORT			
Enter total number of section 501(c)(3) andEnter total number of other organizations list	_	•								

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SCHEDULE I (Form 990)

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

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

Department of the Treasury Internal Revenue Service

Solution

Name of the organization

Name of the organization

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization						Employer identific	ation number
PRINCETON AREA COMMUNITY FOUNDATION	52-174623	52-1746234					
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to I 990, Part IV, line 21, for any recip		_					es" on Form
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) LITERACY NEW JERSEY, INC.							
121 CHESTNUT STREET - SUITE 203	52-1146384	501(C)(3)	21,000.				GENERAL SUPPORT
(2) LUPUS RESEARCH ALLIANCE INC.							
275 MADISON AVENUE - 10TH FLOOR	58-2492929	501(C)(3)	25,000.				GENERAL SUPPORT
(3) MATHENY MEDICAL AND EDUCATIONAL CENTER							
65 HIGHLAND AVENUE PEAPACK, NJ 07977	22-1482276	501(C)(3)	10,000.				GENERAL SUPPORT
(4) MCCARTER THEATRE							
91 UNIVERSITY PLACE PRINCETON, NJ 08540	21-0724198	501(C)(3)	110,000.				GENERAL SUPPORT
(5) MEALS ON WHEELS OF MERCER COUNTY							
320 HOLLOWBROOK DRIVE EWING, NJ 08638	22-1990231	501(C)(3)	35,000.				GENERAL SUPPORT
(6) MELANOMA RESEARCH ALLIANCE							
1101 NEW YORK AVENUE, SUITE 620	26-1636099	501(C)(3)	37,500.				GENERAL SUPPORT
(7) MERCER ALLIANCE TO END HOMELESSNESS							
1001 SPRUCE STREET - SUITE 205	20-1594569	501(C)(3)	46,125.				GENERAL SUPPORT
(8) MERCER COUNTY COMMUNITY COLLEGE FOUNDATION							
PO BOX B WEST WINDSOR, NJ 08550	22-2133029	501(C)(3)	25,000.				GENERAL SUPPORT
(9) MERCER COUNTY PARK COMMISSION							
197 BLACKWELL ROAD PENNINGTON, NJ 08534	99-9999999	501(C)(3)	10,000.				GENERAL SUPPORT
(10) MERCER STREET FRIENDS FOOD BANK							
151 MERCER STREET TRENTON, NJ 08611	21-0733990	501(C)(3)	28,000.				GENERAL SUPPORT
(11) MICHIGAN STATE UNIVE							
SPARTAN WAY, 535 CHESTNUT ROAD, ROOM 300	23-7326030	501(C)(3)	250,000.				GENERAL SUPPORT
(12) MIDDLESEX COUNTY COLLEGE FOUNDATION							
2600 WOODBRIDGE AVENUE	22-6079662	501(C)(3)	25,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis	ted in the line	1 table	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>	

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

RINCETON AREA COMMUNITY FOUNDATION INC.							52-1746234				
Part I General Information on Grants and	d Assistanc	е									
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	æ?					X Yes No				
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) MILKEN INSTITUTE											
1250 FOURTH STREET SANTA MONICA, CA 90401	95-4240775	501(C)(3)	50,000.				GENERAL SUPPORT				
(2) MILLHILL CHILD & FAMILY DEVELOPMENT											
101 OAKLAND STREET TRENTON, NJ 08618	22-2123700	501(C)(3)	75,000.				GENERAL SUPPORT				
(3) MONASTERY OF THE GLORIOUS ASCENSION											
P.O. BOX 2817 EAST SETAUKET, NY 11733-0861	23-7356994	501(C)(3)	11,000.				GENERAL SUPPORT				
(4) MONSTER MILERS											
P.O. BOX 63574 PHILADELPHIA, PA 19147	45-4119892	501(C)(3)	16,500.				GENERAL SUPPORT				
(5) MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST,											
150 CLOVE ROAD (LOBBY LEVEL)	52-7082731	501(C)(3)	80,000.				GENERAL SUPPORT				
(6) MOUNT CARMEL GUILD											
73 NORTH CLINTON AVENUE TRENTON, NJ 08609	21-0675183	501(C)(3)	151,125.				GENERAL SUPPORT				
(7) M-POWER MINISTRIES											
4022 4TH AVENUE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)	7,500.				GENERAL SUPPORT				
(8) THE NATIONAL CENTER ON ADDICTION AND SUBSTA											
633 THIRD AVENUE NEW YORK, NY 10017-6706	52-1736502	501(C)(3)	25,000.				GENERAL SUPPORT				
(9) NATIONAL HISPANIC HEALTH FOUNDATION											
1920 L STREET NW WASHINGTON, DC 20036	26-0051902	501(C)(3)	10,000.				GENERAL SUPPORT				
(10) NATIONAL JUNIOR TENNIS & LEARNING OF TRENTO											
949 WEST STATE STREET TRENTON, NJ 08618	52-1260470	501(C)(3)	86,500.				UNRESTRICTED USE				
(11) NATIONAL MEDICAL FELLOWSHIPS											
347 FIFTH AVENUE - SUITE 510	01-0963657	501(C)(3)	50,000.				GENERAL SUPPORT				
(12) NATIONAL TRUST FOR HISTORIC PRESERVATION											
2600 VIRGINIA AVENUE - SUITE 1000	53-0210807	501(C)(3)	15,500.				GENERAL SUPPORT				
2 Enter total number of section 501(c)(3) and	-	-					-				
3 Enter total number of other organizations lis-	ted in the line	1 table				>					

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATI	52-174623	52-1746234					
Part I General Information on Grants ar	•						
 Does the organization maintain records to see the selection criteria used to award the grant Describe in Part IV the organization's process. 	nts or assistand	æ?					X Yes No
Part II Grants and Other Assistance to I 990, Part IV, line 21, for any recip		_			•		es" on Form
(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) NEIGHBORHOOD PROGRESS, INC.							
11327 SHAKER BLVD. CLEVELAND, OH 44104	34-1611055	501(C)(3)	50,000.				GENERAL SUPPORT
(2) NEW JERSEY GOALS OF CARE INC.							
P.O. BOX 3083 PRINCETON, NJ 08543	26-4271484	501(C)(3)	55,000.				GENERAL SUPPORT
(3) NEW JERSEY POLICY PERSPECTIVE							
137 WEST HANOVER STREET	22-3492715	501(C)(3)	15,000.				GENERAL SUPPORT
(4) NEW JERSEY STATE MUSEUM FOUNDATION							
PO BOX 530 TRENTON, NJ 08625-0530	22-6098724	501(C)(3)	10,000.				GENERAL SUPPORT
(5) NJ SYMPHONY ORCHESTRA							
60 PARK PLACE, 9TH FLOOR NEWARK, NJ 07102	22-1559422	501(C)(3)	11,000.				GENERAL SUPPORT
(6) NEW JERSEY CONSERVATION FOUNDATION							
170 LONGVIEW ROAD FAR HILLS, NJ 07931	22-6065456	501(C)(3)	5,111,783.				GENERAL SUPPORT
(7) NORTHEAST ORGANIC FARMING ASSOCIATION							
334 RIVER ROAD HILLSBOROUGH, NJ 08844	22-3043823	501(C)(3)	10,000.				UNRESTRICTED SUPPORT
(8) NORTHERN COUNTIES HEALTH CARE							
165 SHERMAN DRIVE ST. JOHNSBURY, VT 05819	51-0199559	501(C)(3)	50,000.				GENERAL SUPPORT
(9) OAKS INTEGRATED CARE							
770 WOODLANE ROAD MOUNT HOLLY, NJ 08060	23-7048397	501(C)(3)	25,000.				GENERAL SUPPORT
(10) OPPORTUNITY INTERNATIONAL							
550 WEST VAN BUREN STREET - SUITE 200	54-0907624	501(C)(3)	20,000.				GENERAL SUPPORT
(11) PARTNERSHIP FOR A DRUG FREE AMERICA, INC.							
352 PARK AVENUE SOUTH - 9TH FLOOR	13-3413627	501(C)(3)	15,000.				GENERAL SUPPORT
(12) PASSAGE THEATRE COMPANY							
16 EAST HANOVER STREET TRENTON, NJ 08608	22-2679031	501(C)(3)	160,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis	sted in the line	1 table					

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION	RINCETON AREA COMMUNITY FOUNDATION INC.							
Part I General Information on Grants an	d Assistanc	е				'		
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand dures for mor	e?	of grant funds in the	e United States.			X Yes No	
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		_					es" on Form	
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) PEACE ACTION EDUCATION FUND								
40 WITHERSPOON STREET PRINCETON, NJ 08540	22-2402577	501(C)(3)	10,000.				UNRESTRICTED SUPPORT	
(2) PEI KIDS								
231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	22-2594219	501(C)(3)	63,800.				GENERAL SUPPORT	
(3) PEOPLE & STORIES/GENTE Y CUENTOS								
295 EGGERTS CROSSING ROAD	22-3260895	501(C)(3)	20,000.				GENERAL SUPPORT	
(4) PEOPLE'S EMERGENCY CENTER								
325 NORTH 39TH STREET	23-2017882	501(C)(3)	7,500.				GENERAL SUPPORT	
(5) PETEY GREENE PRISONER ASSISTANCE PROGRAM								
9 MERCER STREET PRINCETON, NJ 08540	30-0499760	501(C)(3)	12,000.				GENERAL SUPPORT	
(6) PHILADELPHIA ANIMAL WELFARE SOCIETY (PAWS)								
100 NORTH 2ND STREET (AT ARCH)	26-3862631	501(C)(3)	25,000.				GENERAL SUPPORT	
(7) PHILADELPHIA MURAL ARTS ADVOCATES								
1729 MOUNT VERNON STREET	23-2876470	501(C)(3)	7,500.				GENERAL SUPPORT	
(8) PINELANDS PRESERVATI								
17 PEMBERTON ROAD SOUTHAMPTON, NJ 08088	52-1641512	501(C)(3)	11,000.				GENERAL SUPPORT	
(9) PLANNED PARENTHOOD OF NORTHERN, CENTRAL, AN								
437 EAST STATE STREET TRENTON, NJ 08608	22-1643997	501(C)(3)	46,500.				ANNUAL FUND	
(10) POINT COMMUNITY DEVELOPMENT CORPORATION								
940 GARRISON AVENUE BRONX, NY 10474	13-3765140	501(C)(3)	7,500.				GENERAL SUPPORT	
(11) POMFRET SCHOOL								
398 POMFRET STREET POMFRET, CT 06258-0128	06-0646784	501(C)(3)	35,000.				GENERAL SUPPORT	
(12) PREVENTION POINT PHILADELPHIA INC.								
PO BOX 60990 PHILADELPHIA, PA 19133	23-2663699	501(C)(3)	7,500.				GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	•	•						

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identific	Employer identification number					
PRINCETON AREA COMMUNITY FOUNDATION	52-174623	52-1746234					
Part I General Information on Grants and	Assistanc	е				•	
 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to Do 990, Part IV, line 21, for any recipie		_					es" on Form
(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) PRINCETON (MUNICIPALITY OF)							
400 WITHERSPOON STREET PRINCETON, NJ 08540	99-9999999	501(C)(3)	20,000.				GENERAL SUPPORT
(2) PRINCETON ACADEMY OF THE SACRED HEART							
1128 GREAT ROAD PRINCETON, NJ 08540	22-3623112	501(C)(3)	10,000.				GENERAL SUPPORT
(3) PRINCETON CENTER FOR TEACHER EDUCATION							
487 CHERRY VALLEY ROAD PRINCETON, NJ 08540	22-1853399	501(C)(3)	9,244.				GENERAL SUPPORT
(4) PRINCETON CHARTER SC							
100 BUNN DRIVE PRINCETON, NJ 08540	22-3505511	501(C)(3)	30,000.				GENERAL SUPPORT
(5) PRINCETON DAY SCHOOL							
THE GREAT ROAD PRINCETON, NJ 08542	21-0727645	501(C)(3)	75,000.				GENERAL SUPPORT
(6) PRINCETON EDUCATION							
25 VALLEY ROAD PRINCETON, NJ 08542-0176	22-3313605	501(C)(3)	10,000.				GENERAL SUPPORT
(7) PRINCETON FIRST AID & RESCUE SQUAD							
237 NORTH HARRISON STREET	23-7140015	501(C)(3)	30,000.				ANNUAL FUND
(8) PRINCETON FRIENDS SCHOOL							
470 QUAKER ROAD PRINCETON, NJ 08540	22-2790041	501(C)(3)	180,000.				GENERAL SUPPORT
(9) PRINCETON HEALTHCARE SYSTEM FOUNDATION							
5 PLAINSBORO ROAD - SUITE 365	22-2225911	501(C)(3)	111,050.				GENERAL SUPPORT
(10) PRINCETON NURSERY SCHOOL							
78 LEIGH AVENUE PRINCETON, NJ 08540	21-0643024	501(C)(3)	25,000.				CAPITAL FUND
(11) PRINCETON PUBLIC LIBRARY FOUNDATION							
65 WITHERSPOON STREET PRINCETON, NJ 08542	22-3494366	501(C)(3)	31,667.				GENERAL SUPPORT
(12) PRINCETON RECREATION							
380 WITHERSPOON STREET PRINCETON, NJ 08540	99-9999999	501(C)(3)	13,800.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and g	government	organizations lis	ted in the line 1 tal	ole			
3 Enter total number of other organizations liste	ed in the line	1 table				>	

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION	52-174623	52-1746234									
Part I General Information on Grants and	-										
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand	ce?					X Yes No				
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.											
(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) PRINCETON SENIOR RESOURCE CENTER											
45 STOCKTON STREET PRINCETON, NJ 08540	22-2228083	501(C)(3)	75,000.				GENERAL SUPPORT				
(2) PRINCETON SYMPHONY ORCHESTRA											
PO BOX 250 PRINCETON, NJ 08542	22-2327766	501(C)(3)	50,500.				GENERAL SUPPORT				
(3) PRINCETON UNIVERSITY ART MUSEUM											
PRINCETON UNIVERSITY	21-0634501	501(C)(3)	10,000.				GENERAL SUPPORT				
(4) PRINCETON-BLAIRSTOWN											
13 ROSZEL ROAD, SUITE C204A	22-6075831	501(C)(3)	11,000.				GENERAL SUPPORT				
(5) PROJECT HEALING WATERS											
P.O. BOX 695 LA PLATA, MD 20646	61-1518154	501(C)(3)	9,600.				GENERAL SUPPORT				
(6) PROJECT HOME											
1515 FAIRMOUNT AVENUE	23-2555950	501(C)(3)	7,500.				GENERAL SUPPORT				
(7) PRINCETON UNIVERSITY OFFICE OF ALUMNI AND D											
PO BOX 5357 PRINCETON, NJ 08543-5357	21-0634501	501(C)(3)	10,000.				GENERAL SUPPORT				
(8) PUBLIC HEALTH INSTITUTE											
555 12TH STREET, 10TH FLOOR	94-1646278	501(C)(3)	25,000.				GENERAL SUPPORT				
(9) PULMONARY HYPERTENSION ASSOCIATION											
801 ROEDER ROAD - SUITE 1000	65-0880021	501(C)(3)	25,000.				GENERAL SUPPORT				
(10) RACHEL'S NETWORK											
1200 18TH STREET, NW - SUITE 910	31-1644905	501(C)(3)	25,400.				GENERAL SUPPORT				
(11) REFLECT ORGANIZATION											
3910 IRVING ST., MB-5	82-2091088	501(C)(3)	10,000.				GENERAL SUPPORT				
(12) RESCUE MISSION OF TRENTON											
98 CARROLL STREET TRENTON, NJ 08605-0790	21-0656182	501(C)(3)	75,000.				GENERAL SUPPORT				
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ole							
3 Enter total number of other organizations list	ted in the line	1 table									

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION	ON INC.					52-17462	52-1746234	
Part I General Information on Grants and	d Assistanc	е				'		
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	ce?					X Yes No	
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipi		•					es" on Form	
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) RIDER UNIVERSITY								
2083 LAWRENCEVILLE ROAD	21-0650678	501(C)(3)	32,500.				GENERAL SUPPORT	
(2) RIDING WITH HEART								
639 COUNTY ROAD 513 PITTSTOWN, NJ 08867	57-1233216	501(C)(3)	25,000.				GENERAL SUPPORT	
(3) RISE/A COMMUNITY SERVICE PARTNERSHIP								
116 NORTH MAIN STREET HIGHTSTOWN, NJ 08520	22-2405087	501(C)(3)	50,000.				GENERAL SUPPORT	
(4) ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAM								
ONE HAMILTON HEALTH PLACE	21-0634572	501(C)(3)	30,000.				GENERAL SUPPORT	
(5) ROCKEFELLER PHILANTHROPY ADVISORS, INC.								
6 WEST 48TH STREET - 10TH FLOOR	13-3615533	501(C)(3)	50,000.				GENERAL SUPPORT	
(6) RUTGERS UNIVERSITY FOUNDATION								
120 ALBANY STREET NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	290,000.				GENERAL SUPPORT	
(7) SAKHI FOR SOUTH ASIAN WOMEN								
PO BOX 1333 NEW YORK, NY 10008	13-3593806	501(C)(3)	25,000.				GENERAL SUPPORT	
(8) SALVATION ARMY								
P.O. BOX 0060 TRENTON, NJ 08609	13-5562351	501(C)(3)	20,000.				GENERAL SUPPORT	
(9) SANTA FE INSTITUTE								
1399 HYDE PARK ROAD SANTA FE, NM 87501	85-0325494	501(C)(3)	6,000.				UNRESTRICTED SUPPORT	
(10) SAVE								
1010 ROUTE 601 SKILLMAN, NJ 08558	22-6082741	501(C)(3)	10,000.				ANNUAL FUND	
(11) SILICON VALLEY COMMUNITY FOUNDATION								
2440 WEST EL CAMINO REAL, SUITE 300	20-5205488	501(C)(3)	50,000.				GENERAL SUPPORT	
(12) SOMERSET HILLS LEARNING INSTITUTE								
1810 BURNT MILLS ROAD BEDMINSTER, NJ 07921	22-3593804	501(C)(3)	15,600.				GENERAL SUPPORT	
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	_	-						

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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2017

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Name of the organization	Employer identific	Employer identification number					
PRINCETON AREA COMMUNITY FOUNDATION	52-174623	34					
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	ce?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		_					es" on Form
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) SOURLAND CONSERVANCY							
83 PRINCETON AVENUE, SUITE 1A	22-3707157	501(C)(3)	21,000.				GENERAL SUPPORT
(2) SOUTH BRONX UNITED							
594 GRAND CONCOURSE, SUITE #2	26-4064041	501(C)(3)	7,500.				GENERAL SUPPORT
(3) SOUTHERN POVERTY LAW CENTER							
400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	21,000.				GENERAL SUPPORT
(4) SPECIAL OPERATIONS W							
1137 MARBELLA PLAZA DRIVE TAMPA, FL 33619	52-1183585	501(C)(3)	6,000.				GENERAL SUPPORT
(5) SPRINGPOINT SENIOR LIVING FOUNDATION							
4814 OUTLOOK DRIVE, SUITE 201	31-1480524	501(C)(3)	11,000.				GENERAL SUPPORT
(6) ST. LAWRENCE UNIVERSITY							
ROMODA DRIVE CANTON, NY 13617	15-0532239	501(C)(3)	11,000.				GENERAL SUPPORT
(7) STONY BROOK-MILLSTONE WATERSHED ASSOCIATION							
31 TITUS MILL ROAD	21-0649717	501(C)(3)	101,500.				GENERAL SUPPORT
(8) SUITE 1300 SERVICES, INC.							
1422 EUCLID AVENUE CLEVELAND, OH 44115	30-0096415	501(C)(3)	75,000.				GENERAL SUPPORT
(9) SUSTAINABLE PRINCETON							
1 MONUMENT DRIVE PRINCETON, NJ 08540	45-4743353	501(C)(3)	20,000.				GENERAL SUPPORT
(10) SWARTHMORE COLLEGE							
500 COLLEGE ROAD SWARTHMORE, PA 19081	23-1352683	501(C)(3)	15,000.				GENERAL SUPPORT
(11) TECHNOLOGY AFFINITY GROUP, INC.							
23 BRIAR ROAD WAYNE, PA 19087	56-2558836	501(C)(3)	50,000.				GENERAL SUPPORT
(12) TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORA							
201 EDDY STREET SAN FRANCISCO, CA 94102	94-2761808	501(C)(3)	40,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations lis	ted in the line	1 table				.	

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identific	Employer identification number							
PRINCETON AREA COMMUNITY FOUNDATIO	PRINCETON AREA COMMUNITY FOUNDATION INC.								
Part I General Information on Grants and	l Assistanc	e				•			
 Does the organization maintain records to surthe selection criteria used to award the grants Describe in Part IV the organization's proced 	s or assistand ures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No		
Part II Grants and Other Assistance to Do 990, Part IV, line 21, for any recipie		_					es" on Form		
(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) TEXAS A&M UNIVERSITY									
ROOM 133 COLLEGE STATION, TX 77843-1266	99-9999999	501(C)(3)	50,000.				GENERAL SUPPORT		
(2) THOMAS EDISON STATE									
101 WEST STATE STREET	99-9999999	501(C)(3)	47,250.				GENERAL SUPPORT		
(3) TRAVIS MANION FOUNDATION									
PO BOX 1485 DOYLESTOWN, PA 18901	41-2237951	501(C)(3)	50,000.				GENERAL SUPPORT		
(4) TRENTON AREA SOUP KITCHEN									
72 1/2 ESCHER STREET TRENTON, NJ 08605	22-2392881	501(C)(3)	312,135.				GENERAL SUPPORT		
(5) TRENTON CHILDREN'S CHORUS									
471 PARKWAY AVENUE TRENTON, NJ 08618	45-2633120	501(C)(3)	90,000.				GENERAL SUPPORT		
(6) TRENTON CIRCUS SQUAD									
675 SOUTH CLINTON AVENUE TRENTON, NJ 08611	47-2150184	501(C)(3)	10,000.				GENERAL SUPPORT		
(7) TRENTON COMMUNITY MUSIC SCHOOL									
PO BOX 5206 TRENTON, NJ 08638	22-3559611	501(C)(3)	6,000.				GENERAL SUPPORT		
(8) TRINITY CHURCH									
33 MERCER STREET PRINCETON, NJ 08540	21-0647707	501(C)(3)	36,000.				GENERAL SUPPORT		
(9) TRINITY COLLEGE									
300 SUMMIT AVE HARTFORD, CT 06106	06-0646927	501(C)(3)	11,500.				GENERAL SUPPORT		
(10) TRINITY COUNSELING									
22 STOCKTON STREET PRINCETON, NJ 08540	22-2185298	501(C)(3)	65,000.				GENERAL SUPPORT		
(11) UIH FAMILY PARTNERS									
4 NORTH BROAD STREET, 2ND FLOOR SUITE 2R	21-0635048	501(C)(3)	55,000.				GENERAL SUPPORT		
(12) UNIVERSITY OF CHICAGO									
130 E. RANDOLPH STREET - SUITE 2500	36-2177139	501(C)(3)	1,050,000.				GENERAL SUPPORT		
2 Enter total number of section 501(c)(3) and g	government	organizations lis	ted in the line 1 tal	ble		 			
3 Enter total number of other organizations list	ed in the line	1 table				<u> </u>			

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION	52-174623	52-1746234									
Part I General Information on Grants an	d Assistanc	е									
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	æ?					X Yes No				
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) UNIVERSITY OF PITTSBURG											
3719 TERRACE STREET, ROOM 1017	99-9999999	501(C)(3)	75,000.				GENERAL SUPPORT				
(2) URBAN HEALTH PLAN INC.											
1065 SOUTHERN BOULEVARD BRONX, NY 10459	23-7360305	501(C)(3)	7,500.				GENERAL SUPPORT				
(3) URBAN MINISTRY INC.											
1229 COTTON AVENUE SW BIRMINGHAM, AL 35211	63-0717761	501(C)(3)	7,500.				GENERAL SUPPORT				
(4) URBANPROMISE TRENTON											
801 WEST STATE STREET TRENTON, NJ 08618	81-1548363	501(C)(3)	25,000.				GENERAL SUPPORT				
(5) THE V FOUNDATION											
106 TOWERVIEW COURT CARY, NC 27513	13-3705951	501(C)(3)	35,000.				GENERAL SUPPORT				
(6) VILLAGE CHARTER SCHOOL FUND, INC.											
101 SULLIVAN WAY TRENTON, NJ 08628	04-3622534	501(C)(3)	15,000.				GENERAL SUPPORT				
(7) VOLUNTEERCONNECT											
12 STOCKTON STREET PRINCETON, NJ 08540	22-3595586	501(C)(3)	75,000.				GENERAL SUPPORT				
(8) WHALE TRUST											
P.O. BOX 243 MAKAWAO, HI 96768	91-2144632	501(C)(3)	25,000.				GENERAL SUPPORT				
(9) WOMANSPACE											
1530 BRUNSWICK AVENUE	22-2172522	501(C)(3)	100,000.				GENERAL SUPPORT				
(10) WOMEN'S WAY											
123 S. BROAD STREET, SUITE 139	23-1989161	501(C)(3)	20,000.				GENERAL SUPPORT				
(11) WORLD WILDLIFE FUND											
1250 TWENTY-FOURTH STREET NW	52-1693387	501(C)(3)	10,000.				GENERAL SUPPORT				
(12) YMCA OF PRINCETON											
59 PAUL ROBESON PLACE PRINCETON, NJ 08540	21-0639890	501(C)(3)	36,050.				GENERAL SUPPORT				
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		. •					
3 Enter total number of other organizations lis	ted in the line	1 table				<u></u>					

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATI	52-174623	52-1746234					
Part I General Information on Grants an	d Assistanc	е				•	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to I 990, Part IV, line 21, for any recip		-					es" on Form
(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) YMCA OF TRENTON							
59 PAUL ROBESON PLACE PRINCETON, NJ 08540	21-0635052	501(C)(3)	45,000.				OPERATING FUND
(2) YOUNG AUDIENCES OF NEW JERSEY & EASTERN PA							
200 FORRESTAL ROAD PRINCETON, NJ 08540	23-7384991	501(C)(3)	80,000.				GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	•	•					242.
3 Enter total number of other organizations lis	sted in the line	1 table					

JSA

7E1288 1.000

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

Schedule I (Form 990) (2017)

52-1746234

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIP RECIPIENTS	52.	290,811.			
2					
3					
_4					
5					
6					
7					

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

MONITORING OF GRANTS

THE COMMUNITY FOUNDATION REQUIRES GRANTEES OF COMPETITIVELY AWARDED
GRANTS TO SUBMIT FULL WRITTEN REPORTS DETAILING PROGRAMMATIC ACHIEVEMENTS
AND FINANCIAL UPDATES SIX MONTHS AND TWELVE MONTHS AFTER THE AWARD IS
MADE. ALL GRANTEES SIGN A CONTRACT WHICH OUTLINES ALL REQUIREMENTS BEFORE
THEIR GRANT CHECK IS DELIVERED. GRANTS FROM DONOR-ADVISED AND DESIGNATED
FUNDS ARE AWARDED AFTER A THOROUGH REVIEW OF THEIR FORM 990, AND IN MANY
CASES, A REVIEW OF THEIR AUDITED FINANCIAL STATEMENTS. STAFF ALSO REVIEW
WEBSITES, ANNUAL REPORTS AND NEWSLETTERS TO CONFIRM THE TAX-EXEMPT STATUS
AND EFFICACY OF EACH ORGANIZATION. THE COMMUNITY FOUNDATION ALSO VISITS

52-1746234

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_2					
_3					
_4					
5					
6					
7					

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

MANY LOCAL GRANTEES EACH YEAR FOR FACE-TO-FACE MEETINGS AND FIRST-HAND

EXPERIENCE OF FUNDED PROGRAMS. AS A LOCAL GRANTMAKER, THE COMMUNITY

FOUNDATION ALSO HAS ACCESS TO MANY INFORMAL SOURCES OF INFORMATION FROM

THE LOCAL NEWSPAPERS TO PROFESSIONAL STAFF AND BOARD RELATIONSHIPS WITH

MANY ORGANIZATIONS.

SCHEDULE J (Form 990)

Compensation InformationFor 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. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number 52-1746234

Part	Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X 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: Receive a severance payment or change-of-control payment?	4a		Х
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		21
	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			
3	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
D	If "Yes" on line 5a or 5b, describe in Part III.	30		
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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	OD		
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	Х	
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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.

	(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
LAURA LONGMAN (i) 152,047.		0.	9,259.	9,668.	178,474.	0.	
1 ^{CFO}	ii) 0		0.	0.	0.	0.	0.	
JEFFREY VEGA	i) 206,541.	16,480.	0.	12,724.	16,210.	251,955.	0.	
2PRESIDENT & CEO	ii) 0	. 0.	0.	0.	0.	0.	0.	
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
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	i)							
	ii)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							

Schedule J (Form 990) 2017

PRINCETON AREA COMMUNITY FOUNDATION INC.

INC. 52-1746234

Schedule J (Form 990) 2017

Part | 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, 2017. THE

FOUNDATION'S COMPENSATION PROGRAM WILL BE: FOCUSED ON A COMBINATION OF

BASE SALARY AND INCENTIVE PAY WHICH, WHEN COMBINED, WILL PROVIDE

COMPENSATION ABOVE THE MARKET MEDIAN. THE INCENTIVE PAY COMPONENT WILL

NOT BE ADDED TO BASE PAY AND WILL BE TARGETED ABOVE MARKET MEDIAN AT OR

AROUND THE 65TH TO 85TH PERCENTILE. UNDER NO CIRCUMSTANCES WILL

COMPENSATION BE CALCULATED AS A PERCENTAGE OF CONTRIBUTIONS.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

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

52-1746234

Employer identification number

PRI	NCETON AREA COMMUNITY FO	UNDATION	INC.		52-1746234	
Par	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	noncach cont	(d) f determining tribution 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	Х	199.	20,505,102	2. 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 org	anization during the tax ye	ear for contributions for	or	
	which the organization completed I		•			
			_			Yes No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, I	ines 1 through	
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which	n isn't required	
	to be used for exempt purposes for	the entire h	olding period?			30a X
b	If "Yes," describe the arrangement i	n Part II.				
31	Does the organization have a		tance policy that require	es the review of an	y nonstandard	
	contributions?					31 X
32a	Does the organization hire or use					
	contributions?			-		32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column	(a) is checked,	
	describe in Part II.					

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

PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234

Schedule M (Form 990) (2017)

Part II Supplement

Page 2

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

SCHEDULE M, PART I, LINE 31

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

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

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

20 17

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

gov/form990.

52-1746234

Employer identification number

Name of the organization
PRINCETON AREA COMMUNITY FOUNDATION INC.

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

THE COMMUNITY FOUNDATION'S FORM 990 IS PREPARED BY AN INDEPENDENT CPA

FIRM AND REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE PRESIDENT & CEO

WHO SUGGEST NECESSARY REVISIONS. THE FORM 990, WITH NAMES REDACTED FROM

SCHEDULE B TO HONOR THE WISHES OF ANONYMOUS DONORS, IS SUBSEQUENTLY

DISTRIBUTED TO THE FOUNDATION'S AUDIT COMMITTEE FOR FURTHER REVIEW AND

APPROVAL. IT IS THEN DISTRIBUTED TO ALL TRUSTEES PRIOR TO BEING FILED

WITH THE IRS.

THE COMMUNITY FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH
HAS BEEN APPROVED BY THE BOARD AND REQUIRES ALL EMPLOYEES, OFFICERS,
TRUSTEES AND VOLUNTEERS TO COMPLETE AND SIGN A CONFLICT OF INTEREST
DISCLOSURE FORM ANNUALLY. ALL COMPLETED FORMS ARE REVIEWED BY THE
PRESIDENT & CEO FOR ACCURACY AND REASONABLENESS. THE PRESIDENT & CEO
RETAINS A SUMMARY OF FINDINGS. ALL EMPLOYEES, OFFICERS, TRUSTEES AND
VOLUNTEERS ARE REQUIRED TO DISCLOSE ANY ADDITIONAL CONFLICTS WHICH ARISE
DURING THE YEAR AND A WRITTEN RECORD OF ANY SUCH CHANGES ARE ADDED TO THE
ACTIVE FILE. IDENTIFIED CONFLICTS ARE NOTED AT ALL MEETINGS OF THE BOARD
AND ITS COMMITTEES AS WELL AS IN THE MINUTES. ANY OFFICER, TRUSTEE, STAFF
MEMBER, OR VOLUNTEER WITH A CONFLICT LEAVES THE ROOM FOR THE DURATION OF
THE RELEVANT DISCUSSION AND RECUSES HIM/HERSELF FROM ANY VOTE IN WHICH
THEY HAVE A CONFLICT OF INTEREST; IN ACCORDANCE WITH THE CONFLICT OF
INTEREST POLICY.

Schedule O (Form 990 or 990-EZ) 2017

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number 52-1746234

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

THE COMMUNITY FOUNDATION HAS A BOARD-APPROVED COMPENSATION POLICY WHICH GUIDES ITS DECISIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS WHO DO NOT HAVE A CONFLICT OF INTEREST, ACTS AS A PERSONNEL AND COMPENSATION COMMITTEE AND SETS ANNUAL COMPENSATION FOR THE PRESIDENT & CEO. THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL REVIEW OF THE PRESIDENT & CEO'S PERFORMANCE AGAINST OBJECTIVES AND METRICS AGREED TO AT THE BEGINNING OF THE FISCAL YEAR AND SOLICITS FEEDBACK FROM ALL TRUSTEES. AS PART OF THE BUDGET PROCESS, THE FINANCE COMMITTEE SUGGESTS AN INCREASE RANGE DURING THE BUDGET PROCESS. THE PRESIDENT & CEO THEN REVIEWS THE PERFORMANCE OF ALL OTHER STAFF AND RECOMMENDS SALARY INCREASES FOR THE NEXT YEAR TO THE EXECUTIVE COMMITTEE AS PART OF THE BUDGET PROCESS. COMMITTEE MINUTES DOCUMENT THE ACTIONS OF THE EXECUTIVE COMMITTEE IN ALL PERSONNEL AND COMPENSATION MATTERS; AND THE COMMITTEE'S DECISIONS ARE REPORTED TO THE FULL BOARD. IN SETTING COMPENSATION, THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS COMPARABILITY DATA, SUCH AS FROM THE COUNCIL ON FOUNDATIONS AND/OR THE COUNCIL OF NEW JERSEY GRANTMAKERS. SEVERAL FACTORS ARE CONSIDERED SUCH AS COMMUNITY FOUNDATIONS OF SIMILAR SIZE AND COMPENSATION FOR SIMILAR POSIITONS IN THE LOCAL CENTRAL NEW JERSEY MARKETPLACE. THE FORMS 990 OF OTHER NONPROFIT ORGANIZATIONS AND FORM 990-PF FOR PRIVATE FOUNDATIONS ARE ALSO CONSULTED FOR INFORMATION.

FORM 990, PART VI, SECTION C, LINE 19

THE COMMUNITY FOUNDATION MAKES ITS CONFLICT OF INTEREST POLICY, AUDITED

FINANCIAL STATEMENTS, AND IRS FORM 990 AVAILABLE TO THE PUBLIC VIA ITS

Schedule O (Form 990 or 990-EZ) 2017

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

WEBSITE AND UPON REQUEST. ITS GOVERNING DOCUMENTS AND FORM 1023 ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART III, LINE 4A

GRANTS: THE COMMUNITY FOUNDATION IS AN ACTIVE GRANTMAKER THROUGH TWO
COMPETITIVE GRANT PROGRAMS (GREATER MERCER GRANTS AND THE FUND FOR WOMEN
& GIRLS)AND GRANTMAKING FROM DONOR-ADVISED, DESIGNATED, NONPROFIT, AND
FIELD-OF-INTEREST FUNDS. ITS PRIMARY FOCUS IS CENTRAL NEW JERSEY, BUT
GRANTS FROM DONOR-ADVISED FUNDS ARE MADE REGIONALLY AND NATIONALLY AS
WELL. COMPETITIVE GRANTS ADDRESS THE NEEDS OF LOW-INCOME PEOPLE IN
GREATER MERCER COUNTY, PROVIDE OPERATING SUPPORT FOR NONPROFITS WORKING
WITH LOW-INCOME PEOPLE, AND PROVIDE SUPPORT FOR WORK TO BUILD THE SOCIAL
CAPITAL OF THE REGION. IN 2015 THE BOARD DEFINED SOCIAL CAPITAL AS
BUILDING COMMUNITIES. THE COMMUNITY FOUNDATION'S GRANTMAKING TOUCHES
MANY PROGRAMMATIC AREAS INCLUDING EDUCATION, BASIC SERVICES, HEALTH, ARTS
& CULTURE, HOUSING, THE ENVIRONMENT, HISTORIC PRESERVATION, CIVIL RIGHTS,
AND ANIMAL WELFARE.

PROMOTING PHILANTHROPY AND PROVIDING EDUCATION: THE COMMUNITY FOUNDATION ACTIVELY ENGAGES ITS DONORS, GRANTEES, AND THE PROFESSIONAL ADVISORS IN THE REGION TO ENCOURAGE CHARITABLE GIVING BROADLY, AND TO BUILD OVER TIME A COMMUNITY-WIDE COMMITMENT TO PHILANTHROPY. IT SPONSORS SEMINARS AND WORKSHOPS ON TOPICS SUCH AS ENDOWMENT-BUILDING, GOOD GOVERNANCE, GRANT-SEEKING BEST PRACTICES, RISK MANAGEMENT, AND PLANNED GIVING. THE COMMUNITY FOUNDATION POSITIONS ITSELF AS A RESOURCE TO THE REGION AND REGULARLY RESPONDS TO REQUESTS FOR INFORMATION AND GUIDANCE. THE

Schedule O (Form 990 or 990-EZ) 2017

Schedule O (Form 990 or 990-EZ) 2017 Page 2

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

COUNCIL OF NJ GRANTMAKERS, THE GIFT PLANNING COUNCIL OF NEW JERSEY,

CENTER FOR NONPROFITS, AND THE SUPPORT CENTER PARTNERSHIP IN PHILANTHROPY

TO EXPAND ITS EDUCATIONAL OFFERINGS. OUTSIDE GROUPS CONDUCT RELATED

WORKSHOPS ON ITS PREMISES. STAFF ARE AVAILABLE TO CONSULT WITH DONORS,

NONPROFITS, PROFESSIONAL ADVISORS, AND COMMUNITY LEADERS ON ISSUES

RELATED TO GIFTS, GRANTS, PARTNERSHIPS AND COLLABORATIONS, AND EFFECTIVE

PHILANTHROPY AND NONPROFIT MANAGEMENT. IT SHARES ITS EXPERTISE WIDELY AS

IT WORKS TO MEET ITS MISSION TO "PROMOTE PHILANTHROPY TO ADVANCE THE

WELL-BEING OF OUR COMMUNITIES FOREVER." THE COMMUNITY FOUNDATION

INCLUDES MANY SCHOLARSHIP FUNDS. IT GRANTS SCHOLARSHIPS AND AWARDS

THROUGH COMPETITIVE PROCESSES TO SUPPORT COLLEGE STUDY AND TO HONOR

ACHIEVEMENT IN THE ARTS, MUSIC, AND COMMUNITY SERVICE.

FORM 990, PART VIII - INVESTMENT INCOME

(A) (C) (B) (D) TOTAL RELATED OR UNRELATED **EXCLUDED** DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE INTEREST AND DIVIDEND INCOME 1,764,951. 143,637. 1,621,314. 1,764,951. 1,621,314. TOTALS 143,637.

2,558.

ATTACHMENT 2

ATTACHMENT 1

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

LUNCHEON 4,900.

TOTAL 7,458.

DINNER

Schedule O (Form 990 or 990-EZ) 2017 Page 2 Name of the organization Employer identification number PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234 ATTACHMENT 3 FORM 990, PART VIII - FUNDRAISING EVENTS GROSS DIRECT DESCRIPTION INCOME **EXPENSES** LUNCHEON 4,895. 4,895. DINNER 4,583. 4,583. TOTALS 9,478. 9,478. ATTACHMENT 4 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE PREPAID EXPENSES 31,512. 37,566. 31,512. TOTALS 37,566. ATTACHMENT 5 FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES BEGINNING ENDING COST DESCRIPTION BOOK VALUE BOOK VALUE OR FMV DOMESTIC EQUITY 26,219,205. 38,183,151. FMV MUTUAL FUNDS - FIXED ASSETS 10,092,271. 9,995,157. FMV TOTALS 36,311,476. 48,178,308. ATTACHMENT 6

Schedule O (Form 990 or 990-EZ) 2017 Page 2 Name of the organization Employer identification number PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234 ATTACHMENT 6 (CONT'D) FORM 990, PART X - DEFERRED REVENUE BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE DEFERRED REVENUE 21,864. 10,216. 10,216. TOTALS 21,864.