## Return of Organization Exempt From Income Tax

### For the 2017 calendar year, or tax year beginning □ 2017, and ending □ 2018

#### C Name of organization
- **PRINCETON AREA COMMUNITY FOUNDATION INC.**

#### D Employer identification number
- 52-1746234

#### E Telephone number
- (609) 219-1800

#### G Gross receipts
- $51,170,760

#### J Website
- WWW.PACF.ORG

#### K Form of organization
- Corporation

#### L Year of formation
- 1991

### Part I Summary

1. **Briefly describe the organization’s mission or most significant activities:**
   - **THE PRINCETON AREA COMMUNITY FOUNDATION PROMOTES PHILANTHROPY THROUGH EDUCATION, GRANT MAKING, AND BY CREATING A NETWORK OF DONORS, ADVISORS AND NONPROFIT CORPORATIONS.**

2. **Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets.**
   - 23.

3. **Number of voting members of the governing body (Part VI, line 1a):**
   - 3
   - 23.

4. **Number of independent voting members of the governing body (Part VI, line 1b):**
   - 4
   - 23.

5. **Total number of individuals employed in calendar year 2017 (Part V, line 2a):**
   - 5
   - 11.

6. **Total number of volunteers (estimate if necessary):**
   - 6
   - 42.

7a. **Total unrelated business revenue from Part VIII, column (C), line 12:**
   - 143,637.

7b. **Net unrelated business taxable income from Form 990-T, line 34:**
   - 95,947.

#### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
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<tbody>
<tr>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>27,602,987</td>
<td>33,824,088</td>
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<tr>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>-1,325,633</td>
<td>4,078,243</td>
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<tr>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>4,718</td>
<td>10,683</td>
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<tr>
<td>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>26,282,072</td>
<td>37,913,014</td>
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<tr>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td>16,794,725</td>
<td>20,317,417</td>
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<tr>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td>1,059,468</td>
<td>1,458,793</td>
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<tr>
<td>Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total fundraising expenses (Part IX, column (D), line 25)</td>
<td>630,010</td>
<td></td>
</tr>
<tr>
<td>Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td>
<td>434,705</td>
<td>531,610</td>
</tr>
<tr>
<td>Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
<td>18,288,898</td>
<td>22,307,820</td>
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<tr>
<td>Revenue less expenses. Subtract line 18 from line 12.</td>
<td>7,993,174</td>
<td>15,605,194</td>
</tr>
</tbody>
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#### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets (Part X, line 16)</td>
<td>143,441,191</td>
<td>175,719,923</td>
</tr>
<tr>
<td>Total liabilities (Part X, line 26)</td>
<td>1,850,912</td>
<td>1,492,657</td>
</tr>
<tr>
<td>Net assets or fund balances. Subtract line 21 from line 20.</td>
<td>141,590,279</td>
<td>174,227,266</td>
</tr>
</tbody>
</table>

### Part II Signature Block

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

#### Sign Here
- Signature of officer
- Date

#### Paid Preparer
- BRAD CARUSO

#### Use Only
- Firm’s name: WITHUMSMITH+BROWN, PC
- Firm’s EIN: 22-2027092
- Firm’s address: ONE TOWER CENTER BLVD 14TH FL EAST BRUNSWICK, NJ 08816
- Phone no.: 732-828-1614

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)
Part III  Statement of Program Service Accomplishments

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 prior Form 990 or 990-EZ?  Yes ❌ No

If “Yes,” describe these new services on Schedule O.

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

If “Yes,” describe these changes on Schedule O.

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

4a (Code: _________) (Expenses $ 21,054,348, including grants of $ 20,317,417.) (Revenue $ _________)

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

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

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

4d Other program services (Describe in Schedule O.)

(Expenses $ _________, including grants of $ _________) (Revenue $ _________)

4e Total program service expenses  $ 21,054,348.
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   X

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .............................................................................................................................................................................. 2   X

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ........................................................................................................................................................................................................................................................................... 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   X

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. ........................................................................................................................................................................................................................................................................... 7   X

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. ........................................................................................................................................................................................................................................................................... 8   X

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. ........................................................................................................................................................................................................................................................................... 9   X

10 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 V. ........................................................................................................................................................................................................................................................................... 10   X

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. ........................................................................................................................................................................................................................................................................... 11a   X

b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. ........................................................................................................................................................................................................................................................................... 11b   X

c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. ........................................................................................................................................................................................................................................................................... 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. ........................................................................................................................................................................................................................................................................... 11e   X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. ........................................................................................................................................................................................................................................................................... 11f   X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. ........................................................................................................................................................................................................................................................................... 12a   X

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. ........................................................................................................................................................................................................................................................................... 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 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
<table>
<thead>
<tr>
<th>Checklist of Required Schedules (continued)</th>
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<tbody>
<tr>
<td><strong>Part IV</strong></td>
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</table>

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.  
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  
21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.  
22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 disqualified persons? If "Yes," complete Schedule L, Part II.  
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):  
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  
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 conservation contributions? If "Yes," complete Schedule M.  
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.  
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 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, Part VI.  
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th></th>
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<tbody>
<tr>
<td>20a</td>
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<td>38</td>
<td>X</td>
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</tbody>
</table>
Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c

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

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).

3a Did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) at any time during the calendar year? Did the organization solicit any contributions that were not tax deductible as charitable contributions? 3a

3b 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 account) at any time during the calendar year? Did the organization solicit any contributions that were not tax deductible as charitable contributions? 4a

b If "Yes," enter the name of the foreign country: ____________________________


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b

Note.

3a Did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) at any time during the calendar year? Did the organization solicit any contributions that were not tax deductible as charitable contributions? 3a

3b 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 account) at any time during the calendar year? Did the organization solicit any contributions that were not tax deductible as charitable contributions? 4a

b If "Yes," enter the name of the foreign country: ____________________________

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? 7a

b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c

7d If "Yes," indicate the number of Forms 8282 filed during the year ____________________________

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966? 9a

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 ____________________________

10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ____________________________

10b

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders. ____________________________

11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ____________________________

11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ____________________________

12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? 13a

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ____________________________

13b

13c

14a Did the organization receive any payments for indoor tanning services during the tax year? ____________________________

14a

14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. ____________________________
### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members included in line 1a, above, who are independent</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Each committee with authority to act on behalf of the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If &quot;Yes,&quot; provide the names and addresses in Schedule O?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Policies

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>If &quot;Yes,&quot; did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12c</td>
<td>Did the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe in Schedule O how this was done</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization's CEO, Executive Director, or top management official</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other officers or key employees of the organization</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16b</td>
<td>If &quot;Yes,&quot; did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Disclosure

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>List the states with which a copy of this Form 990 is required to be filed</td>
<td>NJ, PA</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply</td>
<td>Own website</td>
<td>Another's website</td>
</tr>
<tr>
<td>19</td>
<td>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>State the name, address, and telephone number of the person who possesses the organization's books and records</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Carol P. Herring</td>
<td>5.00</td>
<td>Officer</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2. Anthony J. Cimino</td>
<td>3.00</td>
<td>Chair - Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>3. Meredith C. Moore</td>
<td>3.00</td>
<td>Vice Chair - Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>4. Marguerite L. Mount, CPA, CGMA</td>
<td>1.00</td>
<td>Treasurer - Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>5. Patricia U. Herst, Esq.</td>
<td>1.00</td>
<td>Secretary - Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>6. William P. Burks MD</td>
<td>5.00</td>
<td>Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7. Andrew K. Golden, CFA</td>
<td>5.00</td>
<td>Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>8. John Hatch, FAIA, LEED AP</td>
<td>1.00</td>
<td>Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>9. Eleanor V. Horne</td>
<td>5.00</td>
<td>Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>10. Carolyn P. Sanderson, CFP</td>
<td>5.00</td>
<td>Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>11. David R. Scott, Esq.</td>
<td>1.00</td>
<td>Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>12. Lisa Skeeve Tatum</td>
<td>1.00</td>
<td>Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>13. John D. Wallace</td>
<td>5.00</td>
<td>Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>14. Thomas P. Weidner, Esq.</td>
<td>1.00</td>
<td>Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part VII  
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15) ANA BERDECIA TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) WILLIAM HARLA TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17) ANDREW LIEU TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(18) ELIZABETH MCNEILLY TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) JAMIE RYTE SAPHO TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) CALVIN B. THOMAS, JR. TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) MICHAEL H. ULLMANN TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) VERNON BRAMBLE TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(23) SHAWN W. ULLSWORTH TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(24) LAURA LONGMAN CFO</td>
<td>40.00</td>
<td>X</td>
<td>159,547.</td>
<td>0.</td>
<td>18,927.</td>
</tr>
<tr>
<td>(25) JEFFREY VEGA PRESIDENT &amp; CEO</td>
<td>40.00</td>
<td>X</td>
<td>223,021.</td>
<td>0.</td>
<td>28,934.</td>
</tr>
</tbody>
</table>

1b Sub-total:  
1c Total from continuation sheets to Part VII, Section A:  
1d Total (add lines 1b and 1c):  
2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization:  

<table>
<thead>
<tr>
<th>Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If &quot;Yes,&quot; complete Schedule J for such individual.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If &quot;Yes,&quot; complete Schedule J for such individual.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If &quot;Yes,&quot; complete Schedule J for such person.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(26) ELIZABETH WAGNER VP OF DEVELOPMENT</td>
<td>40.00</td>
<td>X</td>
<td>138,246.</td>
<td>0.</td>
<td>8,847.</td>
</tr>
<tr>
<td>(27) DIANA D LEIGHTON VP OF DEVELOPMENT PROGRAMS</td>
<td>40.00</td>
<td>X</td>
<td>111,389.</td>
<td>0.</td>
<td>14,659.</td>
</tr>
<tr>
<td>(28) NELIDA VALENTIN VP OF GRANTS AND PROGRAMS</td>
<td>40.00</td>
<td>X</td>
<td>113,887.</td>
<td>0.</td>
<td>15,650.</td>
</tr>
</tbody>
</table>

1b Sub-total

Total from continuation sheets to Part VII, Section A.

d Total (add lines 1b and 1c).

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>2g Total. Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>ATTACHMENT 1</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTACHMENT 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td>1,764,951.</td>
<td>143,637.</td>
<td>1,621,314.</td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross rents</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a Gross rents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from fundraising events</td>
<td>ATTACHMENT 2</td>
<td>7,458.</td>
</tr>
<tr>
<td>of contributions reported on line 1c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Gross income from gaming activities</td>
<td>ATTACHMENT 3</td>
<td>9,478.</td>
</tr>
<tr>
<td>See Part IV, line 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a MISCELLANEOUS REVENUE</td>
<td>900099</td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
</tr>
<tr>
<td>11e Total. Add lines 11a-11d</td>
<td></td>
</tr>
</tbody>
</table>

| Total revenue. See instructions.                                       |               | 37,913,014.   | 143,637.                             | 3,945,289.                    |                                                  |
## 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 ............................................

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>19,957,919</td>
<td>19,957,919</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>290,811</td>
<td>290,811</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>68,687</td>
<td>68,687</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>382,568</td>
<td>156,147</td>
<td>102,565</td>
<td>123,856</td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>824,315</td>
<td>336,449</td>
<td>220,996</td>
<td>266,870</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>61,532</td>
<td>27,884</td>
<td>27,975</td>
<td>5,673</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>104,536</td>
<td>36,477</td>
<td>266,870</td>
<td>68,059</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>85,842</td>
<td>38,458</td>
<td>39,560</td>
<td>7,824</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td>44,284</td>
<td></td>
<td>44,284</td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td>9,860</td>
<td>9,860</td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>25,200</td>
<td></td>
<td>25,200</td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>10,943</td>
<td></td>
<td>10,943</td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>40,070</td>
<td></td>
<td>13,477</td>
<td>26,593</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>93,080</td>
<td>28,483</td>
<td>47,918</td>
<td>16,679</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>102,371</td>
<td>41,783</td>
<td>27,446</td>
<td>33,142</td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>94,342</td>
<td>37,647</td>
<td>26,833</td>
<td>29,862</td>
</tr>
<tr>
<td>17 Travel</td>
<td>12,817</td>
<td>5,231</td>
<td>3,437</td>
<td>4,149</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>77,768</td>
<td>19,852</td>
<td>17,371</td>
<td>40,545</td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>11,203</td>
<td>4,572</td>
<td>3,004</td>
<td>3,627</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>9,672</td>
<td>3,948</td>
<td>2,593</td>
<td>3,131</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>22,307,820</td>
<td>21,054,348</td>
<td>623,462</td>
<td>630,010</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
**Part X  Balance Sheet**

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>22,209</td>
<td>39,915</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>26,966,289</td>
<td>28,715,422</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>2,193,655</td>
<td>793,972</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>31,512</td>
<td>37,566</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>138,869</td>
<td>25,225</td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>124,847</td>
<td>14,022</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td>36,311,476</td>
<td>48,178,308</td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td>77,673,156</td>
<td>97,691,188</td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>217,669</td>
<td>249,530</td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>143,441,191</td>
<td>175,719,923</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>47,764</td>
<td>116,639</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>1,781,284</td>
<td>1,365,802</td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>21,864</td>
<td>0</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>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</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>1,850,912</td>
<td>1,492,657</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th>Assets or Fund Balances</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Unrestricted net assets</td>
<td>140,792,735</td>
<td>173,717,861</td>
</tr>
<tr>
<td>28 Temporarily restricted net assets</td>
<td>797,544</td>
<td>509,405</td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>141,590,279</td>
<td>174,227,266</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>143,441,191</td>
<td>175,719,923</td>
</tr>
</tbody>
</table>

Form 990 (2017)
**Form 990 (2017) Page 12**

### Part XI  Reconciliation of Net Assets
Check if Schedule O contains a response or note to any line in this Part XI.  

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>$37,913,014.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>$22,307,820.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>$15,605,194.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>$141,590,279.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>$17,021,623.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>$0.</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>$0.</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>$0.</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>$10,170.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>$174,227,266.</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII. 

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td>□ Cash</td>
<td>X Accrual</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>□ Yes</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis</td>
<td>□ Consolidated basis</td>
<td>□ Both consolidated and separate basis</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>□ Yes</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis</td>
<td>□ Consolidated basis</td>
<td>□ Both consolidated and separate basis</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>□ Yes</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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](http://www.irs.gov/Form990) for instructions and the latest information.*

---

**Part I**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- [ ] A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).)
- [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).
- [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

<table>
<thead>
<tr>
<th>Name of supported organization</th>
<th>EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- [X] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

<table>
<thead>
<tr>
<th>Name of supported organization</th>
<th>EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).

- [ ] Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

  a) [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

  b) [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

  c) [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

  d) [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

- [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

- [ ] Enter the number of supported organizations: .................................................................

- [ ] Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule A (Form 990 or 990-EZ) 2017

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**Public Disclosure**

**Schedule A**

(Form 990 or 990-EZ)
**Part II**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>9,153,790</td>
<td>18,198,027</td>
<td>26,475,954</td>
<td>27,609,432</td>
<td>33,816,630</td>
<td>115,253,833</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>9,153,790</td>
<td>18,198,027</td>
<td>26,475,954</td>
<td>27,609,432</td>
<td>33,816,630</td>
<td>115,253,833</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38,242,627</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>77,011,206</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>9,153,790</td>
<td>18,198,027</td>
<td>26,475,954</td>
<td>27,609,432</td>
<td>33,816,630</td>
<td>115,253,833</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>3,378,689</td>
<td>6,140,987</td>
<td>3,578,435</td>
<td>1,180,936</td>
<td>1,764,951</td>
<td>16,043,998</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>14,380</td>
<td>20,055</td>
<td>11,345</td>
<td>7,395</td>
<td>18,141</td>
<td>71,316</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>131,369,147</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2016 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) 2016</th>
<th>(b) 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.</td>
<td>X</td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.</td>
<td></td>
</tr>
<tr>
<td>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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization.</td>
<td></td>
</tr>
<tr>
<td>17b 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization.</td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.</td>
<td></td>
</tr>
</tbody>
</table>
### Part III: Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2016 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2016 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 19 a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. |           |          |          |          |          |          |
| 19 b 33 1/3% support tests - 2016. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |           |          |          |          |          |          |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions |           |          |          |          |          |          |
Part IV  Supporting Organizations

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

Section A. All Supporting Organizations

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.

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).

3a  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

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.

c  Did the organization ensure that all support to such organizations was used exclusively for purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

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.

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.

c  Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.

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).

b  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c  Substitutions only. Was the substitution the result of an event beyond the organization's control?

6  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

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).

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).

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.

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.

c  Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a  Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
## Part IV  Supporting Organizations (continued)

### 11 Has the organization accepted a gift or contribution from any of the following persons?

- **a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- **b** A family member of a person described in (a) above?
- **c** A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.

### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Activities Test. Answer (a) and (b) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Parent of Supported Organizations. Answer (a) and (b) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2 Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3 Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4 Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5 Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7 Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td><strong>8 Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4).</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2 Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3 Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6 Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7 Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8 Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td>1</td>
</tr>
<tr>
<td>2 Enter 85% of line 1.</td>
<td>2</td>
</tr>
<tr>
<td>3 Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td>3</td>
</tr>
<tr>
<td>4 Enter greater of line 2 or line 3.</td>
<td>4</td>
</tr>
<tr>
<td>5 Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
<td>6</td>
</tr>
</tbody>
</table>

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2013 . . . . . .</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2014 . . . . . .</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2015 . . . . . .</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2016 . . . . . .</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2018.</strong> Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2013 . . . . . .</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2014 . . . . . .</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2015 . . . . . .</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2016 . . . . . .</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2017 . . . . . .</td>
<td></td>
</tr>
</tbody>
</table>
**Part VI  Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISCELLANEOUS REVENUE</td>
<td>14,380.</td>
<td>20,055.</td>
<td>11,345.</td>
<td>7,395.</td>
<td>10,683.</td>
<td>63,858.</td>
</tr>
<tr>
<td>NET FUNDRAISING REVENUE</td>
<td></td>
<td></td>
<td></td>
<td>7,458.</td>
<td></td>
<td>7,458.</td>
</tr>
<tr>
<td>TOTALS</td>
<td>14,380.</td>
<td>20,055.</td>
<td>11,345.</td>
<td>7,395.</td>
<td>18,141.</td>
<td>71,316.</td>
</tr>
</tbody>
</table>
### Schedule B

**Schedule of Contributors**

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

#### Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

#### Employer identification number

52-1746234

#### Organization type (check one):

*Filers of:*

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

- **Form 990-PF**
  - [ ] 501(c)(3) exempt private foundation
  - [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - [ ] 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$4,900,125</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$7,025,962</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash X</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$750,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$753,192</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash X</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$3,577,613</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash X</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$2,359,146</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$1,000,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$1,362,778</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$2,056,677</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>$1,000,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
## Part II Noncash Property
(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate) (See instructions.)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>54,330 SHARES OF JOHNSON &amp; JOHNSON</td>
<td>$7,025,962</td>
<td>12/31/2017</td>
</tr>
<tr>
<td>4</td>
<td>14,757 SHARES OF GOLDMAN SACHS</td>
<td>$3,577,613</td>
<td>12/31/2017</td>
</tr>
<tr>
<td>5</td>
<td>5,000 SHARES OF ALIGN TECHNOLOGY 3,358 SHARES OF LABCORP 10,000 SHARES OF GILEAD</td>
<td>$2,359,146</td>
<td>12/31/2017</td>
</tr>
<tr>
<td>3</td>
<td>10,000 SHARES OF GLAXO SMITH KLINE 4,900 SHARES OF EXXON MOBIL</td>
<td>$753,192</td>
<td>12/31/2017</td>
</tr>
<tr>
<td>8</td>
<td>75,655 SHARES OF VARIOUS COMMON STOCK</td>
<td>$1,954,732</td>
<td>12/31/2017</td>
</tr>
</tbody>
</table>

PRINCETON AREA COMMUNITY FOUNDATION INC.
Employer identification number 52-1746234
**Part III**

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) **Transfer of gift**

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.
**Part I**  
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered “Yes” on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td>212.</td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td>29,178,170.</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td>15,598,014.</td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td>92,029,967.</td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  
   Yes [x]  No [ ]

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   Yes [x]  No [ ]

**Part II**  
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., recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of a historically important land area
- Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
<td>212.</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
<td>29,178,170.</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
<td>15,598,014.</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
<td>92,029,967.</td>
</tr>
</tbody>
</table>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   Yes [x]  No [ ]

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   Yes [x]  No [ ]

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**  
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   (a) Revenue included on Form 990, Part VIII, line 1
   (b) Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the instructions for Form 990.
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a. Public exhibition  
   b. Scholarly research  
   c. Preservation for future generations  
   d. Loan or exchange programs  
   e. Other  

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  

---

Part IV  Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  

b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

Part V  Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance  
   b Contributions  
   c Net investment earnings, gains, and losses  
   d Grants or scholarships  
   e Other expenditures for facilities and programs  
   f Administrative expenses  
   g End of year balance  

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

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

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

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

(i) unrelated organizations  
(ii) related organizations

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

3b

Part VI  Land, Buildings, and Equipment.

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

1a Land  
   b Buildings  
   c Leasehold improvements  
   d Equipment  
   e Other  

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c).
### Part VII  Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td>23,857.</td>
<td>ATTACHMENT 1</td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) ALTERNATIVE - MULTI-STRATEGY</td>
<td>39,598,318.</td>
<td>FMV</td>
</tr>
<tr>
<td>(B) ALTERNATIVE - L/S STRATEGY</td>
<td>5,035,109.</td>
<td>FMV</td>
</tr>
<tr>
<td>(C) ALTERNATIVE - EQUITY FUNDS</td>
<td>32,802,615.</td>
<td>FMV</td>
</tr>
<tr>
<td>(D) ALTERNATIVE - REAL ASSETS</td>
<td>5,377,591.</td>
<td>FMV</td>
</tr>
<tr>
<td>(E) ALTERNATIVE - NAV INVESTMENTS</td>
<td>14,835,698.</td>
<td>FMV</td>
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<tr>
<td>(F)</td>
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<tr>
<td>(G)</td>
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</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td>97,691,188.</td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII  Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
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</thead>
<tbody>
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<td>(9)</td>
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<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 13.)</td>
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<td></td>
</tr>
</tbody>
</table>

### Part IX  Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(8)</td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

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

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
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<tr>
<td>(2)</td>
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<td>(8)</td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 25.)</td>
<td></td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>46,531,904</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a  Net unrealized gains (losses) on investments</td>
<td>17,021,623</td>
</tr>
<tr>
<td></td>
<td>b  Donated services and use of facilities</td>
<td>34,639</td>
</tr>
<tr>
<td></td>
<td>c  Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d  Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e  Add lines 2a through 2d</td>
<td>17,056,262</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>29,475,642</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a  Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b  Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c  Add lines 4a and 4b</td>
<td>8,437,372</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>37,913,014</td>
</tr>
</tbody>
</table>

### Part XII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>19,756,079</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a  Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b  Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c  Other losses.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d  Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e  Add lines 2a through 2d</td>
<td>24,470</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>19,731,609</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a  Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>2,576,211</td>
</tr>
<tr>
<td></td>
<td>b  Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c  Add lines 4a and 4b</td>
<td>2,576,211</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>22,307,820</td>
</tr>
</tbody>
</table>

### Part XIII  Supplemental Information.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5
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


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
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).

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

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>COST OR FMV</th>
<th>BOOK VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIVATELY HELD STOCK</td>
<td>FMV</td>
<td>23,857.</td>
</tr>
</tbody>
</table>

TOTALS

23,857.
### Part I General Information on Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) CENTRAL AMERICA/CARIBBEAN</td>
<td>0.</td>
<td>0.</td>
<td>GRANTMAKING</td>
<td></td>
<td>62,687.</td>
</tr>
<tr>
<td>(2) NORTH AMERICA</td>
<td>0.</td>
<td>0.</td>
<td>GRANTMAKING</td>
<td></td>
<td>6,000.</td>
</tr>
<tr>
<td>(3) CENTRAL AMERICA/CARIBBEAN</td>
<td>0.</td>
<td>0.</td>
<td>INVESTMENTS</td>
<td></td>
<td>14,853,698.</td>
</tr>
</tbody>
</table>

| (4) |                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (5) |                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (6) |                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (7) |                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (8) |                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (9) |                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (10)|                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (11)|                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (12)|                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (13)|                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (14)|                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (15)|                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (16)|                                  |                                |                                                                                               |                                                                                                  |                                                   |
| (17)|                                  |                                |                                                                                               |                                                                                                  |                                                   |
| 3a | Sub-total                         |                                |                                                                                               |                                                                                                  | 14,922,385.                                       |
| 3b | Total from continuation sheets to Part I |                                |                                                                                               |                                                                                                  | 14,922,385.                                       |
| 3c | **Totals** (add lines 3a and 3b)  |                                |                                                                                               |                                                                                                  | 14,922,385.                                       |

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>NORTH AMERICA</td>
<td>GENERAL SUPP</td>
<td>6,000.</td>
<td>EFT</td>
<td></td>
<td>FMV</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>CENT. AMERICA/CARIBBEAN</td>
<td>GENERAL SUPP</td>
<td>62,687.</td>
<td>EFT</td>
<td></td>
<td>FMV</td>
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<td>3</td>
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</tbody>
</table>

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

3. Enter total number of other organizations or entities.
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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tr>
</tbody>
</table>
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] 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] 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] 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] 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] 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] No
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.
**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

<table>
<thead>
<tr>
<th>Activity</th>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Mail solicitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Internet and email solicitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Phone solicitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d In-person solicitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Solicitation of non-government grants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Solicitation of government grants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Special fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>9,795.</td>
<td>7,141.</td>
<td>0.</td>
<td>16,936.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>4,895.</td>
<td>4,583.</td>
<td>0.</td>
<td>9,478.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td>4,445.</td>
<td>3,834.</td>
<td>0.</td>
<td>8,279.</td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>450.</td>
<td>749.</td>
<td>0.</td>
<td>1,199.</td>
</tr>
</tbody>
</table>

10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 9,478. |

11 Net income summary. Subtract line 10 from line 3, column (d) | | | | |

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6 Volunteer labor | Yes | No | Yes | No |

7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |

8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

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

\begin{itemize}
  \item Is the organization licensed to conduct gaming activities in each of these states? \hfill \square Yes \square No
  \item If "No," explain: \hfill \\
\end{itemize}

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

\begin{itemize}
  \item If "Yes," explain: \hfill \\
\end{itemize}
Does the organization conduct gaming activities with nonmembers? | Yes | No
--- | --- | ---
Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | Yes | No
Indicate the percentage of gaming activity conducted in:
- The organization's facility | 13a | %
- An outside facility | 13b | %
Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶
Address ▶
Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | No
If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $.
If "Yes," enter name and address of the third party:
Name ▶
Address ▶
Gaming manager information:
Name ▶
Gaming manager compensation ▶ $ ▶
Description of services provided ▶
- Director/officer □
- Employee □
- Independent contractor □
Mandatory distributions:
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | Yes | No
- Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part IV** Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
### SCHEDULE I
(Form 990)

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

---

#### General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

   - Yes [X]
   - No [ ]

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

#### 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.

<table>
<thead>
<tr>
<th>(1)</th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ABAC FOUNDATION</td>
<td>58-6073263</td>
<td>501 (C) (3)</td>
<td>10,000.</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>AIRPORT MARINA COUNSELING SERVICE</td>
<td>95-2224149</td>
<td>501 (C) (3)</td>
<td>20,000.</td>
<td></td>
<td>AT-RISK KIDS PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>ALL STARS PROJECT, INC.</td>
<td>13-3148295</td>
<td>501 (C) (3)</td>
<td>35,000.</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>ALLIED ARTS FOUNDATION</td>
<td>91-0829974</td>
<td>501 (C) (3)</td>
<td>25,000.</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>AMERICAN ACADEMY OF NURSING</td>
<td>52-2213870</td>
<td>501 (C) (3)</td>
<td>50,000.</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF</td>
<td>53-0196568</td>
<td>501 (C) (3)</td>
<td>28,000.</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>AMERICAN CAMP ASSOCIATION</td>
<td>35-0962419</td>
<td>501 (C) (3)</td>
<td>6,000.</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>AMERICAN CIVIL LIBERTIES UNION FOUNDATION</td>
<td>13-6213516</td>
<td>501 (C) (3)</td>
<td>10,000.</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>AMERICAN HEART ASSOCIATION, INC.</td>
<td>13-5613797</td>
<td>501 (C) (3)</td>
<td>50,000.</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
<td></td>
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<tr>
<td>10</td>
<td>AMERICAN RED CROSS OF CENTRAL NEW JERSEY</td>
<td>53-0196605</td>
<td>501 (C) (3)</td>
<td>10,000.</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>AMERICAN REPERTORY BALLET/PRINCETON BALLET</td>
<td>21-0732575</td>
<td>501 (C) (3)</td>
<td>49,300.</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>ANCHOR HOUSE FOUNDATION</td>
<td>22-2898173</td>
<td>501 (C) (3)</td>
<td>21,125.</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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For Paperwork Reduction Act Notice, see the Instructions for 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.

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

---

**Part I**

General Information on Grants and Assistance

<table>
<thead>
<tr>
<th>1</th>
<th>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>1 (a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ANCHOR HOUSE, INC.</td>
<td>22-2229995</td>
<td>501(C)(3)</td>
<td>25,000.</td>
<td></td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>(2) ANSWER/RUTGERS UNIVERSITY FOUNDATION</td>
<td>99-9999999</td>
<td>501(C)(3)</td>
<td>20,000.</td>
<td></td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>(3) APPETITE FOR CHANGE, INC.</td>
<td>22-3198464</td>
<td>501(C)(3)</td>
<td>86,250.</td>
<td></td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>(4) ARM IN ARM (FORMERLY CRISIS MINISTRY OF MER</td>
<td>22-6108090</td>
<td>501(C)(3)</td>
<td>30,000.</td>
<td></td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>(5) ARTS COUNCIL OF PRINCETON</td>
<td>501(C)(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>(6) ASPHALT GREEN, INC.</td>
<td>99-9999999</td>
<td>501(C)(3)</td>
<td>20,000.</td>
<td></td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>(7) ASSOCIATION FOR THE MULTIPLE IMPAIRED BLIND</td>
<td>22-1923699</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td></td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>(8) AUTISM SCIENCE FOUNDATION</td>
<td>99-9999999</td>
<td>501(C)(3)</td>
<td>60,000.</td>
<td></td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>(9) BETTER COMMUNITY HOUSING OF TRENTON, INC.</td>
<td>23-7229294</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td></td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>(10) BIG BROTHERS BIG SISTERS OF MERCER COUNTY</td>
<td>535 EAST FRANKLIN STREET TRENTON, NJ 08610</td>
<td>501(C)(3)</td>
<td>100,000.</td>
<td></td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>(11) BLACK WOMEN'S AGENDA</td>
<td>5335 WISCONSIN AVENUE NW</td>
<td>52-1139558</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
</tbody>
</table>

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part I - General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [X]  
   - No 

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### Part II - Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(1) BONNIE BRAE SCHOOL FOR BOYS</td>
<td>22-1500479</td>
<td>501(C)(3)</td>
<td>15,000</td>
<td></td>
<td>General Support</td>
<td></td>
<td></td>
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<tr>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part I  General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [ ]  
   - No [ ]

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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</table>

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

3. Enter total number of other organizations listed in the line 1 table.
**Schedule I (Form 990) (2017)**

**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.](https://www.irs.gov/Form990)  
[Go to www.irs.gov/Form990 for the latest information.](https://www.irs.gov/Form990)

**Name of the organization**

PRINCETON AREA COMMUNITY FOUNDATION INC.

**Employer identification number**

52-1746234

### Part I General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [ ]  
   - No [x]

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
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<tr>
<th>1 (a) Name and address of organization or government</th>
<th>1 (b) EIN</th>
<th>1 (c) IRC section (if applicable)</th>
<th>1 (d) Amount of cash grant</th>
<th>1 (e) Amount of non-cash assistance</th>
<th>1 (f) Method of valuation (book, FMV, appraisal, other)</th>
<th>1 (g) Description of noncash assistance</th>
<th>1 (h) Purpose of grant or assistance</th>
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3. Enter total number of other organizations listed in the line 1 table.

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

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1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  

   Yes [X]  No  

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

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

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<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<td>11</td>
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<td>12</td>
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   - Yes  
   - No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments

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<th>(h) Purpose of grant or assistance</th>
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<tbody>
<tr>
<td>(1) FOUNDATION FOR INSPIRATION &amp; RECOGNITION OF 200 BEDFORD STREET MANCHESTER, NH 03101</td>
<td>27-2657899</td>
<td>501(C)(3)</td>
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<td>(2) FREEDOM HOUSE</td>
<td>2004 ROUTE 31 NORTH CLINTON, NJ 08809</td>
<td>22-2638993</td>
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<td>(3) FRIENDS OF THE JACOBUS VANDEVERE HOUSE, IN 3055 RIVER ROAD (INSIDE RIVER ROAD PARK)</td>
<td>22-357610</td>
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<tr>
<td>(4) FRIENDS OF THE MONMOUTH COUNTY CHILD ADVOCATE 75 WEST MAIN STREET FREEHOLD, NJ 07728</td>
<td>56-2329493</td>
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<td>(5) GEORGE STREET PLAYHOUSE 9 LIVINGSTON AVENUE</td>
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<td>(6) GEORGE WASHINGTON UNIVERSITY 2121 1 STREET NW - SUITE 601</td>
<td>53-0196584</td>
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<td>(7) GEORGETOWN UNIVERSITY BOX 571252 WASHINGTON, DC 20057-1252</td>
<td>53-0196603</td>
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<td>(8) GETTING OUT AND STAYING OUT INC. 75 EAST 116TH STREET NEW YORK, NY 10029</td>
<td>06-1711370</td>
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<td>(9) GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158</td>
<td>23-7203666</td>
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<td>(10) GREATER MERCER PUBLIC HEALTH PARTNERSHIP P.O. BOX 6194 LAWRENCEVILLE, NJ 08648</td>
<td>81-3754646</td>
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<td>(11) GREATER MERCER TRANSPORTATION MANAGEMENT AS 15 ROSELY ROAD SOUTH, SUITE 101</td>
<td>22-2575631</td>
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<td>(12) GREATER TRENTON, INC. 102 BARRACK STREET TRENTON, NJ 08608</td>
<td>26-1307260</td>
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<td>95,000</td>
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2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

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<tr>
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<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of noncash assistance</td>
<td>Purpose of grant or assistance</td>
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<tr>
<td>1. GREEN BRONK MACHINE INTERNATIONAL INC.</td>
<td>3935 BLACKSTONE AVENUE - SUITE 12G</td>
<td>45-3303493</td>
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<td>7,500.</td>
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<td>2. GREENE STREET FRIENDS SCHOOL</td>
<td>5511 GREENE STREET PHILADELPHIA, PA 19144</td>
<td>23-1352643</td>
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<td>3. GREENS LEDGE LIGHT PRESERVATION SOCIETY</td>
<td>101 ROWTON AVENUE - 2ND FLOOR</td>
<td>81-3221399</td>
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<td>4. GROVE PARK FOUNDATION INC.</td>
<td>749 MARIETTA STREET NW ATLANTA, GA 30318</td>
<td>82-1913260</td>
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<td>7,500.</td>
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<td>5. HABITAT FOR HUMANITY OF BURLINGTON COUNTY A</td>
<td>530 ROUTE 38 EAST MAPLE SHADE, NJ 08052</td>
<td>22-2736214</td>
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<td>6. HARLEM CHILDREN'S ZONE</td>
<td>35 EAST 125TH STREET NEW YORK, NY 10035</td>
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<td>7. HEALING TOWERS INC.</td>
<td>2417 TONGASS - SUITE 111-355</td>
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<td>8. HEALTH POLICY INSTITUTE OF OHIO</td>
<td>10 WEST BROAD STREET COLUMBUS, OH 43215</td>
<td>30-0186863</td>
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<td>9. HEPATITIS B FOUNDATION</td>
<td>3805 OLD EASTON ROAD</td>
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<td>10. HIGH FIVES FOUNDATION</td>
<td>10775 PIONEER TRAIL - SUITE 108</td>
<td>26-4275773</td>
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<td>11. HISTORIC MORVEN</td>
<td>55 STOCKTON STREET PRINCETON, NJ 08540-6912</td>
<td>22-2817982</td>
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<td>12. HISTORICAL SOCIETY OF PRINCETON</td>
<td>354 QUAKER ROAD PRINCETON, NJ 08540</td>
<td>22-6074979</td>
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<td>JAMES RUSHTON I FOUNDATION</td>
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<tr>
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<td>LATIN AMERICAN LEGAL DEFENSE AND EDUCATION</td>
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<td>LATIN AMERICAN YOUTH CENTER, INC.</td>
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<td>LAZOS AMERICA UNIDA</td>
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<tr>
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<td>PO BOX B WEST WINDSOR, NJ 08550 22-2133029 501(C)(3) 25,000.</td>
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<td>197 BLACKWELL ROAD PENNINGTON, NJ 08534 99-9999999 501(C)(3) 10,000.</td>
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<td>151 MERCER STREET TRENTON, NJ 08611 21-0733990 501(C)(3) 28,000.</td>
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<td>SPARTAN WAY, 535 CHESTNUT ROAD, ROOM 300 23-7326030 501(C)(3) 250,000.</td>
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<td>2600 WOODBRIDGE AVENUE 22-6079662 501(C)(3) 25,000.</td>
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</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table.
**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](http://www.irs.gov/Form990) for the latest information.

**Name of the organization:** PRINCETON AREA COMMUNITY FOUNDATION INC.

**Employer identification number:** 52-1746234

### General Information on Grants and Assistance

1. **Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**
   - Yes [x] No

2. **Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.**

### 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.

<table>
<thead>
<tr>
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<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tbody>
<tr>
<td>(1)</td>
<td>MILKEN INSTITUTE</td>
<td>95-4240775</td>
<td>501(C)(3)</td>
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</table>

2. **Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.**
3. **Enter total number of other organizations listed in the line 1 table.**
## Part I  General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [x]  
   - No 

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of noncash assistance</th>
<th>Purpose of grant or assistance</th>
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<tbody>
<tr>
<td>1.</td>
<td>NEIGHBORHOOD PROGRESS, INC.</td>
<td>11327 SHAKER BLVD. CLEVELAND, OH 44104</td>
<td>50-161055</td>
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<td>2.</td>
<td>NEW JERSEY GOALS OF CARE INC.</td>
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<td>26-4271484</td>
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<td>3.</td>
<td>NEW JERSEY POLICY PERSPECTIVE</td>
<td>137 WEST HANOVER STREET</td>
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<td>4.</td>
<td>NEW JERSEY STATE MUSEUM FOUNDATION</td>
<td>PO BOX 530 TRENTON, NJ 08625-0530</td>
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<td>5.</td>
<td>NJ SYMPHONY ORCHESTRA</td>
<td>60 PARK PLACE, 9TH FLOOR NEWARK, NJ 07102</td>
<td>22-1559422</td>
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<td>6.</td>
<td>NEW JERSEY CONSERVATION FOUNDATION</td>
<td>170 LONGVIEW ROAD FAR HILLS, NJ 07931</td>
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<td>7.</td>
<td>NORTHEAST ORGANIC FARMING ASSOCIATION</td>
<td>334 RIVER ROAD HILLSBOROUGH, NJ 08844</td>
<td>22-3043823</td>
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<td>8.</td>
<td>NORTHERN COUNTIES HEALTH CARE</td>
<td>165 SHERMAN DRIVE ST. JOHNSBURY, VT 05819</td>
<td>51-0199559</td>
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<td>9.</td>
<td>OAKS INTEGRATED CARE</td>
<td>770 WOODLAWN ROAD MOUNT HOLLY, NJ 08060</td>
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<td>11.</td>
<td>PARTNERSHIP FOR A DRUG FREE AMERICA, INC.</td>
<td>352 PARK AVENUE SOUTH - 9TH FLOOR</td>
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<td>12.</td>
<td>PASSAGE THEATRE COMPANY</td>
<td>16 EAST HANOVER STREET TRENTON, NJ 08608</td>
<td>22-2679031</td>
<td>501(C)(3)</td>
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</table>

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

Schedule I (Form 990) (2017)
## 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.

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

### General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [x]  
   - No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### 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.

<table>
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<tr>
<th>(a) Name and address of organization or government</th>
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<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tr>
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<td>(2) PEI KIDS</td>
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<td>(3) PEOPLE &amp; STORIES/GENTE Y CUENTOS</td>
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<td>(4) PEOPLE'S EMERGENCY CENTER</td>
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<td>(8) PINELANDS PRESERVATI</td>
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<td>(11) POMFRET SCHOOL</td>
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<td>(12) PREVENTION POINT PHILADELPHIA INC.</td>
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</tbody>
</table>

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part I  General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [X]  
   - No  

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

### Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| 1. | PRINCETON (MUNICIPALITY OF)  
   400 WITHERSPOON STREET PRINCETON, NJ 08540 | 99-99999999 | 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 | 99-99999999 | 501(C)(3) | 13,800 |  | GENERAL SUPPORT |

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.  
3. Enter total number of other organizations listed in the line 1 table.
### Part I General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [X]  
   - No [ ]

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments

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<th>(h) Purpose of grant or assistance</th>
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<td>7</td>
<td>PRINCETON UNIVERSITY OFFICE OF Alumni and D</td>
<td>21-0634501</td>
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<td>21-0656182</td>
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<td>75,000.</td>
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</table>

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

3. Enter total number of other organizations listed in the line 1 table.
## 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](http://www.irs.gov/Form990) for the latest information.

### General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [ ]
   - No [ ]

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### 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.

<table>
<thead>
<tr>
<th>1 (a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
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<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tbody>
<tr>
<td>(1) RIDER UNIVERSITY</td>
<td>2083 LAWRENCEVILLE ROAD 21-0650678 501(C)(3)</td>
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<td>(2) RIDING WITH HEART</td>
<td>639 COUNTY ROAD 513 PITTSTOWN, NJ 08867 57-1233216 501(C)(3)</td>
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<td>(3) RISE/A COMMUNITY SERVICE PARTNERSHIP</td>
<td>116 NORTH MAIN STREET HIGHTSTOWN, NJ 08520 22-2405087 501(C)(3)</td>
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<td>(4) ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAM</td>
<td>ONE HAMILTON HEALTH PLACE 21-0634572 501(C)(3)</td>
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<td>(5) ROCKEFELLER PHILANTHROPY ADVISORS, INC.</td>
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<td>(7) SAKHI FOR SOUTH ASIAN WOMEN</td>
<td>PO BOX 1333 NEW YORK, NY 10008 13-3593806 501(C)(3)</td>
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<td>(8) SALVATION ARMY</td>
<td>P.O. BOX 0060 TRENTON, NJ 08609 13-5562351 501(C)(3)</td>
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<td>(9) SANTA FE INSTITUTE</td>
<td>1399 HYDE PARK ROAD SANTA FE, NM 87501 85-0325494 501(C)(3)</td>
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<td>UNRESTRICTED SUPPORT</td>
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<td>(10) SAVE</td>
<td>1010 ROUTE 601 SKILLMAN, NJ 08558 22-6082741 501(C)(3)</td>
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<td>(11) SILICON VALLEY COMMUNITY FOUNDATION</td>
<td>2440 WEST EL CAMINO REAL, SUITE 300 20-5205488 501(C)(3)</td>
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<td>(12) SOMERSET MILLS LEARNING INSTITUTE</td>
<td>1810 BURNT MILLS ROAD BEDMINSTER, NJ 07921 22-3593804 501(C)(3)</td>
<td>15,600.</td>
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</table>

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

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

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

### Part I
**General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?   
   - Yes  
   - No

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

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

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
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<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<td>1 SOURLAND CONSERVANCY</td>
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<td>2 SOUTH BRONX UNITED</td>
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<td>31-1480524</td>
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<td>7 STONY BROOK-MILLSTONE WATERSHED ASSOCIATION</td>
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<td>8 SUITE 1300 SERVICES, INC.</td>
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<td>9 SUSTAINABLE PRINCETON</td>
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<td>10 SWARTHMORE COLLEGE</td>
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<td>12 TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION</td>
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</table>

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part I  General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
   - Yes [X]  No [ ]

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

### Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
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<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TEXAS A&amp;M UNIVERSITY</td>
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<td>2. THOMAS EDISON STATE</td>
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<td>4. TRENTON AREA SOUP KITCHEN</td>
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<td>5. TRENTON CHILDREN'S CHORUS</td>
<td>471 PARKWAY AVENUE TRENTON, NJ 08618</td>
<td>501(C)(3)</td>
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<td>6. TRENTON CIRCUS SQUAD</td>
<td>475 SOUTH CLINTON AVENUE TRENTON, NJ 08611</td>
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<td>7. TRENTON COMMUNITY MUSIC SCHOOL</td>
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<td>8. TRINITY CHURCH</td>
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<td>9. TRINITY COLLEGE</td>
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<td>10. TRINITY COUNSELING</td>
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<td>11. UIH FAMILY PARTNERS</td>
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<td>501(C)(3)</td>
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<td>12. UNIVERSITY OF CHICAGO</td>
<td>36-2177139</td>
<td>501(C)(3)</td>
<td>1,050,000</td>
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<td>GENERAL SUPPORT</td>
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</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table.
**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.  
► Go to www.irs.gov/Form990 for the latest information.

**Name of the organization**  
PRINCETON AREA COMMUNITY FOUNDATION INC.

**Employer identification number**  
52-1746234

### Part I  General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [X]  
   - No

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

### Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section (if applicable)</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
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<tr>
<td>UNIVERSITY OF PITTSBURG</td>
<td>3719 TERRACE STREET, ROOM 1017</td>
<td>99-9999999</td>
<td>501(C)(3)</td>
<td>75,000.</td>
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<td>URBAN MINISTRY INC.</td>
<td>1229 COTTON AVENUE SW BIRMINGHAM, AL 35211</td>
<td>63-0717761</td>
<td>501(C)(3)</td>
<td>7,500.</td>
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<td>URBAN PROMISE TRENTON</td>
<td>801 WEST STATE STREET TRENTON, NJ 08618</td>
<td>81-1548363</td>
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<td>VILLAGE CHARTER SCHOOL FUND, INC.</td>
<td>101 SULLIVAN WAY TRENTON, NJ 08628</td>
<td>04-3622534</td>
<td>501(C)(3)</td>
<td>15,000.</td>
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<td>VOLUNTEERCONNECT</td>
<td>12 STOCKTON STREET PRINCETON, NJ 08540</td>
<td>22-3595586</td>
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<td>WHALE TRUST</td>
<td>P.O. BOX 243 MAKAWAO, HI 96768</td>
<td>81-2144632</td>
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<td>WOMANSPACE</td>
<td>1530 BRUNSWICK AVENUE</td>
<td>22-2172522</td>
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<td>WOMEN'S WAY</td>
<td>123 S. BROAD STREET, SUITE 139</td>
<td>23-1989161</td>
<td>501(C)(3)</td>
<td>20,000.</td>
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<td>WORLD WILDLIFE FUND</td>
<td>1250 TWENTY-FOURTH STREET NW</td>
<td>52-1693387</td>
<td>501(C)(3)</td>
<td>10,000.</td>
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<td>YMCA OF PRINCETON</td>
<td>59 PAUL ROBESON PLACE PRINCETON, NJ 08540</td>
<td>21-0639890</td>
<td>501(C)(3)</td>
<td>36,050.</td>
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</tbody>
</table>

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part I General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

- Yes [X]  
- No [ ]

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tr>
<td>YMCA OF TRENTON</td>
<td>21-0635052</td>
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<td>YOUNG AUDIENCES OF NEW JERSEY &amp; EASTERN PA</td>
<td>23-7384991</td>
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<td>GENERAL SUPPORT</td>
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</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 242.

3. Enter total number of other organizations listed in the line 1 table: 127.

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

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
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</table>

**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...
### 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2</td>
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<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>10,000</td>
<td>1,000</td>
<td>FMV</td>
<td>Volunteer work and resources</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>15,000</td>
<td>2,000</td>
<td>FMV</td>
<td>Educational programs and supplies</td>
</tr>
</tbody>
</table>

### 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.
### Part I  Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a.</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal services (such as, maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;No,&quot; complete Part III to explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation committee</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation survey or study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approval by the board or compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Receive a severance payment or change-of-control payment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Any related organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; on line 5a or 5b, describe in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Any related organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; on line 6a or 6b, describe in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; describe in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; describe in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAURA LONGMAN CFO</td>
<td>(i) 152,047. (ii) 7,500. (iii) 0. (iv) 9,259.</td>
<td>(v) 9,668.</td>
<td>(vi) 178,474.</td>
<td>(vii) 0.</td>
<td></td>
</tr>
<tr>
<td>JEFFREY VEGA PRESIDENT &amp; CEO</td>
<td>(i) 206,541. (ii) 16,480. (iii) 0. (iv) 12,724.</td>
<td>(v) 16,210.</td>
<td>(vi) 251,955.</td>
<td>(vii) 0.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
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<td>6</td>
<td>(i)</td>
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<td>(iv)</td>
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<td>7</td>
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<td>8</td>
<td>(i)</td>
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<tr>
<td>9</td>
<td>(i)</td>
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<tr>
<td>10</td>
<td>(i)</td>
<td>(ii)</td>
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<td>(iv)</td>
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</tr>
<tr>
<td>11</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
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</tr>
<tr>
<td>12</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td></td>
</tr>
</tbody>
</table>
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.
### Noncash Contributions

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

#### Attach to Form 990.

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

**SCHEDULE M**

**Type of Property**

<table>
<thead>
<tr>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art - Works of art...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7 Boats and planes...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities - Publicly traded...</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10 Securities - Closely held stock</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11 Securities - Partnership, LLC, or trust interests...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities - Miscellaneous...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution - Historic structures...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution - Other...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate - Residential...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate - Commercial...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate - Other...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory...</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>20 Drugs and medical supplies...</td>
<td></td>
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<tr>
<td>21 Taxidermy...</td>
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<tr>
<td>22 Historical artifacts...</td>
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<td></td>
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<tr>
<td>23 Scientific specimens...</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other ▶ (___________)...</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>26 Other ▶ (___________)...</td>
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<tr>
<td>27 Other ▶ (___________)...</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>28 Other ▶ (___________)...</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement.

29

#### 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 

- [ ] Yes
- [X] No

#### b If "Yes," describe the arrangement in Part II.

#### 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 

- [ ] Yes
- [X] No

#### 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 

- [ ] Yes
- [X] No

#### b If "Yes," describe in Part II.

#### 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
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.
FORM 990, PART VI, SECTION B, LINE 11B
THE COMMUNITY FOUNDATION'S FORM 990 IS PREPARED BY AN INDEPENDENT CPA
FIRM AND REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE PRESIDENT & CEO
WHO SUGGEST NECESSARY REVISIONS. THE FORM 990, WITH NAMES REDACTED FROM
SCHEDULE B TO HONOR THE WISHES OF ANONYMOUS DONORS, IS SUBSEQUENTLY
DISTRIBUTED TO THE FOUNDATION'S AUDIT COMMITTEE FOR FURTHER REVIEW AND
APPROVAL. IT IS THEN DISTRIBUTED TO ALL TRUSTEES PRIOR TO BEING FILED
WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C
THE COMMUNITY FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH
HAS BEEN APPROVED BY THE BOARD AND REQUIRES ALL EMPLOYEES, OFFICERS,
TRUSTEES AND VOLUNTEERS TO COMPLETE AND SIGN A CONFLICT OF INTEREST
DISCLOSURE FORM ANNUALLY. ALL COMPLETED FORMS ARE REVIEWED BY THE
PRESIDENT & CEO FOR ACCURACY AND REASONABLENESS. THE PRESIDENT & CEO
RETAINS A SUMMARY OF FINDINGS. ALL EMPLOYEES, OFFICERS, TRUSTEES AND
VOLUNTEERS ARE REQUIRED TO DISCLOSE ANY ADDITIONAL CONFLICTS WHICH ARISE
DURING THE YEAR AND A WRITTEN RECORD OF ANY SUCH CHANGES ARE ADDED TO THE
ACTIVE FILE. IDENTIFIED CONFLICTS ARE NOTED AT ALL MEETINGS OF THE BOARD
AND ITS COMMITTEES AS WELL AS IN THE MINUTES. ANY OFFICER, TRUSTEE, STAFF
MEMBER, OR VOLUNTEER WITH A CONFLICT LEAVES THE ROOM FOR THE DURATION OF
THE RELEVANT DISCUSSION AND RECUSES HIM/HERSELF FROM ANY VOTE IN WHICH
THEY HAVE A CONFLICT OF INTEREST; IN ACCORDANCE WITH THE CONFLICT OF
INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15A-B


FORM 990, PART VI, SECTION C, LINE 19

THE COMMUNITY FOUNDATION MAKES ITS CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS, AND IRS FORM 990 AVAILABLE TO THE PUBLIC VIA ITS
WEBSITE AND UPON REQUEST. ITS GOVERNING DOCUMENTS AND FORM 1023 ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART III, LINE 4A

GRANTS: THE COMMUNITY FOUNDATION IS AN ACTIVE GRANTMAKER THROUGH TWO COMPETITIVE GRANT PROGRAMS (GREATER MERCER GRANTS AND THE FUND FOR WOMEN & GIRLS) AND GRANTMAKING FROM DONOR-ADVISED, DESIGNATED, NONPROFIT, AND FIELD-OF-INTEREST FUNDS. ITS PRIMARY FOCUS IS CENTRAL NEW JERSEY, BUT GRANTS FROM DONOR-ADVISED FUNDS ARE MADE REGIONALLY AND NATIONALLY AS WELL. COMPETITIVE GRANTS ADDRESS THE NEEDS OF LOW-INCOME PEOPLE IN GREATER MERCER COUNTY, PROVIDE OPERATING SUPPORT FOR NONPROFITS WORKING WITH LOW-INCOME PEOPLE, AND PROVIDE SUPPORT FOR WORK TO BUILD THE SOCIAL CAPITAL OF THE REGION. IN 2015 THE BOARD DEFINED SOCIAL CAPITAL AS BUILDING COMMUNITIES. THE COMMUNITY FOUNDATION'S GRANTMAKING TOUCHES MANY PROGRAMMATIC AREAS INCLUDING EDUCATION, BASIC SERVICES, HEALTH, ARTS & CULTURE, HOUSING, THE ENVIRONMENT, HISTORIC PRESERVATION, CIVIL RIGHTS, 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 POSITIONED ITSELF AS A RESOURCE TO THE REGION AND REGULARLY RESPOND TO REQUESTS FOR INFORMATION AND GUIDANCE. THE COMMUNITY FOUNDATION PARTNERS WITH OTHER ORGANIZATIONS SUCH AS THE
COUNCIL OF NJ GRANTMAKERS, THE GIFT PLANNING COUNCIL OF NEW JERSEY, CENTER FOR NONPROFITS, AND THE SUPPORT CENTER PARTNERSHIP IN PHILANTHROPY TO EXPAND ITS EDUCATIONAL OFFERINGS. OUTSIDE GROUPS CONDUCT RELATED WORKSHOPS ON ITS PREMISES. STAFF ARE AVAILABLE TO CONSULT WITH DONORS, NONPROFITS, PROFESSIONAL ADVISORS, AND COMMUNITY LEADERS ON ISSUES RELATED TO GIFTS, GRANTS, PARTNERSHIPS AND COLLABORATIONS, AND EFFECTIVE PHILANTHROPY AND NONPROFIT MANAGEMENT. IT SHARES ITS EXPERTISE WIDELY AS IT WORKS TO MEET ITS MISSION TO "PROMOTE PHILANTHROPY TO ADVANCE THE WELL-BEING OF OUR COMMUNITIES FOREVER." THE COMMUNITY FOUNDATION INCLUDES MANY SCHOLARSHIP FUNDS. IT GRANTS SCHOLARSHIPS AND AWARDS THROUGH COMPETITIVE PROCESSES TO SUPPORT COLLEGE STUDY AND TO HONOR ACHIEVEMENT IN THE ARTS, MUSIC, AND COMMUNITY SERVICE.

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Revenue</th>
<th>(C) Unrelated Business Rev.</th>
<th>(D) Excluded Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTEREST AND DIVIDEND INCOME</td>
<td>1,764,951.</td>
<td>143,637.</td>
<td>1,621,314.</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,764,951.</td>
<td>143,637.</td>
<td>1,621,314.</td>
<td></td>
</tr>
</tbody>
</table>

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUNCHEON</td>
<td>4,900.</td>
</tr>
<tr>
<td>DINNER</td>
<td>2,558.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7,458.</td>
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</tbody>
</table>
**FORM 990, PART VIII - FUNDRAISING EVENTS**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>GROSS INCOME</th>
<th>DIRECT EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUNCHEON</td>
<td>4,895</td>
<td>4,895</td>
</tr>
<tr>
<td>DINNER</td>
<td>4,583</td>
<td>4,583</td>
</tr>
<tr>
<td>TOTALS</td>
<td>9,478</td>
<td>9,478</td>
</tr>
</tbody>
</table>

**FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEGINNING BOOK VALUE</th>
<th>ENDING BOOK VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPAID EXPENSES</td>
<td>31,512</td>
<td>37,566</td>
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<tr>
<td>TOTALS</td>
<td>31,512</td>
<td>37,566</td>
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</tbody>
</table>

**FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEGINNING BOOK VALUE</th>
<th>ENDING BOOK VALUE</th>
<th>COST OR FMV</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOMESTIC EQUITY</td>
<td>26,219,205</td>
<td>38,183,151</td>
<td>FMV</td>
</tr>
<tr>
<td>MUTUAL FUNDS - FIXED ASSETS</td>
<td>10,092,271</td>
<td>9,995,157</td>
<td>FMV</td>
</tr>
<tr>
<td>TOTALS</td>
<td>36,311,476</td>
<td>48,178,308</td>
<td></td>
</tr>
</tbody>
</table>

Public Disclosure
### FORM 990, PART X - DEFERRED REVENUE

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEGINNING BOOK VALUE</th>
<th>ENDING BOOK VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEFERRED REVENUE</td>
<td>21,864.</td>
<td>10,216.</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>21,864.</td>
<td>10,216.</td>
</tr>
</tbody>
</table>