

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2019****Open to Public  
Inspection****A** For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

15 PRINCESS ROAD

Room/suite

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

LAWRENCEVILLE, NJ 08648

**F** Name and address of principal officer:

JEFFREY VEGA

15 PRINCESS ROAD, LAWRENCEVILLE, NJ 08648

**D** Employer identification number

52-1746234

**E** Telephone number

(609) 219-1800

**G** Gross receipts \$ 27,783,651.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.PACF.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1991 **M** State of legal domicile: NJ**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	23.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23.		
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	17.		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	61.		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-236,222.		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-236,222.			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	19,835,641.	<b>Current Year</b>	16,991,618.
	<b>9</b> Program service revenue (Part VIII, line 2g)		0.		0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,132,802.		2,919,880.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		225,732.		312,705.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,194,175.		20,224,203.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,937,807.		16,698,622.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,390,775.		1,674,529.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 748,683.				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		648,105.		585,119.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,976,687.		18,958,270.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		1,217,488.		1,265,933.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	170,321,095.	<b>End of Year</b>	199,474,737.
	<b>21</b> Total liabilities (Part X, line 26)		39,170,540.		43,661,999.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.		131,150,555.		155,812,738.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRAD CARUSO	BRAD CARUSO	11/12/2020		P01249134
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092			
	Firm's address ▶ ONE TOWER CENTER BLVD 14TH FL EAST BRUNSWICK, NJ 08816	Phone no. 732-828-1614			
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐ ☒ **X****1** Briefly describe the organization's mission:

THE COMMUNITY FOUNDATION PROMOTES PHILANTHROPY TO ADVANCE THE  
WELL-BEING OF OUR COMMUNITIES. THE COMMUNITY FOUNDATION HAS A NEW  
GRANT PROGRAM, ALL KIDS THRIVE, WHICH ADDRESSES YOUTH CHRONICALLY  
ABSENT FROM SCHOOL.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 17,535,857. including grants of \$ 16,698,622. ) (Revenue \$ )

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

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 17,535,857.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> 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. . . . .		<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> 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. . . . .		<input checked="" type="checkbox"/>
<b>5</b> 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. . . . .		<input checked="" type="checkbox"/>
<b>6</b> 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. . . . .	<input checked="" type="checkbox"/>	
<b>7</b> 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. . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .		<input checked="" type="checkbox"/>
<b>9</b> 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. . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. . . . .	<input checked="" type="checkbox"/>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	<input checked="" type="checkbox"/>	
<b>b</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. . . . .	<input checked="" type="checkbox"/>	
<b>c</b> 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. . . . .		<input checked="" type="checkbox"/>
<b>d</b> 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. . . . .		<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	<input checked="" type="checkbox"/>	
<b>f</b> 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. . . . .	<input checked="" type="checkbox"/>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	<input checked="" type="checkbox"/>	
<b>b</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. . . . .		<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		<input checked="" type="checkbox"/>
<b>b</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. . . . .		<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. . . . .	<input checked="" type="checkbox"/>	
<b>16</b> 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. . . . .	<input checked="" type="checkbox"/>	
<b>17</b> 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). . . . .		<input checked="" type="checkbox"/>
<b>18</b> 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. . . . .	<input checked="" type="checkbox"/>	
<b>19</b> 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. . . . .		<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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. . . . .	<input checked="" type="checkbox"/>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J. . . . .</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II. . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I. . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	18	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

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

	Yes	No
<b>2a</b> 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. <b>2a</b> 17		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>	
<b>4a</b> 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)? . .	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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? . . . . .	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	X
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 . . . . . <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	23			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .		23		
<b>2</b> 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? . . . . .				X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . .				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .				X
<b>6</b> Did the organization have members or stockholders? . . . . .				X
<b>7a</b> 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? . . . . .				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? . . . . .			X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .			X	
<b>9</b> 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 "Yes," provide the names and addresses on Schedule O. . . . .				X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b> If "Yes," 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? . . .		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b> If "Yes," 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? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► NJ, PA,

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 JEFFREY VEGA 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648 609-219-1800

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY VEGA PRESIDENT & CEO	40.00 0.			X				258,404.	0.	32,908.
(2) LAURA LONGMAN CFO	40.00 0.			X				183,380.	0.	20,674.
(3) NELIDA VALENTIN VP OF GRANTS AND PROGRAMS	40.00 0.					X		133,349.	0.	21,211.
(4) MARCIA SHACKELFORD CHIEF PHILANTHROPY OFFICER	40.00 0.					X		131,764.	0.	11,122.
(5) ANTHONY J. CIMINO CHAIR - TRUSTEE	5.00 0.	X		X				0.	0.	0.
(6) MEREDITH C. MOORE VICE CHAIR - TRUSTEE	5.00 0.	X		X				0.	0.	0.
(7) CAROLYN P. SANDERSON, CFP VICE CHAIR - TRUSTEE	5.00 0.	X		X				0.	0.	0.
(8) MARGUERITE L. MOUNT, CPA, CGMA TREASURER - TRUSTEE	5.00 0.	X		X				0.	0.	0.
(9) ANDREW LIEU, CFP SECRETARY - TRUSTEE	5.00 0.	X		X				0.	0.	0.
(10) ANDREW K. GOLDEN, CFA TRUSTEE	3.00 0.	X						0.	0.	0.
(11) ELEANOR V. HORNE TRUSTEE	1.00 0.	X						0.	0.	0.
(12) WILLIAM P. BURKS, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(13) THOMAS P. WEIDNER, ESQ. TRUSTEE	1.00 0.	X						0.	0.	0.
(14) ANA BERDECIA TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) WILLIAM HARLA TRUSTEE	1.00 0.	X						0.	0.	0.
( 16 ) JOHN HATCH, FAIA, LEED AP TRUSTEE	1.00 0.	X						0.	0.	0.
( 17 ) ELIZABETH MCNEILLY, CFP TRUSTEE	1.00 0.	X						0.	0.	0.
( 18 ) JAMIE KYTE SAPOCH TRUSTEE	1.00 0.	X						0.	0.	0.
( 19 ) CALVIN B. THOMAS, JR. TRUSTEE	1.00 0.	X						0.	0.	0.
( 20 ) MICHAEL H. ULLMANN TRUSTEE	1.00 0.	X						0.	0.	0.
( 21 ) VERNON BRAMBLE, MBA, CAE TRUSTEE	1.00 0.	X						0.	0.	0.
( 22 ) SHAWN W. ELLSWORTH TRUSTEE	1.00 0.	X						0.	0.	0.
( 23 ) JUSTINA NIXON-SAINTIL TRUSTEE	1.00 0.	X						0.	0.	0.
( 24 ) RAKIA REYNOLDS TRUSTEE	1.00 0.	X						0.	0.	0.
( 25 ) ANNE M. VANLENT TRUSTEE	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								706,897.	0.	85,915.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								706,897.	0.	85,915.

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

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) NICOLE BRONZAN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 27 ) BERNARD FLYNN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
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<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

- 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* . . . . .
- 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* . . . . .
- 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* . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	3,873.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	16,987,745.			
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 5,678,812.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		16,991,618.			
	<b>Program Service Revenue</b>				Business Code		
<b>2a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		0.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .		1,755,222.		-236,222.	1,991,444.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0.			
	<b>5</b>	Royalties . . . . .		0.			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>				
	<b>b</b>	Less: rental expenses . . . . .	<b>6b</b>				
	<b>c</b>	Rental income or (loss) . . . . .	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) . . . . .		0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .		(i) Securities	(ii) Other		
	<b>7a</b>	8,712,829.					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	7,548,171.			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	1,164,658.			
	<b>d</b>	Net gain or (loss) . . . . .		1,164,658.			1,164,658.
	<b>8a</b>	Gross income from fundraising events (not including \$ 3,873. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	11,277.			
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	11,277.			
	<b>c</b>	Net income or (loss) from fundraising events. . . . .		0.			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	0.			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	0.				
<b>c</b>	Net income or (loss) from gaming activities. . . . .		0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	0.				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	0.				
<b>c</b>	Net income or (loss) from sales of inventory. . . . .		0.				
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>	ADMINISTRATIVE FEES		900099	247,705.	247,705.	
	<b>b</b>	OTHER REVENUE		900099	65,000.	65,000.	
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		312,705.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			20,224,203.	312,705.	-236,222.	3,156,102.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	16,484,292.	16,484,292.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	214,330.	214,330.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	432,443.	159,422.	117,174.	155,847.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	981,445.	361,772.	266,005.	353,668.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	55,214.	20,387.	14,903.	19,924.
<b>9</b> Other employee benefits . . . . .	105,272.	38,870.	28,415.	37,987.
<b>10</b> Payroll taxes . . . . .	100,155.	36,981.	27,034.	36,140.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	0.			
<b>c</b> Accounting . . . . .	0.			
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0.			
<b>f</b> Investment management fees . . . . .	3,993.		3,993.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	147,137.	59,260.	87,877.	
<b>12</b> Advertising and promotion . . . . .	107,219.	24,971.	40,904.	41,344.
<b>13</b> Office expenses . . . . .	80,311.	43,568.	20,645.	16,098.
<b>14</b> Information technology . . . . .	97,561.	36,023.	26,334.	35,204.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	109,063.	39,828.	30,312.	38,923.
<b>17</b> Travel . . . . .	11,650.	5,027.	2,834.	3,789.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	10,470.	3,866.	2,826.	3,778.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,237.	1,195.	874.	1,168.
<b>23</b> Insurance . . . . .	14,478.	6,065.	3,600.	4,813.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	18,958,270.	17,535,857.	673,730.	748,683.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☒ X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	17,880.	<b>1</b>	16,633.
	<b>2</b> Savings and temporary cash investments. . . . .	25,471,146.	<b>2</b>	28,646,938.
	<b>3</b> Pledges and grants receivable, net . . . . .	3,251,481.	<b>3</b>	428,852.
	<b>4</b> Accounts receivable, net. . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . . <b>ATCH .1</b>	48,897.	<b>9</b>	73,974.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . <b>10a</b>	164,962.		
	<b>b</b> Less: accumulated depreciation. . . . . <b>10b</b>	137,150.		
		6,811.	<b>10c</b>	27,812.
	<b>11</b> Investments - publicly traded securities. . . . . <b>ATCH .2</b>	42,343,353.	<b>11</b>	45,353,299.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	98,947,584.	<b>12</b>	124,651,139.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	233,943.	<b>15</b>	276,090.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	170,321,095.	<b>16</b>	199,474,737.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	83,235.	<b>17</b>	90,213.
	<b>18</b> Grants payable . . . . .	6,123,335.	<b>18</b>	2,464,406.
	<b>19</b> Deferred revenue. . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	32,963,970.	<b>25</b>	41,107,380.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	39,170,540.	<b>26</b>	43,661,999.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> X <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	129,936,432.	<b>27</b>	154,917,922.
	<b>28</b> Net assets with donor restrictions. . . . .	1,214,123.	<b>28</b>	894,816.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	131,150,555.	<b>32</b>	155,812,738.
	<b>33</b> Total liabilities and net assets/fund balances. . . . .	170,321,095.	<b>33</b>	199,474,737.

Form **990** (2019)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	20,224,203.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	18,958,270.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	1,265,933.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	131,150,555.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	23,353,803.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	42,447.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	155,812,738.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> 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? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .		

Form **990** (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection****Name of the organization**

PRINCETON AREA COMMUNITY FOUNDATION INC.

**Employer identification number**

52-1746234

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . 

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	26,475,954.	27,609,432.	33,824,088.	19,835,641.	16,991,618.	124,736,733.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	26,475,954.	27,609,432.	33,824,088.	19,835,641.	16,991,618.	124,736,733.
<b>5</b> 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). . . . .						48,933,547.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						75,803,186.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	26,475,954.	27,609,432.	33,824,088.	19,835,641.	16,991,618.	124,736,733.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,578,435.	1,180,936.	1,764,951.	2,104,557.	1,755,222.	10,384,101.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	11,345.	7,395.	10,683.	225,732.	312,705.	567,860.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						135,688,694.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	55.87 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	58.40 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ☐

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> 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.			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

  

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014 . . . . .			
b	From 2015 . . . . .			
c	From 2016 . . . . .			
d	From 2017 . . . . .			
e	From 2018 . . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015 . . . .			
b	Excess from 2016 . . . .			
c	Excess from 2017 . . . .			
d	Excess from 2018 . . . .			
e	Excess from 2019 . . . .			

Schedule A (Form 990 or 990-EZ) 2019

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS REVENUE	11,345.	7,395.	10,683.	225,732.	312,705.	567,860.
TOTALS	<u>11,345.</u>	<u>7,395.</u>	<u>10,683.</u>	<u>225,732.</u>	<u>312,705.</u>	<u>567,860.</u>

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

9E1251 1.000

Name of organization **PRINCETON AREA COMMUNITY FOUNDATION INC.**Employer identification number  
52-1746234**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,533,812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,313,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 510,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,799,823.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,455,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **PRINCETON AREA COMMUNITY FOUNDATION INC.**Employer identification number  
52-1746234**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 996,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 384,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 3,187,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	7,845 SHARES OF GOLDMAN SACHS.	\$ 1,799,823.	12/24/2019
7	4,235 SHARES OF EDWARD LIFE SCIENCES.	\$ 996,665.	12/26/2019
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	231.	197.
2 Aggregate value of contributions to (during year) . . . . .	14,973,674.	5,155,940.
3 Aggregate value of grants from (during year) . . . . .	14,080,336.	5,595,231.
4 Aggregate value at end of year . . . . .	105,578,803.	87,015,360.
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? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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 ☐ 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 ☐ 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 FASB 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 FASB 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 FASB 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.

Schedule D (Form 990) 2019

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange program  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . ☐

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	38,770,702.	44,361,653.	39,931,124.	37,386,642.	39,176,339.
<b>b</b> Contributions . . . . .	319,171.	64,847.	214,467.	717,196.	112,713.
<b>c</b> Net investment earnings, gains, and losses . . . . .	8,729,704.	-1,988,779.	6,090,920.	3,665,753.	156,673.
<b>d</b> Grants or scholarships . . . . .	866,818.	2,947,919.	962,600.	626,786.	1,364,450.
<b>e</b> Other expenditures for facilities and programs . . . . .	738,125.	719,100.	912,258.	1,211,681.	694,633.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	46,214,634.	38,770,702.	44,361,653.	39,931,124.	37,386,642.

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

**a** Board designated or quasi-endowment ☒ 100.0000 %

**b** Permanent endowment ☐ %

**c** Term endowment ☐ %

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

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

**(i)** Unrelated organizations . . . . . 

Yes	No
<b>3a(i)</b>	X

**(ii)** Related organizations . . . . . 

Yes	No
<b>3a(ii)</b>	X

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

Yes	No
<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		63,318.	63,318.	
<b>d</b> Equipment . . . . .		101,644.	73,832.	27,812.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				27,812.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .	27,013.	ATTACHMENT 1
(3) Other		
(A) ALTERNATIVE - MULTI-STRATEGY	40,882,206.	FMV
(B) ALTERNATIVE - L/S STRATEGY	4,884,393.	FMV
(C) ALTERNATIVE - EQUITY FUNDS	49,722,333.	FMV
(D) ALTERNATIVE - REAL ASSETS	5,209,304.	FMV
(E) ALTERNATIVE - NAV INVESTMENTS	23,925,890.	FMV
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	124,651,139.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	41,107,380.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	41,107,380.

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

**Part 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	43,627,737.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	23,353,803.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	53,724.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	23,407,527.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	20,220,210.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	3,993.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	3,993.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	20,224,203.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	18,965,554.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	11,277.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	11,277.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	18,954,277.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	3,993.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	3,993.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	18,958,270.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

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

SCHEDULE D, PART X, LINE 2

THE COMMUNITY FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR FEDERAL OR STATE INCOME TAXES. HOWEVER, REVENUE EARNED ON ACTIVITIES WHICH ARE UNRELATED TO THE COMMUNITY FOUNDATION'S EXEMPT PURPOSE IS TAXABLE. THE COMMUNITY FOUNDATION'S UNRELATED BUSINESS INCOME IS GENERATED FROM INVESTMENT INCOME FROM CERTAIN OF ITS INVESTMENTS IN ALTERNATIVE ASSETS. THE COMMUNITY FOUNDATION HAD NO INCOME TAXES ASSESSED FOR THE YEARS ENDING DECEMBER 31, 2019 AND 2018.

THE COMMUNITY FOUNDATION FOLLOWS THE PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND THERE WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2019 AND 2018. IN ADDITION, NO INCOME TAX RELATED PENALTIES OR INTEREST HAVE BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018.

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT \$42,147; GRANT REFUNDS \$300;

SPECIAL EVENTS EXPENSE \$11,277; FOR A TOTAL OF \$53,724.

SCHEDULE D, PART XII, LINE 2D

SPECIAL EVENTS EXPENSE OF \$11,277.

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

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
PRIVATELY HELD STOCK	27,013.	FMV
TOTALS	<u>27,013.</u>	



**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		23,925,890.
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .					23,925,890.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					23,925,890.

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

Schedule F (Form 990) 2019

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ **Yes** ☐ **No**
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ **Yes** ☒ **No**
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☒ **Yes** ☐ **No**
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☐ **Yes** ☒ **No**
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ **Yes** ☒ **No**
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . . ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2019

**Part V** Supplemental Information

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

SCHEDULE F, PART I, LINE 1

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

SCHEDULE F, PART I, LINE 2

ALL FOREIGN GRANTS MADE BY THE COMMUNITY FOUNDATION ARE PAID THROUGH ORGANIZATIONS BASED IN THE UNITED STATES WITH 501(C)(3) TAX-EXEMPT STATUS AND FORWARDED TO FOREIGN GRANTEES. ALL MONITORING OF GRANTS AND DUE DILIGENCE AFTER THE GRANT IS MADE IS ADMINISTERED BY THE GRANTEE ORGANIZATION BASED IN THE UNITED STATES. SCHOLARSHIPS MADE TO FOREIGN EDUCATIONAL INSTITUTIONS IN SUPPORT OF SCHOLARSHIP RECIPIENTS ARE MONITORED EACH YEAR TO DETERMINE THAT RECIPIENTS ARE ENROLLED AND MAINTAIN COMPLIANCE WITH SCHOLARSHIP GUIDELINES.

**SCHEDULE G**  
**(Form 990 or 990-EZ)****Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**Department of the Treasury  
Internal Revenue Service

▶ 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.**Open to Public  
Inspection**

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No****b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DINNER (event type)	LUNCHEON (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	7,900.	7,250.		15,150.
	2 Less: Contributions . . . . .	1,378.	2,495.		3,873.
	3 Gross income (line 1 minus line 2) . . . . .	6,522.	4,755.		11,277.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	6,522.	4,755.		11,277.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				11,277.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

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

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



**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 1883 BLACK ICE HOCKEY ASSOCIATION 65 REGIONAL DRIVE CONCORD, NH 03301	27-3741939	501(C)(3)	20,000.				GENERAL OPERATING SU
(2) LHOOD MEDIA ACADEMY 460 MELWOOD AVENIE - SUITE 207	81-3871444	501(C)(3)	10,000.				GENERAL OPERATING SU
(3) 30 AMP CIRCUIT 20 MARY WATERSFORD ROAD	82-5295763	501(C)(3)	40,000.				GENERAL OPERATING SU
(4) 826 NEW ORLEANS 1750 ST. BERNARD AVENUE	47-2743923	501(C)(3)	10,000.				GENERAL OPERATING SU
(5) ACKERMAN INSTITUTE FOR THE FAMILY 936 BROADWAY - 2ND FLOOR NEW YORK, NY 10010	13-1923959	501(C)(3)	25,000.				GENERAL OPERATING SU
(6) AFAR A FUTURE AFTER REHAB 59 CHESTNUT HILL LANE COLUMBUS, NJ 08022	81-2847694	501(C)(3)	50,000.				GENERAL OPERATING SU
(7) AFRICAN SERVICES COMMITTEE INC. 429 WEST 127TH STREET NEW YORK, NY 10027	13-3749744	501(C)(3)	20,000.				GENERAL OPERATING SU
(8) ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD PHILADELPHIA, PA 19141	23-1396794	501(C)(3)	7,500.				STAFF SITE VISIT TO
(9) ALLIED ARTS FOUNDATION 3518 FREMONT AVE N #521 SEATTLE, WA 98103	91-0829974	501(C)(3)	10,000.				GENERAL SUPPORT
(10) ALTERNATE ROOTS INC. 1270 CAROLINE STREET ATLANTA, GA 30307	58-1318198	501(C)(3)	25,000.				GENERAL OPERATING SU
(11) AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF 1200 NEW YORK AVE NW WASHINGTON, DC 20005	53-0196568	503(C)(3)	18,000.				EPI CENTER
(12) AMERICAN CAMP ASSOCIATION 5000 STATE ROAD 67 NORTH	53-0196568	501(C)(3)	7,000.				HELEN HOLT FUND

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CIVIL LIBERTIES UNION FOUNDATION N 125 BROAD STREET, 18TH FLOOR	35-0962419	501(C)(3)	6,800.				COPPERCREEK FUND
(2) AMERICAN CIVIL LIBERTIES UNION OF NEW JERSE POST OFFICE BOX 32159 NEWARK, NJ 07102	13-6213516	501(C)(3)	10,750.				GENERAL SUPPORT
(3) AMERICAN RED CROSS OF CENTRAL NEW JERSEY 707 ALEXANDER ROAD, SUITE 101	13-6213516	501(C)(3)	49,960.				GENERAL SUPPORT
(4) AMERICAN REPERTORY BALLET/PRINCETON BALLET 80 ALBANY STREET, FLOOR 2	13-6213516	501(C)(3)	52,400.				GENERAL SUPPORT
(5) ANDREW MCDONOUGH B POSITIVE FOUNDATION 101 ROCKLAND CIRCLE WILMINGTON, DE 19803	13-6213516	501(C)(3)	10,000.				GENERAL SUPPORT
(6) ARIZONA STATE UNIVERSITY FOUNDATION FOR A N PO BOX 2260 TEMPE, AZ 85280	13-6213516	501(C)(3)	10,000.				WALTER CRONKITE SCH
(7) ARM IN ARM 123 E HANOVER STREET TRENTON, NJ 08608	13-6213516	501(C)(3)	205,200.				GENERAL SUPPORT
(8) ARTS COUNCIL OF PRINCETON 102 WITHERSPOON STREET PRINCETON, NJ 08542	13-6213516	501(C)(3)	7,400.				ARTS
(9) ARTWORKS TRENTON INC 19 EVERETT ALLEY TRENTON, NJ 08611	13-6213516	501(C)(3)	25,500.				OPERATING SUPPORT
(10) ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FO 1 KAISER PLAZA - SUITE 850	13-6213516	501(C)(3)	25,000.				GENERAL SUPPORT
(11) ATLANTA REGIONAL COMMISSION 229 PEACHTREE STREET NE, SUITE 100	22-2010593	501(C)(3)	70,000.				GENERAL SUPPORT
(12) BANNER LAKE CLUB INC. 12212 SE LANTANA AVENUE	22-2010593	501(C)(3)	35,000.				GENERAL SUPPORT

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BAYARD RUSTIN CENTER FOR SOCIAL JUSTICE 21 WIGGINS STREET PRINCETON, NJ 08540	53-0196605	501(C)(19)	6,400.				GENERAL SUPPORT
<b>(2)</b> BEST BUDDIES NEW JERSEY 70 CHURCH STREET FLEMINGTON, NJ 08822	53-0196605	501(C)(3)	10,000.				GENERAL OPERATING SU
<b>(3)</b> BETTER BEGINNINGS DAY CARE CENTER OF HIGHTS 318 N MAIN STREET HIGHTSTOWN, NJ 08520	53-0196605	501(C)(3)	8,000.				GENERAL SUPPORT
<b>(4)</b> BETTER COMMUNITY HOUSING OF TRENTON, INC. 802 EAST STATE STREET TRENTON, NJ 08602	53-0196605	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(5)</b> BIG BROTHERS BIG SISTERS OF MERCER COUNTY 535 EAST FRANKLIN STREET TRENTON, NJ 08610	53-0196605	501(C)(3)	68,220.				GENERAL SUPPORT
<b>(6)</b> BLACK WOMEN'S AGENDA 5335 WISCONSIN AVENUE NW - SUITE 440	53-0196605	501(C)(3)	10,000.				STEM
<b>(7)</b> BONNIE BRAE SCHOOL FOR BOYS 3415 VALLEY ROAD	21-0732575	501(C)(3)	15,000.				GENERAL SUPPORT
<b>(8)</b> BOYS & GIRLS CLUBS OF TRENTON & MERCER COUN 212 CENTRE STREET TRENTON, NJ 08611	42-1741037	501(C)(3)	129,600.				GENERAL SUPPORT
<b>(9)</b> BREAKING GROUND HOUSING DEVELOPMENT FUND CO EXTERNAL AFFAIRS DEPT. NEW YORK, NY 10018	21-0726335	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(10)</b> BRIGHT BEGINNINGS INC 3640 MARTIN LUTHER KING JR AVENUE SE	21-0726335	501(C)(3)	15,000.				GENERAL SUPPORT
<b>(11)</b> CAMDEN AREA HEALTH EDUCATION CENTER 514 COOPER STREET CAMDEN, NJ 08102	22-3198464	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(12)</b> CAPE COD HEALTHCARE FOUNDATION POST OFFICE BOX 370 HYANNIS, MA 02601	22-3198464	501(C)(3)	10,000.				LIGHTKEEPERS PROGRAM

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<b>(1)</b> CAPITAL HEALTH SYSTEM FOUNDATION TWO CAPITAL WAY PENNINGTON, NJ 08534	22-3198464	501(C)(3)	10,100.				HOPEWELL CAMPUS
<b>(2)</b> CASA FOR CHILDREN OF MERCER & BURLINGTON CO 1450 PARKSIDE AVENUE - SUITE 22	22-3198464	501(C)(3)	47,500.				GENRAL SUPPORT
<b>(3)</b> CENTER FOR NON-PROFITS 3635 QUAKERBRIDGE ROAD - SUITE 35	22-3198464	501(C)(3)	25,000.				NONPROFIT ADVOCACY
<b>(4)</b> CENTERING HEALTH INSTITUTE INC. 89 SOUTH STREET - SUITE 404	22-3198464	501(C)(3)	7,500.				GENERAL SUPPORT
<b>(5)</b> CENTURION MINISTRIES 1000 HERRONTOWN ROAD PRINCETON, NJ 08540	22-3198464	501(C)(3)	28,875.				GENERAL SUPPORT
<b>(6)</b> CHAPIN SCHOOL, PRINCETON 4101 PRINCETON PIKE PRINCETON, NJ 08540	22-3198464	501(C)(3)	7,750.				GENERAL SUPPORT
<b>(7)</b> CHARLES WRIGHT ACADEMY 7723 CHAMBERS CREEK ROAD WEST	22-3198464	501(C)(3)	7,000.				GENERAL SUPPORT
<b>(8)</b> CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDAT PO BOX 781352 PHILADELPHIA, PA 19178-1352	22-3198464	501(C)(3)	7,600.				GENERAL SUPPORT
<b>(9)</b> CHILDREN'S INN AT NIH 7 WEST DRIVE BETHESDA, MD 20814-1509	22-3198464	501(C)(3)	13,500.				GENERAL SUPPORT
<b>(10)</b> CHOICEONE PREGNANCY & SEXUAL HEALTH RESOURC 1764 BRUNSWICK AVENUE	22-3198464	501(C)(3)	6,250.				HOLIDAY ASSISTANCE
<b>(11)</b> CHURCH AND COMMUNITY ABOLITION NETWORK PO BOX 393 HOPE, NJ 07844	22-3198464	501(C)(3)	9,375.				GENERAL SUPPORT
<b>(12)</b> CHURCH FARM SCHOOL 1001 E LINCOLN HIGHWAY EXTON, PA 19341	22-3198464	501(C)(3)	9,500.				GENERAL SUPPORT

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<b>(1)</b> CITY OF TULSA 175 E. 2ND STREET, SUITE 1405	22-3198464	501(C)(3)	7,500.				RWJF SITE VISIT
<b>(2)</b> CLEAN OCEAN ACTION INC. 49 AVENEL BOULEVARD LONG BRANCH, NJ 07740	22-3198464	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(3)</b> CLEVELAND CLINIC INDIAN RIVER FOUNDATION (F 1000 36TH STREET VERO BEACH, FL 32960	22-3198464	501(C)(3)	30,000.				GENERAL SUPPORT
<b>(4)</b> COLLEGE OF THE ATLANTIC 105 EDEN STREET BAR HARBOR, ME 04609	22-3198464	501(C)(3)	22,000.				CAMPAIGN PROJECT
<b>(5)</b> COMMUNITY FOOD BANK OF EASTERN OKLAHOMA INC 1304 NORTH KENOSHA AVENUE TULSA, OK 74106	22-3421254	501(C)(3)	7,500.				RWJF SITE VISIT
<b>(6)</b> COMMUNITY FOOD WAREHOUSE OF MERCER COUNTY 109 SOUTH SHARPSVILLE AVENUE - SUITE A	22-6108090	501(C)(3)	6,250.				FEED HOPE CAMPAIGN
<b>(7)</b> COMMUNITY LOAN FUND OF NEW JERSEY, INC. (DB 108 CHURCH STREET, 3RD FLOOR	22-6108090	501(C)(3)	48,400.				LEADERSHIP GRANT
<b>(8)</b> COMMUNITY SERVICE COUNCIL OF GREATER TULSA 16 EAST 16TH STREET, SUITE 202	22-6108090	501(C)(3)	7,500.				RWJF SITE VISIT
<b>(9)</b> CROSSOVER COMMUNITY IMPACT INCORPORATED 940 EAST 36TH STREET NORTH TULSA, OK 74106	22-6108090	501(C)(3)	7,500.				RWJF SITE VISIT
<b>(10)</b> D&R GREENWAY LAND TRUST ONE PRESERVATION PLACE PRINCETON, NJ 08540	22-6108090	501(C)(3)	71,000.				THE GREENWAY GALA
<b>(11)</b> DEFENDER MOBILITY 8679 26 MILE RD. WASHINGTON, MI 48094	22-6108090	501(C)(3)	8,555.				OVAT INITIATIVE
<b>(12)</b> DISCALCED INC. 3 LAFAYETTE AVENUE BROOKLYN, NY 11217	22-6108090	501(C)(3)	23,750.				OPERATING SUPPORT

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Schedule I (Form 990) (2019)

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PAGE 46

**SCHEDULE I  
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Internal Revenue Service**Grants and Other Assistance to Organizations,  
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<b>(1)</b> DOCTORS WITHOUT BORDERS 40 RECTOR STREET - 16TH FLOOR	22-6108090	501(C)(3)	43,050.				GENERAL SUPPORT
<b>(2)</b> DRESS FOR SUCCESS CENTRAL NJ-MERCER COUNTY 3131 PRINCETON PIKE, BUILDING 4, SUITE 209	22-6108090	501(C)(3)	9,300.				GENERAL SUPPORT
<b>(3)</b> EDEN AUTISM SERVICES INC. 2 MERWICK ROAD PRINCETON, NJ 08540	22-6108090	501(C)(3)	10,000.				CAPITAL PROJECT
<b>(4)</b> ELIJAH'S PROMISE 211 LIVINGSTON AVENUE	22-6108090	501(C)(3)	12,000.				GENERAL SUPPORT
<b>(5)</b> ELON UNIVERSITY JOHNSTON HALL 205A ELON, NC 27244	22-6108090	501(C)(3)	135,000.				GENERAL SUPPORT
<b>(6)</b> ENTERPRISE COMMUNITY PARTNERS INC 50 HURT PLAZA SUITE 649 ATLANTA, GA 30303	22-6108090	501(C)(3)	7,500.				GENERAL SUPPORT
<b>(7)</b> ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	22-6108090	501(C)(3)	14,550.				GENERAL SUPPORT
<b>(8)</b> EVERY CHILD VALUED 175 JOHNSON AVENUE LAWRENCEVILLE, NJ 08648	22-6108090	501(C)(3)	81,625.				RWJF LEARNING
<b>(9)</b> FAMILY & CHILDREN'S SERVICE INC. 650 S. PEORIA AVENUE TULSA, OK 74120	22-6108090	501(C)(3)	7,500.				GENERAL SUPPORT
<b>(10)</b> FELICIAN UNIVERSITY ONE FELICIAN WAY RUTHERFORD, NJ 07070	22-1803117	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(11)</b> FISHERMAN'S MARK 37 SOUTH MAIN STREET LAMBERTVILLE, NJ 08530	94-3030866	501(C)(3)	60,000.				GENERAL SUPPORT
<b>(12)</b> FOUNDATION ACADEMY CHARTER SCHOOL 363 WEST STATE STREET TRENTON, NJ 08618	59-1093236	501(C)(3)	15,000.				GENERAL/PROJECT SUPP

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(1) FOUNDATION FIGHTING BLINDNESS-NJ CHAPTER 7168 COLUMBIA GATEWAY DRIVE	59-1093236	501(C)(3)	35,000.				ALL KIDS THRIVE
(2) FOUNDATION FOR EDUCATIONAL ADMINISTRATION 12 CENTRE DRIVE MONROE TOWNSHIP, NJ 08831	82-4434634	501(C)(3)	75,000.				GENERAL SUPPORT
(3) FRANKLIN TOWNSHIP FOOD BANK 224 CHURCHILL AVENUE SOMERSET, NJ 08875	82-4434634	501(C)(3)	9,775.				GENERAL SUPPORT
(4) FREEDOM SKATE PARK - A NEW JERSEY NONPROFIT 264 JACKSON STREET TRENTON, NJ 08611	52-1614576	501(C)(3)	7,500.				GENERAL SUPPORT
(5) FRIENDS OF PRINCETON OPEN SPACE 57 MOUNTAIN AVENUE PRINCETON, NJ 08540	22-1989487	501(C)(3)	8,700.				GENERAL SUPPORT
(6) FRIENDS OF THE PRINCETON PUBLIC LIBRARY 65 WITHERSPOON STREET PRINCETON, NJ 08542	22-1989487	501(C)(3)	12,700.				GENERAL SUPPORT
(7) GEORGE STREET PLAYHOUSE 9 LIVINGSTON AVENUE	23-7229294	501(C)(3)	15,000.				GENERAL SUPPORT
(8) GEORGETOWN UNIVERSITY GIFT PROCESSING WASHINGTON, DC 20057-1252	06-1653897	501(C)(3)	10,000.				CLASS 1967
(9) GIRLS EDUCATIONAL AND MENTORING SERVICES IN 201 WEST 148TH STREET, GROUND FLOOR	06-1653897	501(C)(3)	25,000.				GENERAL SUPPORT
(10) GOLDEN SLIPPER CLUB CHARITIES 215 N. PRESIDENTIAL BLVD.	06-1653897	501(C)(3)	10,000.				GENERAL SUPPORT
(11) GOOD COUNSEL, INC. 411 SOUTH CLINTON STREET HOBOKEN, NJ 07030	06-1653897	501(C)(3)	10,000.				GENERAL SUPPORT
(12) GREATER NY FOUNDATION 1385 BROADWAY -23RD FLOOR	06-1653897	501(C)(3)	20,000.				GENERAL SUPPORT

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(1) GREATER PHILADELPHIA COALITION AGAINST HUNG 123 CHESTNUT STREET, SUITE 401	06-1653897	501(C)(3)	10,000.				ENDOWMENT
(2) GREATER TRENTON, INC. 124 WEST STATE STREET TRENTON, NJ 08608	65-0988321	501(C)(3)	50,000.				GENERAL SUPPORT
(3) GROUNDS FOR SCULPTURE 80 SCULPTORS WAY HAMILTON, NJ 08619	22-1500479	501(C)(3)	8,150.				GENERAL SUPPORT
(4) GROWING TOGETHER 18 S. LEWIS AVENUE - SUITE 200	65-0253002	501(C)(3)	7,500.				RWJF LEARNING
(5) HABITAT FOR HUMANITY INTERNATIONAL INC. TULSA HABITAT FOR HUMANITY TULSA, OK 74112	21-0634556	501(C)(3)	7,500.				GENERAL SUPPORT
(6) HABITAT FOR HUMANITY OF BURLINGTON AND MERC 530 ROUTE 38 EAST MAPLE SHADE, NJ 08052	21-0634556	501(C)(3)	51,350.				GENERAL SUPPORT
(7) HADPRE, INC. 490 WESTFIELD RD SUITE A	21-0634556	501(C)(3)	22,800.				GENERAL SUPPORT SUPPORT
(8) HAMILTON AREA YMCA 1315 WHITEHORSE-MERCERVILLE ROAD	21-0634556	501(C)(3)	10,000.				CENSUS INITIATIVE
(9) HEALING TOWERS INC. 2417 TONGASS - SUITE 111-355	21-0634556	501(C)(3)	5,600.				HONOR JON BURNS
(10) HENRY J. AUSTIN HEALTH CENTER, INC. 321 NORTH WARREN STREET TRENTON, NJ 08618	21-0634556	501(C)(3)	50,000.				RENOVATIONS
(11) HIGH FIVES FOUNDATION 10775 PIONEER TRAIL - SUITE 108	21-0634556	501(C)(3)	17,500.				SPONSOR PARTICIPANT
(12) HILL SCHOOL 717 EAST HIGH STREET	11-3048002	501(C)(3)	7,530.				GENERAL SUPPORT

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HISTORIC DISTRICT DEVELOPMENT CORPORATION 522 AUBURN AVENUE NE ATLANTA, GA 30312	13-3839293	501(C)(3)	25,000.				GENERAL SUPPORT
(2) HISTORIC MORVEN MUSEUM & GARDEN 55 STOCKTON STREET PRINCETON, NJ 08540-6912	52-1697917	501(C)(3)	68,150.				MORVEN IN MAY
(3) HITOPS 21 WIGGINS STREET PRINCETON, NJ 08540	30-0248523	501(C)(3)	186,050.				GENERAL SUPPORT
(4) HOLIDAY EXPRESS INC. 151 INDUSTRIAL WAY EAST BUILDING A SUITE A4	22-2358827	501(C)(3)	6,250.				GENERAL SUPPORT
(5) HOMEFRONT 1880 PRINCETON AVENUE	04-3475950	501(C)(3)	307,150.				GENERAL SUPPORT
(6) HOMES FOR OUR TROOPS INC 6 MAIN STREET TAUNTON, MA 02780	21-0662542	501(C)(3)	10,000.				GENERAL SUPPORT
(7) HOUSING PARTNERS OF TULSA INC. 415 E. INDEPENDENCE TULSA, OK 74106	22-2230681	501(C)(3)	7,500.				RWJF LEARNING
(8) HUMANE EDUCATION ADVOCATES REACHING TEACHER P.O. BOX 738 MAMARONECK, NY 10543	41-0694747	501(C)(3)	10,000.				GENERAL SUPPORT
(9) HUMANITY IN ACTION 41 FLATBUSH AVENUE, SUITE 203	22-3770968	501(C)(3)	10,000.				GENERAL SUPPORT
(10) HUN SCHOOL OF PRINCETON 176 EDGERSTOUNE ROAD PRINCETON, NJ 08540	22-3770968	501(C)(3)	18,000.				HUN FUND
(11) HUNTERDON LAND TRUST 111 MINE STREET FLEMINGTON, NJ 08822	22-3770968	501(C)(3)	15,750.				GENERAL SUPPORT
(12) INDEPENDENT SCHOOL DISTRICT 1, TULSA COUNTY MONROE DEMONSTRATION ACADEMY	22-3770968	501(C)(3)	7,500.				RWJF LEARNING

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Schedule I (Form 990) (2019)

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PAGE 50

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

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

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

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<b>(1)</b> INSTITUTE FOR ADVANCED STUDY 1 EINSTEIN DRIVE PRINCETON, NJ 08540	22-2427364	501(C)(3)	11,750.				GENERAL SUPPORT
<b>(2)</b> INTERFAITH CAREGIVERS OF GREATER MERCER COU 3635 QUAKERBRIDGE ROAD - SUITE 16	06-1622668	501(C)(3)	25,000.				NEIGHBORS HELPING NE
<b>(3)</b> ISLES, INC. 10 WOOD STREET TRENTON, NJ 08618	22-2563979	501(C)(3)	95,800.				PRESIDENT'S LEGACY F
<b>(4)</b> JAPANESE AMERICAN SERVICE COMMITTEE 4427 NORTH CLARK STREET CHICAGO, IL 60640	22-2563979	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(5)</b> JEWISH FAMILY & CHILDREN'S SERVICES OF GRE 707 ALEXANDER ROAD, SUITE 102	22-2563979	501(C)(3)	8,600.				GENERAL SUPPORT
<b>(6)</b> JOHN WITHERSPOON MIDDLE SCHOOL PTO 217 WALNUT LANE PRINCETON, NJ 08540	22-2563979	501(C)(3)	6,000.				ENVIRONMENTAL EDUCAT
<b>(7)</b> KABOOM INC 4301 CONNECTICUT AVE., NW - SUITE ML-1	22-2563979	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(8)</b> KAISER FOUNDATION HEALTH PLAN OF WASHINGTON 601 UNION STREET - SUITE 3100	22-2563979	501(C)(3)	25,000.				KPWA SUPPORT
<b>(9)</b> KENDALL WHITTIER MAIN STREET, INC. 2205 E. ADMIRAL BLVD. TULSA, OK 74110	22-2563979	501(C)(3)	7,500.				RWJF LEARNING
<b>(10)</b> KENDALL-WHITTIER ELEMENTARY SCHOOL 2601E. 5TH PLACE TULSA, OK 74104	22-2563979	501(C)(3)	7,500.				RWJF LEARNING
<b>(11)</b> KINDNESS CVILLE C/O BROOKS FAMILY YMCA	22-2563979	501(C)(3)	15,000.				GENERAL SUPPORT
<b>(12)</b> KONSCHIOUS YOUTH DEVELOPMENT & SERVICE 5 HILLVIEW DRIVE NEPTUNE, NJ 07753	22-2563979	501(C)(3)	30,000.				GENERAL SUPPORT

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Schedule I (Form 990) (2019)

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(1) LATIN AMERICAN LEGAL DEFENSE AND EDUCATIONA 714-716 S. CLINTON AVENUE TRENTON, NJ 08611	21-0688891	501(C)(3)	260,600.				PLANTING SEEDS
(2) LAWRENCEVILLE JOB-TRAINING PARTNERSHIP 2688 MAIN STREET LAWRENCEVILLE, NJ 08648	21-0688891	501(C)(3)	15,000.				COOKWELL PROGRAM
(3) LAWRENCEVILLE MAIN STREET 17 PHILLIPS AVENUE LAWRENCEVILLE, NJ 08648	91-0673111	501(C)(3)	6,500.				STIPEND
(4) LEAGUE OF WOMEN VOTERS EDUCATION FUND PO BOX 11036 LEWISTON, ME 04243-9405	23-2237932	501(C)(3)	5,600.				GENERAL SUPPORT
(5) LEGAL SERVICES OF NEW JERSEY 100 METROPLEX DRIVE - SUITE 402	23-2237932	501(C)(3)	5,100.				GENERAL SUPPORT
(6) LGBTQ VICTORY INSTITUTE INC. 12251 (EYE) ST. NW. - SUITE 525	52-1638207	501(C)(3)	10,000.				GENERAL SUPPORT
(7) LIVE EVERMORE, INC. 2101 L STREET, NW SUITE 800	22-2408766	501(C)(3)	40,000.				GENERAL SUPPORT
(8) LIVENGREN FOUNDATION 4833 HULMEVILLE ROAD BENSLEM, PA 19020	83-1582935	501(C)(3)	50,000.				WOMEN'S SOBER LIVING
(9) LOMI SCHOOL FOUNDATION AND PSYCHOTHERAPY CL ATTENTION: DIRECTOR OF DEVELOPMENT	23-1370498	501(C)(3)	10,000.				GENERAL SUPPORT
(10) LUPUS RESEARCH ALLIANCE INC. 275 MADISON AVENUE - 10TH FLOOR	23-1370498	501(C)(3)	25,000.				BENEFIT DINNER
(11) MANITOGA DESIGN CENTER 584 ROUTE NY-9D GARRISON, NY 10524	73-6005470	501(C)(3)	8,000.				GENERAL SUPPORT
(12) MARINE CORPS-LAW ENFORCEMENT FOUNDATION, IN 273 COLUMBUS AVENUE SUITE 10	22-2897204	501(C)(3)	7,900.				DIABETIC DOG EXP

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<b>(1)</b> MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	59-0760215	501(C)(3)	10,000.				SUPPORT CLASS OF 197
<b>(2)</b> MCCARTER THEATRE 91 UNIVERSITY PLACE PRINCETON, NJ 08540	59-0760215	501(C)(3)	70,300.				GENERAL SUPPORT
<b>(3)</b> MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638	59-0760215	501(C)(3)	54,550.				GENERAL SUPPORT
<b>(4)</b> MELANOMA RESEARCH ALLIANCE 1101 NEW YORK AVENUE, SUITE 620	23-7032625	501(C)(3)	47,500.				SOTHEBY'S EVENT
<b>(5)</b> MEMORIAL SLOAN KETTERING CANCER CENTER OFFICE OF DEVELOPMENT NEW YORK, NY 10065	23-7032625	501(C)(3)	7,450.				GENERAL SUPPORT
<b>(6)</b> MERCER COUNTY COMMUNITY COLLEGE FOUNDATION DEVELOPMENT OFFICE WEST WINDSOR, NJ 08550	23-7032625	501(C)(3)	28,200.				GENERAL SUPPORT
<b>(7)</b> MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	54-1610317	501(C)(3)	123,800.				GENERAL SUPPORT
<b>(8)</b> MERCER STREET FRIENDS FOOD BANK 151 MERCER STREET TRENTON, NJ 08611	73-1184980	501(C)(3)	51,300.				GENERAL SUPPORT
<b>(9)</b> MERLIN'S KIDS INC PO BOX 21 MIDLAND PARK, NJ 07432	25-1446242	501(C)(3)	15,000.				BE A HERO
<b>(10)</b> MET CARES FOUNDATION INC. 9521 S. RIVERSIDE DRIVE - SUITE B, #177	22-2872262	501(C)(3)	7,500.				RWJF LEARNING
<b>(11)</b> METROPOLITAN OPERA GUILD 70 LINCOLN CENTER PLAZA, 6TH FLOOR	73-0580282	501(C)(3)	10,850.				GENERAL SUPPORT
<b>(12)</b> MICHIGAN STATE UNIVERSITY FOUNDATION OFFICE OF UNIVERSITY DEVELOPMENT	61-1563684	501(C)(3)	100,200.				GENERAL SUPPORT

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<b>(1)</b> MIDDLESEX COUNTY COLLEGE FOUNDATION 2600 WOODBRIDGE AVENUE EDISON, NJ 08818	27-4648052	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(2)</b> MIDDLESEX COUNTY RECREATION COUNCIL KIDDIE 35 ROOSEVELT DRIVE EDISON, NJ 08837	22-3035836	501(C)(3)	7,500.				SITE VISIT DONATION
<b>(3)</b> MIGHTY WRITERS 1501 CHRISTIAN STREET	22-3035836	501(C)(3)	25,250.				GENERAL SUPPORT
<b>(4)</b> MILLHILL CHILD & FAMILY DEVELOPMENT CORPORA 101 OAKLAND STREET TRENTON, NJ 08618	22-3035836	501(C)(3)	73,025.				GENERAL SUPPORT
<b>(5)</b> MONTGOMERY TOWNSHIP HIGH SCHOOL 1016 ROUTE 601 SKILLMAN, NJ 08558-1799	22-3035836	501(C)(3)	7,200.				SCHOLARSHIPS
<b>(6)</b> MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, ATTENTION: THE DEATHERAGE GROUP	22-3035836	501(C)(3)	160,000.				MARTIN FAMILY FUND
<b>(7)</b> MORTON COMPREHENSIVE HEALTH SERVICES INC. 1334 NORTH LANSING AVENUE TULSA, OK 74106	22-3035836	501(C)(3)	7,500.				RWJF LEARNING
<b>(8)</b> MOUNT CARMEL GUILD 73 NORTH CLINTON AVENUE TRENTON, NJ 08609	22-3035836	501(C)(3)	14,000.				GENERAL SUPPORT
<b>(9)</b> NASSAU PRESBYTERIAN CHURCH 61 NASSAU STREET PRINCETON, NJ 08540	22-3035836	501(C)(3)	41,750.				GENERAL SUPPORT
<b>(10)</b> NATIONAL BLACK NURSES ASSOCIATION INC. 8630 FENTON STREET - SUITE 910	22-3035836	501(C)(3)	10,000.				MEMORIAL
<b>(11)</b> NATIONAL CENTER FOR CIVIL AND HUMAN RIGHTS 250 WILLIAMS STREET, SUITE 2322	22-3035836	501(C)(3)	7,500.				GENERAL SUPPORT
<b>(12)</b> NATIONAL COMMITTEE FOR QUALITY ASSURANCE (N 1100 13TH ST NW THIRD FLOOR	22-3035836	501(C)(3)	10,000.				NCQA QUALITY TALKS

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(1) NATIONAL FOUNDATION FOR THE CENTERS FOR DIS 600 PEACHTREE STREET, NE - SUITE 1000	22-3035836	501(C)(3)	7,500.				GENERAL SUPPORT
(2) NATIONAL HISPANIC CULTURAL CENTER FOUNDATIO 1701 4TH ST. SW SUITE 211	22-3035836	501(C)(3)	40,000.				SCHOLARSHIP ENDOWMEN
(3) NATIONAL JUNIOR TENNIS & LEARNING OF TRENTON 949 WEST STATE STREET TRENTON, NJ 08618	22-3035836	501(C)(3)	70,850.				GENERAL SUPPORT
(4) NATIONAL MEDICAL FELLOWSHIPS INC. 12 EAST 46TH STREET - SUITE 5E	22-3035836	501(C)(3)	50,000.				GENERAL SUPPORT
(5) NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE WATERGATE OFFICE BUILDING	22-3035836	501(C)(3)	10,100.				NY CHAMPIONS OF HEAL
(6) NEW AMERICA FOUNDATION 740 15 STREET NW - SUITE 900	22-3035836	501(C)(3)	20,000.				GENERAL SUPPORT
(7) NEW BRUNSWICK TOMORROW 390 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-3035836	501(C)(3)	6,750.				GENERAL SUPPORT
(8) NEW CITY KIDS INC 240 FAIRMOUNT AVENUE JERSEY CITY, NJ 07036	22-3035836	501(C)(3)	9,375.				CITY SAIL
(9) NEW JERSEY AGRICULTURAL SOCIETY FARMERS AGAINST HUNGER BORDENTOWN, NJ 08505	22-3035836	501(C)(3)	38,000.				OPERATING SUPPORT
(10) NEW JERSEY CONSERVATION FOUNDATION BAMBOO BROOK FAR HILLS, NJ 07931	22-3035836	501(C)(3)	2,621,700.				GENERAL SUPPORT
(11) NEW JERSEY GOALS OF CARE INC. P.O. BOX 3083 PRINCETON, NJ 08543	22-3035836	501(C)(3)	122,484.				GENERAL SUPPORT
(12) NEW JERSEY INSTITUTE FOR SOCIAL JUSTICE 60 PARK PLACE, SUITE 511 NEWARK, NJ 07102	22-3035836	501(C)(3)	25,000.				GENERAL SUPPORT

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(1) NEW JERSEY ORGAN AND TISSUE SHARING NETWORK 691 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	22-3035836	501(C)(3)	10,000.				GENERAL SUPPORT
(2) NEW JERSEY PERFORMING ARTS CENTER 1 CENTER STREET NEWARK, NJ 07102	47-4543354	501(C)(3)	116,000.				GENERAL SUPPORT
(3) NEW JERSEY STATE POLICEMEN'S BENEVOLENT ASS PO BOX 484 HOPEWELL, NJ 08525	13-3433452	501(C)(3)	10,000.				GENERAL SUPPORT
(4) NEW YORK FOUNDATION FOR THE ARTS 20 JAY STREET, 7TH FLOOR BROOKLYN, NY 11201	13-3433452	501(C)(3)	30,500.				GENERAL SUPPORT
(5) NJ SEEDS 494 BROAD STREET, SUITE 105	13-3433452	501(C)(3)	30,250.				GENERAL SUPPORT
(6) NONPROFITCONNECT 12 STOCKTON STREET PRINCETON, NJ 08540	13-3433452	501(C)(3)	68,050.				GENERAL SUPPORT
(7) NORTH LAWNDALE COLLEGE PREPARATORY CHARTER 1313 SOUTH SACRAMENTO CHICAGO, IL 60623	13-3433452	501(C)(3)	25,000.				GENERAL SUPPORT
(8) NORTHEAST ORGANIC FARMING ASSOCIATION NORTH SLOPE FARM LAMBERTVILLE, NJ 08530	13-3433452	501(C)(3)	20,200.				GENERAL SUPPORT
(9) NORTHFIELD MT. HERMON SCHOOL ONE LAMPLIGHTER WAY GILL, MA 01354	13-3433452	501(C)(3)	25,000.				ANNUAL FUND
(10) OCEAN TOWNSHIP UNITED SOCCER ASSOCIATION IN PO BOX 2144 OCEAN TOWNSHIP, NJ 07712	13-3433452	501(C)(3)	10,000.				GENERAL SUPPORT
(11) OLD BARRACKS ASSOCIATION 101 BARRACKS STREET TRENTON, NJ 08608	13-3433452	501(C)(3)	5,665.				ACCREDITATION AAM
(12) OPPORTUNITY INTERNATIONAL 550 WEST VAN BUREN STREET - SUITE 200	13-3433452	501(C)(3)	15,000.				GENERAL SUPPORT

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OMB No. 1545-0047

**2019****Open to Public  
Inspection**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> OXFAM AMERICA 226 CAUSEWAY STREET - 5TH FLOOR	13-3433452	501(C)(3)	6,200.				GENERAL SUPPORT
<b>(2)</b> PASSAGE THEATRE COMPANY P.O. BOX 967 TRENTON, NJ 08605-0967	13-3433452	501(C)(3)	55,400.				GENERAL SUPPORT
<b>(3)</b> PATRICK'S PALS INC PO BOX #942 WHITE HOUSE STATION, NJ 08889	13-3433452	501(C)(3)	9,375.				GENERAL SUPPORT
<b>(4)</b> PAUL ROBESON HOUSE 112 WITHERSPOON STREET PRINCETON, NJ 08542	13-3433452	501(C)(3)	36,850.				ROBESON HOUSE GRANT
<b>(5)</b> PEACE ACTION EDUCATION FUND 40 WITHERSPOON STREET PRINCETON, NJ 08542	13-3433452	501(C)(3)	10,700.				GENERAL SUPPORT
<b>(6)</b> PEI KIDS AKA PREVENTION EDUCATION INC 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	46-1135282	501(C)(3)	81,469.				RISK ASSESSMENT
<b>(7)</b> PETEY GREENE PROGRAM INC. 9 MERCER STREET PRINCETON, NJ 08540	37-1536476	501(C)(3)	39,000.				GENERAL SUPPORT
<b>(8)</b> PHILADELPHIA ANIMAL WELFARE SOCIETY (PAWS) 100 NORTH 2ND STREET (AT ARCH)	37-1536476	501(C)(3)	82,695.				CHEFS NIGHT DINNER
<b>(9)</b> PINELANDS PRESERVATION ALLIANCE BISHOP FARMSTEAD SOUTHAMPTON, NJ 08088	37-1536476	501(C)(3)	16,700.				GENERAL SUPPORT
<b>(10)</b> PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET - 10TH FLOOR	37-1536476	501(C)(3)	17,200.				GENERAL SUPPORT
<b>(11)</b> PLANNED PARENTHOOD OF NORTHERN, CENTRAL, AN 196 SPEEDWELL AVENUE	37-1536476	501(C)(3)	133,475.				GENERAL SUPPORT
<b>(12)</b> PRESBYTERIAN CHURCH OF LAWRENCEVILLE 2688 MAIN STREET (ROUTE 206)	37-1536476	501(C)(3)	5,400.				GENERAL SUPPORT

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Schedule I (Form 990) (2019)



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(1) PRESIDENT AND FELLOWS OF HARVARD UNIVERSITY 104 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	22-3353036	501(C)(3)	25,000.				JULIAN BOND PRIZE
(2) PRINCETON ACADEMY OF THE SACRED HEART 1128 GREAT ROAD PRINCETON, NJ 08540	22-2069597	501(C)(3)	10,700.				GENERAL SUPPORT
(3) PRINCETON BLAIRSTOWN CENTER 13 ROSZEL ROAD, SUITE C204A	22-3055539	501(C)(3)	13,500.				GENERAL SUPPORT
(4) PRINCETON CHARTER SCHOOL 100 BUNN DRIVE PRINCETON, NJ 08540	56-0532303	501(C)(3)	33,000.				GENERAL SUPPORT
(5) PRINCETON COMMUNITY HOUSING ONE MONUMENT DRIVE PRINCETON, NJ 08540-3036	56-0532303	501(C)(3)	15,550.				GENERAL SUPPORT
(6) PRINCETON DAY SCHOOL PO BOX 75 PRINCETON, NJ 08542	56-0532303	501(C)(3)	354,100.				GENERAL SUPPORT
(7) PRINCETON EDUCATION FOUNDATION 25 VALLEY ROAD PRINCETON, NJ 08542-0176	52-1231931	501(C)(3)	5,100.				GENERAL SUPPORT
(8) PRINCETON FIRST AID & RESCUE SQUAD 2 MOUNT LUCAS ROAD PRINCETON, NJ 08540	11-6107128	501(C)(3)	1,319,500.				GENERAL SUPPORT
(9) PRINCETON FUTURE P.O. BOX 1172 PRINCETON, NJ 08542	11-6107128	501(C)(3)	9,000.				GENERAL SUPPORT
(10) PRINCETON HEALTH CARE SYSTEM FOUNDATION INC 5 PLAINSBORO ROAD - SUITE 365	11-6107128	501(C)(3)	92,860.				GENERAL SUPPORT
(11) PRINCETON NURSERY SCHOOL 78 LEIGH AVENUE PRINCETON, NJ 08540	11-6107128	501(C)(3)	40,400.				GENERAL SUPPORT
(12) PRINCETON PUBLIC LIBRARY FOUNDATION 65 WITHERSPOON STREET PRINCETON, NJ 08542	11-6107128	501(C)(3)	19,917.				GENERAL SUPPORT

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(1) PRINCETON RECREATION DEPARTMENT 380 WITHERSPOON STREET PRINCETON, NJ 08540	11-6107128	501(C)(3)	14,400.				GENERAL SUPPORT
(2) PRINCETON SENIOR RESOURCE CENTER SUZANNE PATTERSON CENTER	11-6107128	501(C)(3)	193,700.				GENERAL SUPPORT
(3) PRINCETON SYMPHONY ORCHESTRA PO BOX 250 PRINCETON, NJ 08542	11-6107128	501(C)(3)	130,381.				GENERAL SUPPORT
(4) PRINCETON UNIVERSITY ART MUSEUM PRINCETON UNIVERSITY	26-4654078	501(C)(3)	14,650.				GENERAL SUPPORT
(5) PRINCETON UNIVERSITY OFFICE OF ALUMNI AND D ALUMNI AND DONOR RECORDS - PRINCETON UNIVER	26-4654078	501(C)(3)	158,600.				GENERAL SUPPORT
(6) PUBLIC INTEREST LAW CENTER TWO PENN CENTER PHILADELPHIA, PA 19102	73-0580270	501(C)(3)	57,650.				GENERAL SUPPORT
(7) RANCHO RELAXO INC. PO BOX 258 WOODTOWN, NJ 08098	22-1912028	501(C)(3)	10,000.				GENERAL SUPPORT
(8) RARITAN HEADWATERS ASSOCIATION P.O. BOX 273 GLADSTONE, NJ 07934	22-2302255	501(C)(3)	20,100.				STREAM MONITORING PR
(9) RAVENSWOOD FELLOWSHIP UNITED METHODIST CHUR 4511 NORTH HERMITAGE CHICAGO, IL 60640	26-1743952	501(C)(3)	25,000.				GENERAL SUPPORT
(10) REACH OUT AND READ, INC. 89 SOUTH STREET - SUITE 201	76-0337426	501(C)(3)	200,000.				HOLIDAY CARD DONATIO
(11) RECTOR WARDENS VESTRYMEN TRINITY CHURCH 33 MERCER STREET PRINCETON, NJ 08540	20-4406909	501(C)(3)	81,301.				GENERAL SUPPORT
(12) REED INSTITUTE AKA REED COLLEGE OFFICE OF COLLEGE RELATIONS	23-7135845	501(C)(3)	15,000.				ANNUAL FUND

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<b>(1)</b> REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD. ROCKFORD, TN 37853	22-2757694	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(2)</b> RESCUE MISSION OF TRENTON 98 CARROLL STREET TRENTON, NJ 08605-0790	22-2406472	501(C)(3)	60,800.				GENERAL SUPPORT
<b>(3)</b> RIDER UNIVERSITY 2083 LAWRENCEVILLE ROAD	22-2406472	501(C)(3)	39,000.				GENERAL SUPPORT
<b>(4)</b> RISE/A COMMUNITY SERVICE PARTNERSHIP 116 NORTH MAIN STREET HIGHTSTOWN, NJ 08520	82-3967955	501(C)(3)	41,500.				GENERAL SUPPORT
<b>(5)</b> ROCK TO THE FUTURE 1201 N. 3RD STREET #283	23-7259355	501(C)(3)	11,500.				STRATEGIC PLAN
<b>(6)</b> ROEBLING MUSEUM 100 SECOND AVENUE ROEBLING, NJ 08554	23-7259355	501(C)(3)	8,980.				RETHINKING TECHNOLOG
<b>(7)</b> RUN WITH VERONICA, INC. 1402 CRABAPPLE DRIVE MANASQUAN, NJ 08736	23-7259355	501(C)(3)	20,000.				GENERAL SUPPORT
<b>(8)</b> RUSSELL SAGE FOUNDATION 112 E. 64TH STREET NEW YORK, NY 10065	23-7259355	501(C)(3)	45,000.				SPECIAL ISSUE
<b>(9)</b> RUTGERS UNIVERSITY FOUNDATION P. O. BOX 193 NEW BRUNSWICK, NJ 08903-0193	23-7259355	501(C)(3)	25,100.				RUTGERS BUSINESS SCH
<b>(10)</b> SAFE+SOUND SOMERSET INC. 427 HOMESTEAD ROAD HILLSBOROUGH, NJ 08844	23-7259355	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(11)</b> SALESIAN MISSIONS 2 LEFEVRE LANE NEW ROCHELLE, NY 10801	23-7259355	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(12)</b> SALVATION ARMY 575 E. STATE STREET TRENTON, NJ 08609	23-7259355	501(C)(3)	22,450.				GENERAL SUPPORT

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PAGE 60

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<b>(1)</b> SAMS SPOONS FOUNDATION 2455 HUME LANE ENOLA, PA 17025	26-2620939	501(C)(3)	9,375.				GENERAL SUPPORT
<b>(2)</b> SANTA FE INSTITUTE 1399 HYDE PARK ROAD SANTA FE, NM 87501	22-6059246	501(C)(3)	6,000.				OMIDYAR FELLOWS PROG
<b>(3)</b> SAVE A GIRL SAVE A WORLD 19702 FLEETWOOD DRIVE	22-6059246	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(4)</b> SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY EAST, SUITE 400	22-6059246	501(C)(3)	12,500.				GENERAL SUPPORT
<b>(5)</b> SAVE, A FRIEND TO HOMELESS ANIMALS 1010 ROUTE 601 SKILLMAN, NJ 08558	22-6059246	501(C)(3)	34,350.				ANNUAL FUND
<b>(6)</b> SHILOH COMMUNITY DEVELOPMENT CORPORATION 416 BELLEVUE AVENUE, SUITE 201	22-6059246	501(C)(3)	7,500.				GENERAL SUPPORT
<b>(7)</b> SHRINER'S HOSPITALS FOR CHILDREN PO BOX 863765 ORLANDO, FL 32886	22-6059246	501(C)(3)	20,000.				GENERAL SUPPORT
<b>(8)</b> SOCCER IN THE STREETS INC 130 BOULEVARD NE UNIT 4 ATLANTA, GA 30312	22-6059246	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(9)</b> SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805	22-6059246	501(C)(3)	9,500.				GENERAL SUPPORT
<b>(10)</b> SOMEBODY CARES 48 SCHOOLHOUSE ROAD	22-6059246	501(C)(3)	9,375.				GENERAL SUPPORT
<b>(11)</b> SOMERSET HILLS LEARNING INSTITUTE 1810 BURNT MILLS ROAD BEDMINSTER, NJ 07921	22-6059246	501(C)(3)	32,090.				SUSTAINABLE INVESTME
<b>(12)</b> SOMERSET HILLS LITTLE LEAGUE INC. PO BOX 373 BERNARDSVILLE, NJ 07924	23-7361588	501(C)(3)	10,000.				GENERAL SUPPORT

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<b>(1)</b> SOURLAND CONSERVANCY 83 PRINCETON AVENUE, SUITE 1A	53-0196603	501(C)(3)	29,100.				GENERAL SUPPORT
<b>(2)</b> SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	23-6430340	501(C)(3)	19,700.				GENERAL SUPPORT
<b>(3)</b> SPRINGFIELD CATHOLIC CENTRAL SCHOOL FOUNDAT 1200 EAST HIGH STREET SPRINGFIELD, OH 45505	22-2831271	501(C)(3)	6,000.				GENERAL SUPPORT
<b>(4)</b> SPRINGPOINT SENIOR LIVING INC. 4814 OUTLOOK DRIVE, SUITE 201	47-4856357	501(C)(3)	8,300.				GENERAL SUPPORT
<b>(5)</b> ST. ANDREW'S SCHOOL 350 NOXONTOWN ROAD MIDDLETOWN, DE 19709	26-2727680	501(C)(3)	25,000.				SAINTS FUND
<b>(6)</b> ST. LUKE'S EPISCOPAL CHURCH 73 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042	26-1307260	501(C)(3)	10,000.				PROJECT SUPPORT
<b>(7)</b> STORYTELLING ARTS PO BOX 995 PRINCETON JUNCTION, NJ 08550	22-3694371	501(C)(3)	25,000.				PROJECT SUPPORT
<b>(8)</b> STOUTSBURG SOURLAND AFRICAN AMERICAN MUSEUM PO BOX 162 HOPEWELL, NJ 08525	22-3694371	501(C)(3)	32,000.				GENERAL SUPPORT
<b>(9)</b> STUART COUNTRY DAY SCHOOL OF THE SACRED HEA 1200 STUART ROAD PRINCETON, NJ 08540-1297	22-3694371	501(C)(3)	28,200.				GENERAL SUPPORT
<b>(10)</b> SUSTAINABLE PRINCETON 1 MONUMENT DRIVE PRINCETON, NJ 08540	22-3694371	501(C)(3)	28,000.				GENERAL SUPPORT
<b>(11)</b> SUSTAINABLE WOODSTOCK PO BOX 611 WOODSTOCK, VT 05091	22-3694371	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(12)</b> SWARTHMORE COLLEGE 500 COLLEGE ROAD SWARTHMORE, PA 19081	47-1572366	501(C)(3)	30,000.				ENDOWED SCHOLARSHIP

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(1) TECHNOLOGY AFFINITY GROUP, INC.AKA TECHNOLO 1 NORTH STATE STREET - SUITE 1500	73-1325063	501(C)(3)	40,000.				GENERAL SUPPORT
(2) THE BROOKLYN HISTORICAL SOCIETY 128 PIERREPOINT STREET BROOKLYN, NY 11201	22-2905055	501(C)(3)	10,000.				GENERAL SUPPORT
(3) THE CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVENUE	22-2905055	501(C)(3)	32,500.				TEDI
(4) THE COLLEGE OF NEW JERSEY FOUNDATION PO BOX 7718 EWING, NJ 08628	22-2905055	501(C)(3)	81,500.				DYSLEXIA INITIATIVE
(5) THE FATHER CENTER OF NEW JERSEY (FORMERLY U 4 NORTH BROAD STREET, 2ND FLOOR SUITE 2R	22-2905055	501(C)(3)	47,200.				ANNUAL FUND
(6) THE MOREHOUSE SCHOOL OF MEDICINE INC 720 WESTVIEW DRIVE, SW ATLANTA, GA 30310	22-2905055	501(C)(3)	70,000.				GENERAL SUPPORT
(7) THE PUBLIC THEATER 425 LAFAYETTE STREET NEW YORK, NY 10003	76-0276330	501(C)(3)	6,750.				GENERAL SUPPORT
(8) THE UC DAVIS FOUNDATION 1 SHIELDS AVENUE DAVIS, CA 95616	82-1121832	501(C)(3)	10,000.				BULOSAN CENTER
(9) THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	82-1121832	501(C)(3)	10,000.				GENERAL SUPPORT
(10) THE VALERIE FUND 2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	82-1121832	501(C)(3)	9,375.				CAMP HAPPY TIMES
(11) THE WATERSHED INSTITUTE 31 TITUS MILL ROAD	82-1121832	501(C)(3)	70,750.				ENVIRONMENT
(12) THOMAS EDISON STATE UNIVERSITY FOUNDATION 111 W. STATE STREET TRENTON, NJ 08608	21-0702879	501(C)(3)	55,150.				SCHOLARSHIP FUND

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TLC AKA THE TLC FOUNDATION FOR BODY-FOCUSED 716 SOQUEL AVENUE - SUITE A	81-0704176	501(C)(3)	22,700.				RESEARCH
(2) TOM DEIERLEIN FOUNDATION INC. 19 WESTBURY ROAD GARDEN CITY, NY 11530	22-2682708	501(C)(3)	10,000.				GENERAL SUPPORT
(3) TRENTON AREA SOUP KITCHEN TASK 72 1/2 ESCHER STREET TRENTON, NJ 08605	26-4275773	501(C)(3)	142,870.				GENERAL SUPPORT
(4) TRENTON CHILDREN'S CHORUS P.O. BOX 7220 EWING, NJ 08628	23-1352647	501(C)(3)	53,000.				GENERAL SUPPORT
(5) TRENTON CIRCUS SQUAD 675 SOUTH CLINTON AVENUE TRENTON, NJ 08611	58-1447368	501(C)(3)	65,850.				GENERAL SUPPORT
(6) TRENTON HEALTH TEAM ONE WEST STATE STREET TRENTON, NJ 08608	22-2817982	501(C)(3)	75,000.				GENERAL SUPPORT
(7) TRENTON MUSIC MAKERS PO BOX 5206 TRENTON, NJ 08638	22-2817982	501(C)(3)	47,660.				GENERAL SUPPORT
(8) TRINITY COLLEGE 300 SUMMIT AVE HARTFORD, CT 06106	22-2817982	501(C)(3)	19,166.				GENERAL SUPPORT
(9) TRINITY COUNSELING SERVICE 353 NASSAU STREET PRINCETON, NJ 08540	22-2817982	501(C)(3)	333,350.				GENERAL SUPPORT
(10) TRUST FOR PUBLIC LAND NATIONAL OFFICE SAN FRANCISCO, CA 94104	22-2817982	501(C)(3)	10,400.				GENERAL SUPPORT
(11) TRUSTEES DARTMOUTH COLLEGE GIFT RECORDING OFFICE	22-2817982	501(C)(3)	105,000.				GENERAL SUPPORT
(12) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY MAILMAN SCHOOL FOR PUBLIC HEALTH	22-2817982	501(C)(3)	50,000.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2019)

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PAGE 64

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

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OMB No. 1545-0047

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA PENN MEDICINE DEVELOPMENT	22-2817982	501(C)(3)	27,600.				GENERAL SUPPORT
(2) TULSA CITY - COUNTY HEALTH DEPARTMENT 5051 SOUTH 129TH EAST AVENUE	22-2817982	501(C)(3)	7,500.				GENERAL SUPPORT
(3) TULSA COMMUNITY FOUNDATION 7030 SOUTH YALE AVENUE - SUITE 600	22-2817982	501(C)(3)	7,500.				GENERAL SUPPORT
(4) TULSA DREAM CENTER INC. 200 W 46TH STREET N TULSA, OK 74126	22-2817982	501(C)(3)	7,500.				GENERAL SUPPORT
(5) TULSA EDUCARE INC. 2190 SOUTH 67TH EAST AVENUE TULSA, OK 74129	22-3486441	501(C)(3)	7,500.				GENERAL SUPPORT
(6) TULSA LEGACY CHARTER SCHOOL INC. 105 EAST 63RD STREET NORTH TULSA, OK 74126	22-3486441	501(C)(3)	7,500.				GENERAL SUPPORT
(7) TULSA LIBRARY TRUST P.O BOX 1319 TULSA, OK 74101	22-3486441	501(C)(3)	7,500.				GENERAL SUPPORT
(8) TYLER PARK CENTER FOR THE ARTS 10 STABLE MILL ROAD RICHBORO, PA 18954	22-3486441	501(C)(3)	25,000.				GREEN ARTS INITIATIV
(9) U.S. SQUASH 555 8TH AVENUE NEW YORK, NY 10018	22-3486441	501(C)(3)	25,000.				GENERAL SUPPORT
(10) UNICEF - UNITED STATES FUND 125 MAIDEN LANE, 10TH FLOOR	22-3486441	501(C)(3)	6,500.				GENERAL SUPPORT
(11) UNICORN THERAPEUTIC HORSEBACK RIDING 171 MARSHALL'S CORNER WOODSVILLE ROAD	22-3470019	501(C)(3)	7,200.				GENERAL SUPPORT
(12) UNION THEOLOGICAL SEMINARY 3041 BROADWAY NEW YORK, NY 10027	22-3165145	501(C)(3)	100,000.				ANNUAL GIVING SUPPOR

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

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

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Schedule I (Form 990) (2019)



**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

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OMB No. 1545-0047

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNITE FOR HER 127 EAST CHESTNUT STREET - FIRST FLOOR	22-3165145	501(C)(3)	30,000.				GENERAL SUPPORT
<b>(2)</b> UNIVERSITY OF ALASKA FOUNDATION 1815 BRAGAW STREET - SUITE 203	22-3165145	501(C)(3)	50,000.				EDUCATION
<b>(3)</b> UNIVERSITY OF CALIFORNIA, BERKELEY FOUNDATI 1995 UNIVERSITY AVENUE - SUITE 401	22-3165145	501(C)(3)	20,000.				EDUCATION
<b>(4)</b> UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET - MC-386	22-3165145	501(C)(3)	35,000.				EDUCATION
<b>(5)</b> UNIVERSITY OF MIAMI FROST SCHOOL OF MUSIC DEVELOPMENT OFFICE CORAL GABLES, FL 33124	22-3165145	501(C)(3)	10,000.				EDUCATION
<b>(6)</b> UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET - ROOM 433	22-3165145	501(C)(3)	13,430.				EDUCATION
<b>(7)</b> UNIVERSITY OF PITTSBURGH PETERSEN EVENTS CENTER, PANTHER CLUB	22-3165145	501(C)(3)	50,000.				EDUCATION
<b>(8)</b> UNIVERSITY OF TULSA 800 TUCKER DRIVE TULSA, OK 74104	22-3165145	501(C)(3)	7,500.				EDUCATION
<b>(9)</b> URBANPROMISE TRENTON 801 WEST STATE STREET TRENTON, NJ 08618	22-3165145	501(C)(3)	7,400.				GENERAL SUPPORT
<b>(10)</b> VANGUARD CHARITABLE ENDOWMENT PROGRAM PO BOX 9509 WARWICK, RI 02889	22-3165145	501(C)(3)	1,377,814.				POSITIVE NRG FUND
<b>(11)</b> VERMONT JOURNALISM TRUST 26 STATE STREET, SUITE 8	22-3165145	501(C)(3)	15,000.				PROJECT SUPPORT
<b>(12)</b> VILLAGE HEALTH WORKS 45 WEST 36TH STREET, 8TH FLOOR	22-3165145	501(C)(3)	10,916.				GENERAL SUPPORT

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

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

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Schedule I (Form 990) (2019)

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PAGE 66

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

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OMB No. 1545-0047

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Employer identification number

52-1746234

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> VILLAGES IN PARTNERSHIP P O BOX 52 ALLENTOWN, NJ 08501	22-3165145	501(C)(3)	17,000.				GENERAL SUPPORT
<b>(2)</b> VOICES OF SEPTEMBER 11TH 80 MAIN STREET - SUITE 5	22-3165145	501(C)(3)	6,000.				ALWAYS REMEMBER GALA
<b>(3)</b> VOTER REGISTRATION PROJECT 1725 DESALES ST NW - SUITE 650	22-3165145	501(C)(3)	9,600.				EVERYBODY VOTES
<b>(4)</b> WE CARE SPECIAL SPORTS - A NEW JERSEY NONPR 5 GRAPHICS DRIVE EWING, NJ 08628	22-3165145	501(C)(3)	7,500.				GENERAL SUPPORT
<b>(5)</b> WELLSRING OF GREENBRIER, INC. P.O. BOX 43 RUPERT, WV 25984	22-3165145	501(C)(3)	8,000.				GENERAL SUPPORT
<b>(6)</b> WEST VIRGINIA HEALTH KIDS AND FAMILIES COAL 1636 KANAWHA BLVD. E CHARLESTON, WV 25311	22-3165145	501(C)(3)	45,000.				GENERAL SUPPORT
<b>(7)</b> WEST WINDSOR ARTS COUNCIL 952 ALEXANDER ROAD	22-3165145	501(C)(3)	28,923.				ARTWORK DISPLAY
<b>(8)</b> WESTMINSTER PRESBYTERIAN CHURCH 1140 GREENWOOD AVENUE TRENTON, NJ 08609	22-3165145	501(C)(3)	14,000.				GENERAL SUPPORT
<b>(9)</b> WESTSIDE CITIZENS UNITED 1101 BANGS AVE. ASBURY PARK, NJ 07712	22-3165145	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(10)</b> WHALE TRUST P.O. BOX 243 MAKAWAO, HI 96768	22-3165145	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(11)</b> WHYY INDEPENDENCE MALL WEST	22-3165145	501(C)(3)	8,000.				GENERAL SUPPORT
<b>(12)</b> WIDE ANGLE YOUTH MEDIA INC. 2601 NORTH HOWARD STREET - SUITE #160	22-3165145	501(C)(3)	25,000.				GENERAL SUPPORT

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
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52-1746234

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WOMANSPACE 1530 BRUNSWICK AVENUE	22-3165145	501(C)(3)	63,200.				GENERAL SUPPORT
(2) WOUNDED HEROES FAMILY ADVENTURES INC. P. O. BOX 5318 BRECKENRIDGE, CO 80424	22-3165145	501(C)(3)	25,000.				GENERAL SUPPORT
(3) YALE UNIVERSITY YALE UNIVERSITY SCHOOL OF PUBLIC HEALTH	54-2143612	501(C)(3)	6,150.				CAMP KESEM
(4) YMCA OF PRINCETON 59 PAUL ROBESON PLACE PRINCETON, NJ 08540	45-2517616	501(C)(3)	118,235.				GENERAL SUPPORT
(5) YOUNG AUDIENCES OF NEW JERSEY & EASTERN PA 200 FORRESTAL ROAD PRINCETON, NJ 08540	73-1397452	501(C)(3)	77,725.				GENERAL SUPPORT
(6) YOUNG SURVIVAL COALITION 75 BROAD STREET, SUITE 409	74-1142851	501(C)(3)	35,000.				YSC SUMMIT
(7) YWCA PRINCETON 59 PAUL ROBESON PLACE PRINCETON, NJ 08540	13-2875808	501(C)(3)	19,102.				GENERAL SUPPORT
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 318.

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

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b> SCHOLARSHIP RECIPIENTS	44.	214,330.			
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

MONITORING OF GRANTS

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

MANY LOCAL GRANTEEES EACH YEAR FOR FACE-TO-FACE MEETINGS AND FIRST-HAND  
EXPERIENCE OF FUNDED PROGRAMS. AS A LOCAL GRANTMAKER, THE COMMUNITY  
FOUNDATION ALSO HAS ACCESS TO MANY INFORMAL SOURCES OF INFORMATION FROM  
THE LOCAL NEWSPAPERS TO PROFESSIONAL STAFF AND BOARD RELATIONSHIPS WITH  
MANY ORGANIZATIONS.

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019****Open to Public  
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Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐  
☐  
☐  
☐

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

☐  
☐  
☐  
☐

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (such as maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.☒  
☐  
☒

Compensation committee

Independent compensation consultant

Form 990 of other organizations

☐  
☒  
☒

Written employment contract

Compensation survey or study

Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LAURA LONGMAN CFO	(i)	166,334.	17,046.	0.	10,216.	10,458.	204,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JEFFREY VEGA PRESIDENT & CEO	(i)	236,112.	22,292.	0.	13,370.	19,538.	291,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 NELIDA VALENTIN VP OF GRANTS AND PROGRAMS	(i)	126,349.	7,000.	0.	7,428.	13,783.	154,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2019

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 7

THE ORGANIZATION PROVIDED INCENTIVE PAY TO PERSONS LISTED IN FORM 990,  
PART VII, SECTION A, LINE 1A DURING THE YEAR ENDED DECEMBER 31, 2019. THE  
FOUNDATION'S COMPENSATION PROGRAM WILL BE: FOCUSED ON A COMBINATION OF  
BASE SALARY AND INCENTIVE PAY WHICH, WHEN COMBINED, WILL PROVIDE  
COMPENSATION ABOVE THE MARKET MEDIAN. THE INCENTIVE PAY COMPONENT WILL  
NOT BE ADDED TO BASE PAY AND WILL BE TARGETED ABOVE MARKET MEDIAN AT OR  
AROUND THE 65TH TO 85TH PERCENTILE. UNDER NO CIRCUMSTANCES WILL  
COMPENSATION BE CALCULATED AS A PERCENTAGE OF CONTRIBUTIONS.



**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	91.	5,678,812.	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other. . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial. . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy. . . . .				
22 Historical artifacts. . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

**29**

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 No

30a		X

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

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

31	X	

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

32a		X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

33		

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

Schedule M (Form 990) 2019

JSA

9E1298 1.000

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PAGE 74

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

SCHEDULE M, PART I, LINE 31

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

A. REVIEW CLOSELY-HELD BUSINESS TRANSFERS THAT ARE SUBJECT TO RESTRICTIONS OR BUY-SELL AGREEMENTS.

B. REVIEW ALL GIFTS INVOLVING CONTRACTS, SUCH AS BARGAIN SALES OR OTHER DOCUMENTS REQUIRING THE COMMUNITY FOUNDATION TO ASSUME AN OBLIGATION.

C. REVIEW ALL TRANSACTIONS WITH POTENTIAL CONFLICTS OF INTEREST THAT MAY INVOKE IRS SANCTIONS IN WHICH THE COMMUNITY FOUNDATION'S EXECUTIVE COMMITTEE OR BOARD DEEMS REVIEW BY COUNSEL APPROPRIATE.

D. REVIEW ANY OTHER GIFT OR TRANSACTION WHEN REQUESTED BY THE COMMUNITY FOUNDATION BOARD, THE EXECUTIVE COMMITTEE, OR A STAFF MEMBER.

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

SCHEDULE M, PART 1, LINE 1B

ON SCHEDULE M PART 1, LINE 1 B, THE ORGANIZATION REPORTED 91 CONTRIBUTIONS OF STOCK AT THEIR FMV. THIS IS THE NUMBER OF CONTRIBUTIONS,

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

---

NOT CONTRIBUTORS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Employer identification number

52-1746234

CORE FORM 990 RESPONSES

FORM 990, PART III, LINE 4A

GRANTS: THE COMMUNITY FOUNDATION IS AN ACTIVE GRANTMAKER THROUGH SEVERAL COMPETITIVE GRANT PROGRAMS INCLUDING COMMUNITY IMPACT GRANTS, FUND FOR WOMEN AND GIRLS AND ALL KIDS THRIVE. THE COMMUNITY FOUNDATION'S STRATEGIC GRANTMAKING PROGRAM, ALL KIDS THRIVE, IS ADDRESSING HIGH RATES OF CHRONIC ABSENTEEISM IN LOCAL PUBLIC SCHOOLS. COMMUNITY IMPACT GRANTS SUPPORT NONPROFITS WORKING TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN, FAMILIES AND COMMUNITIES, INCLUDING NONPROFITS FOCUSING ON FOOD INSECURITY, MENTAL HEALTH, ECONOMIC DEVELOPMENT AND ARTS EDUCATION. WE ALSO SUPPORT GIVING CIRCLES AND FIELD OF INTEREST FUNDS TO ENGAGE WOMEN AND MILLENNIALS IN PHILANTHROPY. THE COMMUNITY FOUNDATION ALSO MAKES GRANTS FROM DONOR-ADVISED, DESIGNATED, NONPROFIT AND FIELD OF INTEREST FUNDS. ITS PRIMARY FOCUS IS CENTRAL NEW JERSEY, BUT GRANTS FROM DONOR-ADVISED FUNDS ARE MADE REGIONALLY AND NATIONALLY AS WELL. COMPETITIVE GRANTS ADDRESS THE NEEDS OF LOW-INCOME PEOPLE IN GREATER MERCER COUNTY, PROVIDE OPERATING SUPPORT FOR NONPROFITS WORKING WITH LOW-INCOME PEOPLE, AND PROVIDE SUPPORT FOR WORK TO BUILD THE SOCIAL CAPITAL OF THE REGION. IN 2015 THE BOARD DEFINED SOCIAL CAPITAL AS BUILDING COMMUNITIES. THE COMMUNITY FOUNDATION'S GRANTMAKING TOUCHES MANY PROGRAMMATIC AREAS INCLUDING EDUCATION, BASIC SERVICES, HEALTH, ARTS & CULTURE, HOUSING, THE ENVIRONMENT, HISTORIC PRESERVATION, CIVIL RIGHTS, AND ANIMAL WELFARE.

PROMOTING PHILANTHROPY AND PROVIDING EDUCATION: THE COMMUNITY FOUNDATION

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

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

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

THE COMMUNITY FOUNDATION'S FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE PRESIDENT & CEO WHO SUGGEST NECESSARY REVISIONS. THE FORM 990 IS SUBSEQUENTLY DISTRIBUTED

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

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

FORM 990, PART VI, SECTION B, LINE 12C

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

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

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

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

SETS ANNUAL COMPENSATION FOR THE PRESIDENT & CEO. THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL REVIEW OF THE PRESIDENT & CEO'S PERFORMANCE AGAINST OBJECTIVES AND METRICS AGREED TO AT THE BEGINNING OF THE FISCAL YEAR AND SOLICITS FEEDBACK FROM ALL TRUSTEES. AS PART OF THE BUDGET PROCESS, THE FINANCE COMMITTEE SUGGESTS AN INCREASE RANGE DURING THE BUDGET PROCESS. THE PRESIDENT & CEO THEN REVIEWS THE PERFORMANCE OF ALL OTHER STAFF AND RECOMMENDS SALARY INCREASES FOR THE NEXT YEAR TO THE EXECUTIVE COMMITTEE AS PART OF THE BUDGET PROCESS. COMMITTEE MINUTES DOCUMENT THE ACTIONS OF THE EXECUTIVE COMMITTEE IN ALL PERSONNEL AND COMPENSATION MATTERS; AND THE COMMITTEE'S DECISIONS ARE REPORTED TO THE FULL BOARD. IN SETTING COMPENSATION, THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS COMPARABILITY DATA, SUCH AS FROM THE COUNCIL ON FOUNDATIONS AND/OR THE COUNCIL OF NEW JERSEY GRANTMAKERS. SEVERAL FACTORS ARE CONSIDERED SUCH AS COMMUNITY FOUNDATIONS OF SIMILAR SIZE AND COMPENSATION FOR SIMILAR POSITIONS IN THE LOCAL CENTRAL NEW JERSEY MARKETPLACE. THE FORMS 990 OF OTHER NONPROFIT ORGANIZATIONS AND FORM 990-PF FOR PRIVATE FOUNDATIONS ARE ALSO CONSULTED FOR INFORMATION.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART XI, LINE 9

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

## OTHER CHANGES IN NETS ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENT \$42,147; REFUNDS OF PRIOR GRANT

EXPENDITURES \$300; FOR A TOTAL CHANGE IN NETS ASSETS OF \$42,447.

ATTACHMENT 1FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	48,897.	73,974.
TOTALS	<u>48,897.</u>	<u>73,974.</u>

ATTACHMENT 2FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
DOMESTIC EQUITY	31,091,610.	33,534,133.	FMV
MUTUAL FUNDS - FIXED ASSETS	10,285,982.	8,642,136.	FMV
ALTERNATIVE - VENTURE CAPITAL	965,761.	3,177,030.	FMV
TOTALS	<u>42,343,353.</u>	<u>45,353,299.</u>	



Form **990-T****Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**

OMB No. 1545-0047

**2019**Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20 \_\_\_\_.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D Employer identification number</b> (Employees' trust, see instructions.)
<b>B</b> Exempt under section		PRINCETON AREA COMMUNITY FOUNDATION INC.	52-1746234
<input checked="" type="checkbox"/> 501( C )( 3 )		Number, street, and room or suite no. If a P.O. box, see instructions.	<b>E Unrelated business activity code</b> (See instructions.)
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)		15 PRINCESS ROAD	523920
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)		City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> 529(a)		LAWRENCEVILLE, NJ 08648	
<b>C</b> Book value of all assets at end of year		<b>F</b> Group exemption number (See instructions.) ▶	
199,474,737.		<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

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

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales						
<b>b</b> Less returns and allowances		<b>c</b> Balance ▶	<b>1c</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .			<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .			<b>3</b>			
<b>4a</b> Capital gain net income (attach Schedule D) . . . . .			<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . .			<b>4b</b>			
<b>c</b> Capital loss deduction for trusts . . . . .			<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . .			<b>5</b>	-236,222.	ATCH 2	-236,222.
<b>6</b> Rent income (Schedule C) . . . . .			<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . .			<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I) . . . . .			<b>10</b>			
<b>11</b> Advertising income (Schedule J) . . . . .			<b>11</b>			
<b>12</b> Other income (See instructions; attach schedule) . . . . .			<b>12</b>			
<b>13</b> <b>Total.</b> Combine lines 3 through 12 . . . . .			<b>13</b>	-236,222.		-236,222.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>	
<b>15</b> Salaries and wages . . . . .	<b>15</b>	
<b>16</b> Repairs and maintenance . . . . .	<b>16</b>	
<b>17</b> Bad debts . . . . .	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions) . . . . .	<b>18</b>	
<b>19</b> Taxes and licenses . . . . .	<b>19</b>	
<b>20</b> Depreciation (attach Form 4562) . . . . .	<b>20</b>	
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>21a</b>	<b>21b</b>
<b>22</b> Depletion . . . . .	<b>22</b>	
<b>23</b> Contributions to deferred compensation plans . . . . .	<b>23</b>	
<b>24</b> Employee benefit programs . . . . .	<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I) . . . . .	<b>25</b>	
<b>26</b> Excess readership costs (Schedule J) . . . . .	<b>26</b>	
<b>27</b> Other deductions (attach schedule) . . . . .	<b>27</b>	
<b>28</b> <b>Total deductions.</b> Add lines 14 through 27 . . . . .	<b>28</b>	
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	-236,222.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . .	<b>30</b>	
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29 . . . . .	<b>31</b>	-236,222.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

**Part III Total Unrelated Business Taxable Income**

<b>32</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>32</b>	-236,222.
<b>33</b>	Amounts paid for disallowed fringes . . . . .	<b>33</b>	
<b>34</b>	Charitable contributions (see instructions for limitation rules) . . . . .	<b>34</b>	
<b>35</b>	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 . . . . .	<b>35</b>	-236,222.
<b>36</b>	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) . . . . .	<b>36</b>	
<b>37</b>	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35. . . . .	<b>37</b>	-236,222.
<b>38</b>	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) . . . . .	<b>38</b>	1,000.
<b>39</b>	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 . . . . .	<b>39</b>	-236,222.

**Part IV Tax Computation**

<b>40</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21). . . . .	<b>40</b>	
<b>41</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . .	<b>41</b>	
<b>42</b>	<b>Proxy tax.</b> See instructions . . . . .	<b>42</b>	
<b>43</b>	<b>Alternative minimum tax (trusts only).</b> . . . . .	<b>43</b>	
<b>44</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions . . . . .	<b>44</b>	
<b>45</b>	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies . . . . .	<b>45</b>	

**Part V Tax and Payments**

<b>46a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). . . . .	<b>46a</b>	
<b>b</b>	Other credits (see instructions). . . . .	<b>46b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions) . . . . .	<b>46c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827). . . . .	<b>46d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 46a through 46d . . . . .	<b>46e</b>	
<b>47</b>	Subtract line 46e from line 45 . . . . .	<b>47</b>	
<b>48</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) . . . . .	<b>48</b>	
<b>49</b>	<b>Total tax.</b> Add lines 47 and 48 (see instructions) . . . . .	<b>49</b>	0.
<b>50</b>	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3. . . . .	<b>50</b>	
<b>51a</b>	Payments: A 2018 overpayment credited to 2019 . . . . .	<b>51a</b>	
<b>b</b>	2019 estimated tax payments . . . . .	<b>51b</b>	
<b>c</b>	Tax deposited with Form 8868. . . . .	<b>51c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>51d</b>	
<b>e</b>	Backup withholding (see instructions) . . . . .	<b>51e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>51f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total ▶	<b>51g</b>	
<b>52</b>	<b>Total payments.</b> Add lines 51a through 51g . . . . .	<b>52</b>	
<b>53</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached. . . . .	<b>53</b>	
<b>54</b>	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed . . . . .	<b>54</b>	
<b>55</b>	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid . . . . .	<b>55</b>	
<b>56</b>	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>56</b>	

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

<b>57</b>	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes	No
<b>58</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If "Yes," see instructions for other forms the organization may have to file.		X
<b>59</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

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

<b>Sign Here</b> ▶	11/16/2020	
Signature of officer	Date	Title

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

<b>Paid Preparer Use Only</b>	Print/Type preparer's name BRAD CARUSO	Preparer's signature BRAD CARUSO	Date 11/12/2020	Check <input type="checkbox"/> if self-employed	PTIN P01249134
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092		Phone no. 732-828-1614	
	Firm's address ▶ ONE TOWER CENTER BLVD 14TH FL, EAST BRUNSWICK, NJ 08816				

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

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>	
<b>3</b> Cost of labor . . . . .	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>				
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>				
<b>5</b> <b>Total.</b> Add lines 1 through 4b . . . . .	<b>5</b>				X

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

(see instructions)

**1.** Description of property

(1)
(2)
(3)
(4)

**2.** Rent received or accrued

<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►**Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ►				

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

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

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** .....**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

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

**Totals** .....**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.

**Totals** .....**Schedule J – Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

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

Form 990-T (2019)

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶						
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

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

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

Form **990-T** (2019)

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

ORGANIZATION RECEIVES PARTNERSHIP INCOME FROM INVESTMENTS IN  
PUBLICALLY TRADED PARTNERSHIPS.

ATTACHMENT 2FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

UNRELATED BUSINESS INCOME FROM PARTNERSHIPS	-236,222.
---	-----------

INCOME (LOSS) FROM PARTNERSHIPS	<u>-236,222.</u>
---------------------------------	------------------

Form **926**  
(Rev. November 2018)  
Department of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment  
Sequence No. **128****Part I U.S. Transferor Information** (see instructions)Name of transferor **PRINCETON AREA COMMUNITY FOUNDATION INC.**

Identifying number (see instructions)

**52-1746234**

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? . . . ☐ Yes ☒ **No**
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? . . . ☐ Yes ☐ **No**
- b** Did the transferor remain in existence after the transfer? . . . ☒ **Yes** ☐ **No**
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? . . . ☐ Yes ☒ **No**

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>FARALLON CAPITAL INSTITUTIONAL PARTNER</b>	<b>94-3106323</b>

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

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>BINIRU INVESTORS LTD</b>	<b>5a</b> Identifying number, if any <b>FOREIGNUS</b>
<b>6</b> Address (including country) <b>PO BOX 309</b> <b>UGLAND HOUSE CJ KY1-1104</b>	<b>5b</b> Reference ID number (see instructions) <b>BINIRU001</b>
<b>7</b> Country code of country of incorporation or organization (see instructions) <b>CJ</b>	
<b>8</b> Foreign law characterization (see instructions) <b>CORPORATION</b>	
<b>9</b> Is the transferee foreign corporation a controlled foreign corporation? . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 11-2018)JSA  
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PAGE 89



**Part III Information Regarding Transfer of Property** (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		540,837.		

ATTACHMENT 1

- 10** Was cash the only property transferred? ☒ Yes ☐ No  
If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ Yes ☐ No
- 12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ Yes ☐ No  
If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)? ☐ Yes ☐ No  
If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

Form **926** (Rev. 11-2018)

- 14a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

**Supplemental Part III Information Required To Be Reported** (see instructions)**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.328751 % (b) After 0.321639 %
- 17** Type of nonrecognition transaction (see instructions) ► SECTION 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- |  |                              |  |
|--|------------------------------|--|
| <b>a</b> Gain recognition under section 904(f)(3)    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>c</b> Recapture under section 1503(d)             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>d</b> Exchange gain under section 987             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. ☐ Yes ☒ No  
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form **926** (Rev. 11-2018)

Form **926**  
(Rev. November 2018)  
Department of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment  
Sequence No. **128****Part I U.S. Transferor Information** (see instructions)

Name of transferor PRINCETON AREA COMMUNITY FOUNDATION INC.

Identifying number (see instructions)

52-1746234

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No

2 If the transferor was a corporation, complete questions 2a through 2d.

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

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

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☒ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

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

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☒ Yes ☐ Noc Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ Nod Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) RAYPD FINANCIAL NETWORK (2016), LTD	5a Identifying number, if any FOREIGNUS
6 Address (including country) 43 HASIVIM ST PETACH TIKVA IS 4917001	5b Reference ID number (see instructions) RAYPD001
7 Country code of country of incorporation or organization (see instructions) IS	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 11-2018)JSA  
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PAGE 92

**Part III Information Regarding Transfer of Property** (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/05/2019		111,609.		

- 10** Was cash the only property transferred? . . . . . ☒ **Yes** ☐ **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? . . . . . ☐ **Yes** ☐ **No**
- 12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? . . . . . ☐ **Yes** ☐ **No**  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? . . . . . ☐ **Yes** ☐ **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? . . . . . ☐ **Yes** ☐ **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)? . . . . . ☐ **Yes** ☐ **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

**Supplemental Part III Information Required To Be Reported** (see instructions)**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before NONE % (b) After 0.0378353 %
- 17** Type of nonrecognition transaction (see instructions) ► SECTION 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- |  |                              |  |
|--|------------------------------|--|
| <b>a</b> Gain recognition under section 904(f)(3)    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>c</b> Recapture under section 1503(d)             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>d</b> Exchange gain under section 987             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. ☐ Yes ☒ No  
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form **926** (Rev. 11-2018)

FORM 926, PAGE 2, PART III DETAILATTACHMENT 1CASH

DATE OF TRANSFER	FAIR MARKET VALUE ON DATE OF TRANSFER
VAR	540,837.