Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

▶ 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.

	OI III	C 202	Calendar year, or tax year begin	<u> </u>		and endi	ig				
B c	heck if ap	plicable:	C Name of organization					D Employer ide	entific	ation number	
	7		PRINCETON AREA COMMUN	<u> </u>	INC.						
X	chang	e	Doing Business As		A	Daniel Invite				46234	
	Name	change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/suite		E Telephone no			
	Initial	return	212 CARNEGIE CENTER				201	(60	09)	219-1800	
	Termi		City or town, state or province, country, a	and ZIP or foreign postal code							
	Amen return		PRINCETON, NJ 08540					G Gross receip		30,349,7	70.
	_ Applio		F Name and address of principal officer:	JEFFREY M. VE	GA			H(a) Is this a grou subordinates		rn for Yes	X No
			212 CARNEGIE CENTER,	SUITE 201, PRIN	ICETON,	NJ 0854	0	H(b) Are all subord	inates ir	ncluded? Yes	No
<u> </u>	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 52	7	If "No," attac	h a list	. (see instructions)	
J	Websi	te: 🕨	WWW.PACF.ORG					H(c) Group exemp	otion n	umber >	
K	Form o	of organ	nization: X Corporation Trust	Association Other		L Year of	f format	ion: 1991 M	State	of legal domicile:	NJ
Pá	art I	Sui	mmary								
	1	Briefly	y describe the organization's mission or	r most significant activities:	THE P	RINCETO	N AR	EA COMMUNI	ITY	FOUNDATIO	N
e		PRO	MOTES PHILANTHROPY THROU	GH EDUCATION, G	RANT MA	KING, A	ND B	Y CREATIN	 G		
Governance		A NI	ETWORK OF DONORS, ADVISO	RS AND NONPROFI	T CORPO	RATIONS					
/eri	2	Check	k this box 🕨 📄 if the organization di	iscontinued its operations	s or dispose	d of more tha	an 25%	of its net assets	 3.		
Ó	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		23
	4	Numb	per of independent voting members of the	he governing body (Part V	I, line 1b)				4		23
Activities &			number of individuals employed in cale						5		19
ξi			number of volunteers (estimate if necess						6		60
Ac	l .		unrelated business revenue from Part VI						7a	40	,939.
			nrelated business taxable income from F						7b		,939.
		1101 01	Trotated buomede taxable income nem i	0111 000 1, 1110 01				Prior Year		Current Ye	
	8	Contri	ibutions and grants (Part VIII, line 1h)					15,797,51	3	19,780	
Revenue	9		am service revenue (Part VIII, line 2g)			Y FOR			ONE	17,700	NONI
, ve	10		tment income (Part VIII, column (A), line		PUBLIC IN	ISPECTION		4,642,28	-	4,805	
æ	11		revenue (Part VIII, column (A), lines 5,								
								357,17		25,007	<u>,550.</u>
	12		revenue - add lines 8 through 11 (must					20,796,96			
			s and similar amounts paid (Part IX, colu					18,268,61		19,214	
	14		fits paid to or for members (Part IX, colur						ONE	0.106	NONE
ses	15		es, other compensation, employee bene					2,048,00		2,196	
Expenses	16a		ssional fundraising fees (Part IX, column					NO	ONE		NONE
Ä	bb		fundraising expenses (Part IX, column (D								
			expenses (Part IX, column (A), lines 11a					729,43		1,136	
			expenses. Add lines 13-17 (must equal					21,046,04		22,547	
- 10	19	Rever	nue less expenses. Subtract line 18 from	1 line 12				-249,07		2,460	
is o								ning of Current Y	-	End of Yea	
Net Assets or Fund Balances	20		assets (Part X, line 16)				2	266,456,75		240,180	
PA P	21		liabilities (Part X, line 26)					78,458,71		73,629	
žΞ	22		ssets or fund balances. Subtract line 21	from line 20] 1	L87,998,03	9.	166,551	<u>,479.</u>
	rt II		gnature Block								
Und	der per	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	is return, including accompain officer) is based on all inform	nying schedu	lles and staten	nents, a s anv kr	and to the best of	my l	knowledge and be	elief, it is
	,					pp	,				
c:~											
Sig He			Signature of officer					Date			
пе	е										
			Type or print name and title								
D-:		Print/	Type preparer's name	Preparer's signature		Date		Check	if F	PTIN	
Paid		BRAI	D CARUSO	BRAD CARUSO		11/14	/202	3 self-employe	ed	P01249134	
	oarer	Firm's	s name WITHUMSMITH+BROWN	N, PC				Firm's EIN	2	2-2027092	
Jae	Only	Firm's	s address ONE TOWER CENTER BLV	JD 14TH FL EAST BRUNSWI	ICK, NJ 08	816		Phone no.	7	32-828-161	4
Мау	the II	RS dis	cuss this return with the preparer shown	n above? (see instructions))					. X Yes	No
			Reduction Act Notice, see the separate							Form 990	

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Pa	art III Statement of Program Servi	•	
_		s a response or note to any line in this Part III	X
1	Briefly describe the organization's miss		
		PROMOTES PHILANTHROPY TO ADVANCE THE	
		TIES. THE COMMUNITY FOUNDATION HAS SE	
		N THE AREAS OF EDUCATION, ARTS, BASIC	HUMAN
	NEEDS, CAPACITY BUILDING,		
2		ignificant program services during the year which were	
	If "Yes," describe these new services or		
3		ting, or make significant changes in how it condu	
1		service accomplishments for each of its three large	est program services as measured by
•		(c)(4) organizations are required to report the amou	
4a		20,820,072. including grants of \$19,214,234.) (R	
	THE COMMUNITY FOUNDATION	IS AN ACTIVE GRANTMAKER THROUGH SEVER.	AL
	COMPETITIVE GRANT PROGRAM	S; ALL KIDS THRIVE IS ADDRESSING HIGH	
	RATES OF CHRONIC ABSENTEE	ISM IN LOCAL PUBLIC SCHOOLS, AND	
	COMMUNITY IMPACT GRANTS S	UPPORT NONPROFITS WORKING TO IMPROVE	THE
	QUALITY OF LIFE FOR CHILD	REN, FAMILIES, AND COMMUNITIES. THE	
	COMMUNITY FOUNDATION ALSO	MAKES GRANTS FROM DONOR	
	ADVISED, DESIGNATED, NONPRO	FIT AND FIELD OF INTEREST FUNDS AND	
	SUPPORTS GIVING CIRCLES I	NCLUDING THE FUND FOR WOMEN AND GIRLS	AND
	THE NEXTGEN GIVING CIRCLE	(SEE SCHEDULE O FOR MORE DETAILS).	
4b	(Code:) (Expenses \$	including grants of \$) (R	Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (R	Revenue \$)
4d	Other program services (Describe on S	Schedule O.)	
	(Expenses \$ including	grants of \$) (Revenue \$)
4e	Total program service expenses	20,820,072.	

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Par	Checklist of Required Schedules		Yes	No
	le the expenientian described in section E01/a)/2) or 4047/a)/4) (ather then a private foundation)? If ")/as "		162	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Λ	
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44.		37
اہ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other habilities in Fart X, line 25? If Fes, complete schedule B, Fart X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
124	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19		_X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic dovernment on Part IX, collimn (A), line 17 It "Ves " complete Schedule I, Parts I and II	21	Y	i

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Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	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>	26		v
0.7		20		X
27	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	21
		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	336		
36		20		3.7
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	rependence gaining (gaineing) winnings to prize williers: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	7.7	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		Х
9	sponsoring organization have excess business holdings at any time during the year?			21
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 40		
1.3	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
•	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

52-1746234

Form	990	(2	2022)
Par	ť۷		

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

Sect	ion A. Governing Body and Management					
	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		_X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to e	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		_X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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 p	urpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	ling th	e form?.	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•				
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review are independent persons, comparability data, and contemporaneous substantiation of the deliberation		=			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to			466		
Socti	organization's exempt status with respect to such arrangements?	· · ·		16b		
		ד מס	77. SC 147	7		
17					ion F	01/->
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable) (3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc	ply.		(seci	ion 5	U1(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur and financial statements available to the public during the tax year.	nents,	conflict o	finter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's JEFFREY VEGA 212 CARNEGIE CENTER, SUITE 201 PRINCETON, NJ 08540	oooks	and record	s		

609-219-1800

Form **990** (2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC) 1099-NEC)		from the organization and related organizations
(1) JEFFREY VEGA	40.00									
PRESIDENT & CEO	NONE			x				260,787.	NONE	35,451.
(2) LAURA LONGMAN	40.00			21				200,707.	IVOIVE	33,131.
COO/CFO	NONE			x				208,506.	NONE	24,836.
(3) MARCIA SHACKELFORD	40.00							20070001	110111	21/0001
CHIEF PHILANTHROPY OFFICER	NONE					X		185,388.	NONE	31,668.
(4) NELIDA VALENTIN	40.00							,		,
VICE PRESIDENT, GRANTS & PRGM	NONE					Х		162,643.	NONE	17,784.
(5) LYNNE TOYE	40.00									
EXE. DIR OF NEW JERSEY ARTS	NONE					Х		159,554.	NONE	13,328.
(6) MICHAEL R NUNO	40.00									
SR. DIRECTOR OF PHILANTHROPY	NONE					Х		140,225.	NONE	17,843.
(7) SUZANNE DEGROUCHY	40.00									
VICE PRESIDENT, ACCOUNTING	NONE					Х		115,117.	NONE	17,879.
(8) SONIA DELGADO, MGA	5.00									
BOARD CHAIR - TRUSTEE	NONE	Х		Х				NONE	NONE	NONE
(9) ANTHONY J. CIMINO	5.00									
IMMEDIATE PAST CHAIR - TRUSTEE	NONE	Х		Х				NONE	NONE	NONE
(10) JEANNE BESSER	5.00									
BOARD SECRETARY - TRUSTEE	NONE	X		Х				NONE	NONE	NONE
(11) MICHELLE EVERMAN, CPA CGMA	5.00									
TREASURER - TRUSTEE	NONE	X		Х				NONE	NONE	NONE
(12) ANA BERDECIA M.ED.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(13) VERNON BRAMBLE, MBA, CAE	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(14) NICOLE BRONZAN	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE

Form **990** (2022)

			001111011111	- 001.2111	22.01	
Form 990 (202	22)					Page 8
Part VII	Section A. Officers, Di	rectors, Trustees, K	ev Employees	s, and Highest	Compensated Employees (continued)	

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	Higl	nest Compensat	ed Employees (d	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles er and	neck ss pe d a d	rson	e than o is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) STEVE DOWNS	5.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
16) ANDREW K. GOLDEN, CFA TRUSTEE	5.00 NONE	Х						NONE	NONE	NONE
17) SHAWN W. ELLSWORTH	5.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
18) PEG FORRESTEL	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
19) DR. KATE FOSTER	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
20) DR. SHANNON MASON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
21) HEATHER ESHELMAN MCCUSKER	1.00	^						NONE	NONE	NONE
TRUSTEE	NONE	x						NONE	NONE	NONE
22) ELIZABETH MCNEILLY	1.00	21						NONE	NONE	110111
TRUSTEE	NONE	X						NONE	NONE	NONE
23) SCOT D. PANNEPACKER, CPA/ABV,	5.00	1						110112	110112	110111
TRUSTEE	NONE	x						NONE	NONE	NONE
24) RAKIA REYNOLDS	1.00							-	-	
TRUSTEE	NONE	Х						NONE	NONE	NONE
25) JAMIE KYTE SAPOCH	5.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
1b Sub-total		•				•		1,232,220.	NONE	158,789.
c Total from continuation sheets to Part VII, S	ection A						•	NONE	NONE	NONE
d Total (add lines 1b and 1c)							>	1,232,220.	NONE	158,789.
2 Total number of individuals (including but not		hose	liste	d al	bove	,	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	n 🟲					8				120 1
										Yes No

			. ••	
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	3		
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	4		
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	5		

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 ▶

Page 8

Form 990 (2022)

Name and title Name and title Now per week (ites are) Now per	on A. Officers, Directors, Trustees,	Key E	Emp	oloy	ees,	and F	ligi	nest Compensat	ed Employees	(continue	d)
the week (lite arm) hours for reserved (literal arm) hours for reserved more than \$100,000 of reportable compensation from the organization segment (literal arm) for services rendered to the organization (literal arm) for the callendar year ending with or within the organization segment (literal arm) hours for the callendar year ending with or within the organization to rempensation from the organization	(A) (B)				(C)			(D)	(E)		(F)
Documents person in both states person in the organization of the calculations are person in the programmation in the organization is tary former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes, complete Schedule I for such individual is states and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person is taken by earth or organization from the organ	Name and title Average	·						Reportable			timated
Comparison to related Comparison to the related Comp								ount of			
wellstad organization 1		- 11									other pensation
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28) ANNE M. VANLENT TRUSTEE NONE 1.00 NONE 29) ATYA WEISS 1.00 TRUSTEE NONE 30) TONYA WOODLAND, M.H.R.M, M.S. 1.00 TRUSTEE NONE NONE NONE NONE NONE NONE NONE N			x					NONE	NON	E	NON
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d Total (add lines 1b and 1c)											
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a 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							>				
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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	pensation from the organization										
employee on line 1a? If "Yes," complete Schedule J for such individual											Yes No
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											
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	ne 1a? If "Yes," complete Schedule J for	· such ii	indiv	/idua	a/					3	X
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for services rendered to the organization? If "Yes," complete Schedule J for such person										4	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) (B) (C)	n listed on line 1a receive or accrue	compe	pensa	atior	n fro	m any	uni	related organization	on or individual		
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) (B) (C)	ndered to the organization? If "Yes," com	iplete S	Sche	edule	J fo	r such	per	son		5	X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	ndent Contractors										
year. (A) (B) (C)											
(A) (B) (C)	from the organization. Report compens	sation f	for t	the o	caler	dar ye	ar e	ending with or with	nin the organizat	on's tax	
	(A)							(B)		(C)	
									rvices		ation
2 Total number of independent contractors (including but not limited to those listed above) who received	of independent contractors (including	but r	not	limit	ted t	o thos	e li	sted above) who	received		

NONE

more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
פֿפֿ	С	Fundraising events 1c					
fts, ir A	d	Related organizations 1d					
igi ja	e	Government grants (contributions) . 1e					
ns, Sir	f	All other contributions, gifts, grants,					
itio er (-	and similar amounts not included above • 1f	19,780,005.				
ibr	g	Noncash contributions included in					
d	9	lines 1a-1f 1g	\$ 3,719,979.				
a au	h	Total. Add lines 1a-1f		19,780,005.			
		Total Account of the Property	Business Code				
e	20						
ξ	2a						
Se	b						
am SVe	C						
gra Re	d						
Program Service Revenue	e	All sales a sussession					
_	f g	All other program service revenue Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,					
	3	other similar amounts)		2,413,915.		40,939.	2,372,976.
	4	Income from investment of tax-exempt bond		NONE		10,733.	2737273701
	5	Royalties		NONE			
	•	(i) Real	(ii) Personal	NONE			
			()				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c NON	E NONE				
	C	rterital meetine er (1888)	1	NONE			
	d	Net rental income or (loss)	(ii) Other	NONE			
	7a		(ii) Other				
		sales of assets					
4	١.	other than inventory 7a 7,734,300	•				
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b 5,342,683					
Re		Gain or (loss)	1	0.001.615			0.001.615
er	d	Net gain or (loss)		2,391,617.			2,391,617.
Other	8a	Gross income from fundraising					
_		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
		Less: direct expenses9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
	b c	Less: cost of goods sold	NONE				
	·	rectification (1035) from Sales of inventory.	Business Code	NONE			
Snc		ADMINITED AUTUR DEDC		401 550			401 550
nec	11a	ADMINISTRATIVE FEES	900099	421,550.			421,550.
Miscellaneous Revenue	b						
Sce	C	All other revenue					
Ē	d	All other revenue		421,550.			
	<u>е</u> 12	Total. Add lines 11a-11d		25,007,087.		40,939.	5,186,143.
	14	. G.G. 16 Tellige. Oct Illoudoullib		23,007,007.		40,333.	J,100,143.

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,	(A) Total expenses	(B)	(C)	(D) Fundraising				
8b,	9b, and 10b of Part VIII.	i otai expenses	Program service expenses	Management and general expenses	expenses				
1	Grants and other assistance to domestic organizations		·		·				
-	and domestic governments. See Part IV, line 21	19,214,234.	19,214,234.						
2	Grants and other assistance to domestic								
_	individuals. See Part IV, line 22	NONE							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	NONE							
4	Benefits paid to or for members	NONE							
	Compensation of current officers, directors,								
·	trustees, and key employees	532,185.	123,697.	287,394.	121,094.				
6	Compensation not included above to disqualified	,	-,	,	,				
Ū	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	NONE							
7	Other salaries and wages	1,325,950.	701,974.	151,582.	472,394.				
		60,996.	33,348.	5,551.	22,097.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	00,000.	33,340.	3,331.	22,007.				
0		139,595.	70,222.	21,592.	47,781.				
	Other employee benefits	137,645.	62,129.	31,164.	44,352.				
10	Payroll taxes	137,043.	04,149.	31,104.	11,332.				
11	Fees for services (nonemployees):	NONE							
	Management	16,455.		16,455.					
	Legal	26,400.		26,400.					
	Accounting			20,400.					
	Lobbying	NONE NONE							
	Professional fundraising services. See Part IV, line 17.			2 157					
	Investment management fees	3,157.		3,157.					
g	Other. (If line 11g amount exceeds 10% of line 25, column	410 100	211 425	200 704					
	(A), amount, list line 11g expenses on Schedule O.)	412,129.	211,425.	200,704.	60.000				
	Advertising and promotion	137,025.	67,225.	00.635	69,800.				
13	Office expenses	247,040.	203,272.	27,635.	16,133.				
14	Information technology	133,511.	60,263.	30,228.	43,020.				
15	Royalties	NONE	40.051	26.262	21.050				
16	Occupancy	110,799.	48,971.	26,868.	34,960.				
17	Travel	5,689.	3,346.	967.	1,376.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	NONE							
19	Conferences, conventions, and meetings	18,773.	8,474.	4,250.	6,049.				
20	Interest	NONE							
21	Payments to affiliates	NONE							
22	Depreciation, depletion, and amortization	8,525.	3,848.	1,930.	2,747.				
23	Insurance	16,935.	7,644.	3,834.	5,457.				
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
а									
b									
c									
d									
е	All other expenses								
	Total functional expenses. Add lines 1 through 24e	22,547,043.	20,820,072.	839,711.	887,260.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here if								
	following SOP 98-2 (ASC 958-720)								
					Form 990 (2022)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		х х
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	200.	1	18,758.
	2	Savings and temporary cash investments	26,886,526.	2	29,020,716.
	3	Pledges and grants receivable, net	489,713.	3	1,643,238.
	4	Accounts receivable, net	29,695.	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ä	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	92,528.	9	132,664.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 170,693.			
	b	Less: accumulated depreciation	14,397.	10c	7,906.
	11	Investments - publicly traded securities SEE SCHEDULE .O	68,003,081.	11	65,352,682.
	12	Investments - other securities. See Part IV, line 11	170,591,070.	12	143,702,638.
	13	Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	349,545.	15	301,926.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	266,456,755.	16	240,180,528.
	17	Accounts payable and accrued expenses	166,123.	17	62,665.
	18	Grants payable	919,190.	18	1,224,053.
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	77,373,403.	21	72,342,331.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NONE
Ξ	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	78,458,716.	26	73,629,049.
seo		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	187,168,906.	27	164,616,440.
Ã	28	Net assets with donor restrictions	829,133.	28	1,935,039.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	·		
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et A	32	Total net assets or fund balances	187,998,039.	32	166,551,479.
ž	33	Total liabilities and net assets/fund balances	266,456,755.	33	240,180,528.
			200,100,100,		Form 990 (2022)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	5,0	07,	087
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,5	47,	<u>043</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4	60,	<u>044</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18	7,9	98,	<u>039</u> .
5	Net unrealized gains (losses) on investments	5	-2	4,2	58,	<u>984</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		3	52,	<u> 380</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	16	6,5	51,	<u>479</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain (on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		he			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

PRI	NC:	ETON AREA COMMUNITY	FOUNDATION I	INC.			52-1	746234
Pai	ΊI	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8	X	A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able incc (a)(2). (0	ceptions me (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•	•	•			
12		An organization organized a	•	•				• • • • •
		one or more publicly suppo	•					, ,, ,
		the box on lines 12a throug		• • • • • • • • • • • • • • • • • • • •			·	· · ·
а		Type I. A supporting orga	•	•	-		• , ,	
		the supported organization				ajority of	the directors or truste	es of the
_		supporting organization.	-					
b	L	Type II. A supporting org	•					
		control or management of			the sam	e persor	ns that control or man	age the supported
	г	organization(s). You must	•					
С	L							lly integrated with,
	г	its supported organization						
d	L	Type III non-functionally	•		•		• • • • • • • • • • • • • • • • • • • •	• ,
		that is not functionally into		•			•	d an attentiveness
	Г	requirement (see instruct	•	=				
е	L	Check this box if the organic						I, Type III
	_	functionally integrated, or		ionally integrated sup	porting o	organizat	ion.	
ī		ter the number of supported						• • • • • • • • • • • • • • • • • • • •
9		ovide the following information			<i>6</i> -2		(A) A == === 1 == = = = = = = = = = = = = =	(vi) A
	(I) IN	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	, ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

Schedule A (Form 990) 2022 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,835,641.	16,991,618.	19,707,552.	15,797,513.	19,780,005.	92,112,329.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	19,835,641.	16,991,618.	19,707,552.	15,797,513.	19,780,005.	92,112,329.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						27,807,103.
6	Public support. Subtract line 5 from line 4						64,305,226.
	tion B. Total Support	4 > 0040		() 2222	(), 0004	(),,,,,,,	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,835,641. 2,104,557.	16,991,618. 1,755,222.	19,707,552. 1,263,406.	15,797,513. 2,040,805.	19,780,005. 2,413,915.	92,112,329.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					40,939.	40,939.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE SUPP PAGE	225,732.	312,705.	259,651.	357,172.	421,550.	1,576,810.
11	Total support. Add lines 7 through 10						103,307,983.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	tion C. Computation of Public Sup		•		1	4.4	
14	Public support percentage for 2022 (li		-			14	62.25 %
15	Public support percentage from 2021	•	•		•	15	60.45 %
16a	331/3% support test - 2022. If the org	-					
L	box and stop here. The organization q 331/3% support test - 2021. If the org			_			
D	this box and stop here. The organization	=					
172	10%-facts-and-circumstances test - 2	•		_			
1 <i>1</i> a	10% or more, and if the organization						
	Part VI how the organization meets					-	-
	organization			=	•	-	
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization	-	•				
	in Part VI how the organization meets					•	•
	organization			_			
18	Private foundation. If the organization						
-	instructions						

Schedule A (Form 990) 2022 Page **3**

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
·a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	. ,	, ,		. ,	.,	.,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
40	,						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here .	_					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,			ımn (f))		15	%
16	Public support percentage from 2021 Sche		•			16	% %
	tion D. Computation of Investment					10	/0
	Investment income percentage for 2022 (lin			13 column (f))		17	%
17 18	Investment income percentage for 2022 (iii Investment income percentage from 2021 (iii						
18							
ıya	331/3% support tests - 2022. If the or	-					
L	17 is not more than 331/3%, check this	-	-	•			
a	331/3% support tests - 2021. If the orga						
20	line 18 is not more than 331/3 %, check Private foundation. If the organization of			-			

JSA 2E1221 1.000 Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
ig Dy			
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er	3a		
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	3b		
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to	10b		
dul	e A (Fo	rm 990) 2022

Schedule A (Form 990) 2022 Page 5

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
36611	on B. Type roupporting organizations		Yes	Nο
	Did the according to the decrease of the according to the decrease in the institute of the according to the decrease in the de			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
Sooti	on C. Type II Supporting Organizations	2		
Secu	on C. Type it Supporting Organizations		Yes	Nο
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
_	Did the consideration of the transfer of the consideration of the first deviction of the fifth consideration		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2				
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	ee instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Page 6 Schedule A (Form 990) 2022

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	<u>S</u>					
1	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.							
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
_7	Other expenses (see instructions)	7						
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
e	Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ction C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4		4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7			ited Type III supporting	n organization				
•	(see instructions).	ny miegra	пса туре ін зарропіні	y organization				

Schedule A (Form 990) 2022

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Page 7 Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1					
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed						
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3					
4	Amounts paid to acquire exempt-use assets		4						
5	Qualified set-aside amounts (prior IRS approval required - p.	rovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.		6						
7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which	onsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	tion E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2022				(iii) Distributable Amount for 2022				
_1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022								
	(reasonable cause required - explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2022								
а	From 2017								
b	From 2018								
С	From 2019								
d	From 2020								
ее	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from								
	Section D, line 7:								
a	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
a	Excess from 2018								
b	Excess from 2019								
	Excess from 2020								
_	EXCESS HOMEZUZE								

Schedule A (Form 990) 2022

Excess from 2022

Schedule A (Form 990 or 990-EZ) 2022 Page **8**

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.)

SCHEDULE A, PART II - OTHER INCO	ME					
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS REVENUE	225,732.	312,705.	259,651.	357,172.	421,550.	1,576,810.
TOTALS	225,732.	312,705.	259,651.	357,172.	421,550.	1,576,810.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Name of the organization	Employer identification number					
PRINCETON AREA COMMU		52-1746234				
Organization type (check one).					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private fou	ndation				
	501(c)(3) taxable private foundation					
Check if your organization is	covered by the General Rule or a Special Rule .					
), (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule. See				
General Rule						
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, confor property) from any one contributor. Complete Parts I and II. See instruontributions.	_				
Special Rules						
regulations under se 16b, and that receiv	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), 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.					
contributor, during t literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
=	isn't covered by the General Rule and/or the Special Rules doesn't file, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or					

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number 52-1746234

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
--------	--------------	---------------------	----------------------	-------------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$2,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$1,775,112.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$2,583,932.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$3,977,445.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$527,634.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number 52-1746234

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	N/A	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8_	N/A	\$815,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

(c)

Total contributions

(d)

Type of contribution

(a)

No.

(b)

Name, address, and ZIP + 4

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number 52-1746234

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

(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
2	2730 SHARES OF JOHNSON & JOHNSON			
		\$_	461,943.	01/12/2022
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
2	7800 SHARES OF JOHNSON AND JOHNSON			
		\$_	1,313,169.	03/04/2022
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		

Schedule B (Form 990) (2022) Page **4**

Name of or	rganization			Employer identification number		
	PRINCETON AREA COMMUN			52-1746234		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. On till, enter the total of the formation once. See	omplete columns (a) through (e) are of exclusively religious, charitable, et		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation			hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation				

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name	e of the organization		Employer identification number
PR1	NCETON AREA COMMUNITY FOUNDATION IN	C.	52-1746234
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	238	195
2	Aggregate value of contributions to (during year)	14,108,225.	11,690,819.
3	Aggregate value of grants from (during year)	13,723,633.	9,969,869.
4	Aggregate value at end of year		122,675,267.
	Did the organization inform all donors and donor		
5	<u> </u>	<u> </u>	
^	funds are the organization's property, subject to the	= = = = = = = = = = = = = = = = = = = =	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified I		2c
d	Number of conservation easements included in (c)	` '	
-	a historic structure listed in the National Register.		2d
3	Number of conservation easements modified, trai		·
3	tax year	nateriou, released, extinguished, or termin	lated by the organization during the
4	Number of states where property subject to conse	rvation easement is located	
5			on bondling of
3	Does the organization have a written policy reg		-
•	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspe-	ecting, handling of violations, and enforcing of	conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing co	nservation easements during the year
			
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the text	<u> </u>	ancial statements that describes the
	organization's accounting for conservation easemen		
Pa	rt III Organizations Maintaining Collections	· · · · · · · · · · · · · · · · · · ·	Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FA	SB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar asset	s held for public exhibition, education, o	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FA art, historical treasures, or other similar assets hel		
	provide the following amounts relating to these item		arch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		ς
•			
2	If the organization received or held works of ar		ssets for illiancial gain, provide the
_	following amounts required to be reported under FA		•
a	Revenue included on Form 990, Part VIII, line 1.		
<u>b</u>	Assets included in Form 990, Part X		

_		NCETON AREA CO						JZ 1/-		
Pa	rt III Organizations Maintaini	<u> </u>								•
3	Using the organization's acquisition		other recor	ds, check	c any of the	ne follow	ing that mak	e signific	cant us	e of its
	collection items (check all that appl	y):		_						
а	Public exhibition		d	Loan d	or exchang	e prograr	m			
b	Scholarly research		е	Other						
С	Preservation for future gener	ations								
4	Provide a description of the organ	nization's collections	and expla	ain how t	hey furthe	r the org	ganization's e	exempt p	urpose	in Part
	XIII.									
5	During the year, did the organizatio	n solicit or receive of	donations o	f art, histo	orical treas	sures, or o	other similar			
	assets to be sold to raise funds rath							\square	Yes	No
Pa	rt IV Escrow and Custodial A									
	Complete if the organiza		es" on Fori	m 990, F	Part IV, lin	e 9, or re	eported an a	amount o	on For	m
	990, Part X, line 21.						•			
1a	Is the organization an agent, trust	tee, custodian or o	ther interm	ediary fo	or contribu	itions or	other assets	not		
	included on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in	Part XIII and come	olete the fol	lowing tah	ole.			•••		
-	ii ree, explain ille arrangement il	Trait Am and comp	01010 1110 101	io mig tac	,.o.		Δr	nount		
С	Beginning balance				10		711	110 din		
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a									Yes	No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the ex	xplanation	has been	provided (on Part XIII .			X
Pa	rt V Endowment Funds.	4:		000 5) t	- 40				
	Complete if the organiza		1						_	
		(a) Current year	(b) Prio	r year	(c) Two ye	ars back	(d) Three years	back (e	e) Four ye	ears back
1 a	Beginning of year balance	57,662,612.	50,32	26,767.	46,214	,634.	38,770,7	702.	44,36	51,653.
b	Contributions	-407,623.	57	79,340.	54	,827.	319,1	L71.	•	54,847.
С	Net investment earnings, gains,									
	and losses	-6,422,460.	7,64	16,329.	6,097	,568.	8,729,7	704.	-1,98	88,779.
d	Grants or scholarships	1,598,365.	88	39,824.	1,292	,787.	866,8	318.	2,94	17,919.
e	Other expenditures for facilities									
	and programs				747	,475.	738,1	L25.	71	9,100.
f	Administrative expenses									
g g	End of year balance	49,234,164.	57,66	52,612.	50,326	,767.	46,214,6	534.	38,77	70,702.
2	Provide the estimated percentage	of the current year	and halance	a (lina 1a	column (a)	1) hald as				
a	Board designated or quasi-endowm			o (iiilo 19,	column (a)	i) ricia as	•			
b		NE %								
C	Term endowment NONE %	, o								
	The percentages on lines 2a, 2b, a	nd 2c should equal:	100%							
3 a	Are there endowment funds not in			tion that	are held a	nd admin	istered for the	,		
Ju	organization by:	ine possession or ti	ic organiza	tion that	are neid a	na aannii	iistered for the	•	Y	es No
	(i) Unrelated organizations							[·	3a(i)	X
								H		
	(ii) Related organizations							• • • •	Ba(ii)	X
_	If "Yes" on line 3a(ii), are the relate	J	•					L	3b	
4	Describe in Part XIII the intended u									
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	npinent. ation answered "Y	es" on For	m 990. F	Part IV. lin	ne 11a. S	See Form 99	0. Part	X. line	10.
	Description of property	(a) Cost or	other basis	(b) Cost of	or other basis	(c) Acc	umulated		Book valu	
		(inves	tment)		ther)		eciation	.,		
1 a	Land									
b	Buildings									
С	Leasehold improvements				63,318.		63,318.			NONE
d	Equipment			1	07,375.		99,469.		7	,906.
<u>e</u>	Other									
	I. Add lines 1a through 1e. (Column		n 990. Part	X. columi	n (B). line 1	(Oc.)			7	.906.

Schedule D (Form 990) 2022

Schedule D (F	orm 990) 2022		COMMUNITY FOUN	DATION INC.	52-1746234	Page
Part VII	Investments - Oth					
	Complete if the o	rganization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 99	00, Part X, line	12.
	(a) Description of secur (including name of	ity or category security)	(b) Book value	(c) Method of valu Cost or end-of-year m		
(1) Financi	al derivatives					
(2) Closely	held equity interests					
(3) Other _						
	ERNATIVE - MULT		51,060,721.	FMV		
	ERNATIVE - L/S		3,434,277.	FMV		
	ERNATIVE - EQUI		38,905,090.	FMV		
	ERNATIVE - REAL		8,106,186.	FMV		
	ERNATIVE - NAV		25,217,370.	FMV		
	ERNATIVE - VENT	URE CAPITAL	16,978,994.	FMV		
(G)						
(H)	"\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 ()((0) ((0)	142 500 620			
		Part X, col. (B) line 12.)	143,702,638.			
Part VIII			l "Yes" on Form 990	, Part IV, line 11c. See Form 99	0. Part X. line	13.
	(a) Description of in		(b) Book value	(c) Method of value Cost or end-of-year m	uation:	
(4)				Cost of one of your m	arrot valuo	
<u>(1)</u> (2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, F	Part X, col. (B) line 13.)				
Part IX	Other Assets.					
	Complete if the o	rganization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 99		
		(a) De	scription		(b) Book v	alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(8) (9)						
	umn (h) must egual Fo	orm 990, Part X, col. (B) I	line 15)			
Part X	Other Liabilities.	(2) i			•	
		rganization answered	l "Yes" on Form 990	, Part IV, line 11e or 11f. See F	orm 990, Part I	Χ,
1.		(a) Descrip	otion of liability		(b) Book v	alue
(1) Feder	ral income taxes	,,,,,,	•		`,	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

JSA 2E1270 1.000

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		1/10251 rage 1
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	11.	
1	Total revenue, gains, and other support per audited financial statements	1	697,326.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	057,520:
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d -47,620.		
e	Add lines 2a through 2d	2e	-24,306,604.
3	Subtract line 2e from line 1	3	25,003,930.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	3,157.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,007,087.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	22,143,886.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	22,143,886.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		400 155
с 5	Add lines 4a and 4b	4c 5	403,157.
$\overline{}$	XIII Supplemental Information.		22,547,043.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V.	line 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

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, 2022 AND 2021.

THE COMMUNITY FOUNDATION FOLLOWS THE PRONOUNCEMENT RELATED TO ACCOUNTING
FOR UNCERTAINTY IN INCOME TAXES AND THERE WERE NO UNCERTAIN TAX POSITIONS
AT DECEMBER 31, 2022 AND 2021. IN ADDITION, NO INCOME TAX RELATED
PENALTIES OR INTEREST HAVE BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31,
2022 AND 2021.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT (\$47,620.)

SCHEDULE D, PART IV, LINE 2B

THE COMMUNITY FOUNDATION RECEIVES AND DISTRIBUTES ASSETS UNDER CERTAIN AGENCY AND INTERMEDIARY ARRANGEMENTS. WHEN THE COMMUNITY FOUNDATION ACCEPTS A DEPOSIT FROM A NOT-FOR-PROFIT ORGANIZATION ("NPO") TO ESTABLISH A FUND THAT SPECIFIES ITSELF OR ITS AFFILIATE AS THE BENEFICIARY OF THAT FUND, THE COMMUNITY FOUNDATION WILL ACCOUNT FOR THE TRANSFER OF SUCH ASSETS AS A LIABILITY. THE LIABILITY IS ESTABLISHED AT THE FAIR VALUE OF THE FUNDS RECEIVED, ADJUSTED FOR INVESTMENT EARNINGS AND FEES, GAINS AND LOSSES AND NET OF ANY FUNDS RETURNED WHICH IS GENERALLY EQUIVALENT TO THE PRESENT VALUE OF FUTURE PAYMENTS EXPECTED TO BE MADE TO THE NPOS. THESE FUNDS ARE REFLECTED AS "FUNDS HELD FOR OTHERS" IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION. UPON WRITTEN REQUEST, FULL LIQUIDATIONS OCCUR AT THE DISCRETION OF THE COMMUNITY FOUNDATION, FOLLOWING THE MONTHLY RECONCILIATION OR AT THE END OF THE FOLLOWING QUARTER WHEN THE PORTFOLIO IS REBALANCED. TIMING OF LIQUIDATIONS IS DETERMINED BY THE COMMUNITY FOUNDATION TO ENSURE NO ADVERSE IMPACT ON THE PERFORMANCE OF THE INVESTMENT POOL.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

REFUNDS OF GRANTS PAID IN PRIOR YEARS = \$400,000.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** 52-1746234 PRINCETON AREA COMMUNITY FOUNDATION INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total émployees, expenditures for of offices in region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) CENTRAL AMERICA/CARIBBEAN NONE NONE INVESTMENTS NONE 16,617,948. (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15) (16)(17)Subtotal NONE NONE 16,617,948. 3a Total from continuation sheets to Part I

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

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2022

NONE

16,617,948.

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											
е	nter total number of recipient o xempt 501(c)(3) organization by nter total number of other organ	the IRS, or for which th	ne grantee or counsel has	s provided a sec	tion 501(c)(3) equi	valency letter	.				

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)							
<u>(10)</u>							
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
<u>(18)</u>							

Part IV Foreign Forms

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

Part V Sur

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 TO ELIGIBLE NOT FOR PROFITS AFTER A THOROUGH REVIEW OF THE GRANTEE'S ORGANIZATIONAL DOCUMENTS AND OTHER RELEVANT INFORMATION. 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

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).

EDUCATIONAL INSTITUTIONS IN SUPPORT OF SCHOLARSHIP RECIPIENTS ARE

MONITORED EACH YEAR TO DETERMINE THAT RECEPIENTS ARE ENROLLED AND

MAINTAIN COMPLIANCE WITH SCHOLARSHIP GUIDELINES.

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

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
PRINCETON AREA COMMUNITY FOUNDATION	ON INC.					52-1746234	
Part I General Information on Grants and		е				•	
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to 	ts or assistand dures for mor comestic Or	e? nitoring the use ganizations ar	of grant funds in the	e United States.	nplete if the organiz	ation answered "Y	X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A SOLDIER'S HANDS							
2277 OAK LEAF DR STATE COLLEGE, PA 16803	46-4156350	501(C)(3)	11,000.				GENERAL SUPPORT
(2) ACME SCREENING ROOM							
25 S UNION ST LAMBERTVILLE, NJ 08530	83-1239270	501(C)(3)	5,500.				GENERAL SUPPORT
(3) ACORN CTR FOR RESTORATION AND FREEDOM, INC.							
10699 NWY 36 COVINGTON, GA 30014	84-4166710	501(C)(3)	35,000.				GENERAL SUPPORT
(4) ACTIVE TRANSPORTATION ALLNCE.							
35 E WACKER DR CHICAGO, IL 60601	36-3385886	501(C)(3)	25,000.				GENERAL SUPPORT
(5) ACTORSNET							
635 N. DELMORR AVE MORRISVILLE, PA 19067	20-3349308	501(C)(3)	8,280.				GENERAL SUPPORT
(6) AFGHAN GIRLS FINANCIAL ASSIST. FUND							
1378 ROUTE 206 SKILLMAN, NJ 8558	47-5527310	501(C)(3)	9,000.				GENERAL SUPPORT
(7) ALASKA COMM. FDN.							
3201 C ST ANCHORAGE, AK 99503	92-0155067	501(C)(3)	25,000.				GENERAL SUPPORT
(8) AMER. ASSOC. FOR THE ADVANCEMENT OF SCIENCE							
1200 NEW YORK AVE NW WASHINGTON, DC 20005	53-0196568	501(C)(3)	5,520.				GENERAL SUPPORT
(9) AMER. CIVIL LIBERTIES NJ							
POST OFFICE BOX 32159 NEWARK, NJ 07102	22-2010593	501(C)(3)	16,750.				GENERAL SUPPORT
(10) AMER. CIVIL LIBERTIES UNION FDN. NY							
125 BRD ST NEW YORK, NY 10004	13-6213516	501(C)(3)	9,200.				GENERAL SUPPORT
(11) AMER. HEART ASSOC., INC.							
7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	8,833.				GENERAL SUPPORT
(12) AMER. RED CROSS OF CENTRAL NEW JERSEY							
209 FAIRFIELD RD FAIRFIELD, NJ 07004-2420	53-0196605	501(C)(3)	12,100.				DISASTER RELIEF
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			338
3 Enter total number of other organizations lis	ted in the line	1 table					1

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

OMB No. 1545-0047
2022

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	e?					Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMER. REPERTORY BALLET/PRINCETON BALLET SCH							
301 N. HARRISON PRINCETON, NJ 08540	21-0732575	501(C)(3)	60,400.				GENERAL SUPPORT
(2) AMER. THEATER GROUP							
57 FARMS RD CIRCLE E BRUNSWICK, NJ 08816	27-1141524	501(C)(3)	25,000.				AMER. THEATER GROUP
(3) ANCHOR HOUSE, INC.							
482 CENTRE ST TRENTON, NJ 08611	22-2229995	501(C)(3)	69,450.				GENERAL SUPPORT
(4) ARBOR RISING							
270 W. 39TH ST NEW YORK, NY 10018	27-4205023	501(C)(3)	60,000.				GENERAL SUPPORT
(5) ARDELLA'S HOUSE							
2428 N. 33RD ST PHILADELPHIA, PA 19132	27-2496591	501(C)(3)	20,000.				GENERAL SUPPORT
(6) ARM IN ARM							
1 N JOHNSTON AVE HAMILTON, NJ 08609	22-3198464	501(C)(3)	244,450.				GENERAL SUPPORT
(7) ART AGAINST RACISM							
208 LAUREL CIRCLE PRINCETON, NJ 08540	85-1291324	501(C)(3)	20,000.				GENERAL SUPPORT
(8) ART HOUSE PRODUCTIONS							
100 SHEARWATER CT E JERSEY CITY, NJ 07305	14-1993156	501(C)(3)	72,500.				GENERAL SUPPORT
(9) ART IN THE ATRIUM							
PO BOX 9158 MORRISTOWN, NJ 07960-9158	22-3262907	501(C)(3)	12,938.				GENERAL SUPPORT
(10) ARTPRIDE NEW JERSEY FDN., INC.							
432 HIGH ST BURLINGTON, NJ 08016	22-3460723	501(C)(3)	15,000.				GENERAL SUPPORT
(11) ARTS BY THE PEOPLE							
14 ELM ST MORRISTOWN, NJ 07960	27-1256226	501(C)(3)	15,000.				GENERAL SUPPORT
(12) ARTS COUNCIL OF PRINCETON							
102 WITHERSPOON ST PRINCETON, NJ 08542	22-6108090	501(C)(3)	42,650.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis							

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

OMB No. 1545-0047
2022

Schedule I (Form 990) 2022

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants	and Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gr Describe in Part IV the organization's pro 	rants or assistand	e?					Yes No
Part IV, line 21, for any recipier		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARTS ED NJ INC							
432 HIGH ST BURLINGTON, NJ 08016	47-3402518	501(C)(3)	20,000.				GENERAL SUPPORT
(2) ARTS FOR KIDS INC							
49 RIDGEHURST RD W ORANGE, NJ 07052	22-3764489	501(C)(3)	40,000.				GENERAL SUPPORT
(3) ARTS HORIZONS							
1 GRAND AVE, SUITE 7 ENGLEWOOD, NJ 07631	22-2418718	501(C)(3)	15,000.				GENERAL SUPPORT
(4) ARTWORKS TRENTON INC							
19 EVERETT ALLEY TRENTON, NJ 08611	22-1803117	501(C)(3)	65,000.				GENERAL SUPPORT
(5) ASIAN WOMEN'S CHRISTIAN ASSOC.							
9 GENESEE AVE TEANECK, NJ 07666	22-3646307	501(C)(3)	14,000.				GENERAL SUPPORT
(6) ATLANTIC CITY ARTS FDN.							
PO BOX 3 ATLANTIC CITY, NJ 08404	45-2409043	501(C)(3)	36,250.				ATLANTIC CITY ARTS E
(7) AXELROD PERFORMING ARTS CTR							
100 GRANT AVE DEAL, NJ 07723	27-2362887	501(C)(3)	15,000.				PROGRAM SUPPORT
(8) AYUDAME A VIVIR FDN. INC AKA AYUVI							
201 S BISCAYNE BLVD. MIAMI, FL 33131	20-8866291	501(C)(3)	10,000.				PROGRAM SUPPORT
(9) BARAT FDN.							
2 CTR ST NEWARK, NJ 07102	22-3509869	501(C)(3)	40,000.				BARAT FDN.
(10) BARNEGAT BAY DECOY & BAYMEN'S MUSEUM							
120 W MAIN ST TUCKERTON, NJ 08087	22-3063346	501(C)(3)	10,000.				GENERAL SUPPORT
(11) BAYARD RUSTIN CTR FOR SOCIAL JUSTICE							
12 STOCKTON ST PRINCETON, NJ 08540-6136	82-4434634	501(C)(3)	10,000.				GENERAL SUPPORT
(12) BAYSHORE CTR AT BIVALVE							
2800 HIGH ST PORT NORRIS, NJ 08349	22-3019683	501(C)(3)	15,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a	-	-					
3 Enter total number of other organizations	s iisteu iii trie iine	เลยเย					

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

OMB No. 1545-0047

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

Attach to Form 990.

Attach to Form 990.

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

Open to Public Inspection

Name of the organization Employer identification number PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government grant noncash assistance noncash assistance or assistance (1) BIG BROTHERS BIG SISTERS OF MERCER CTY. 535 E FRANKLIN ST TRENTON, NJ 08610 06-1653897 501(C)(3) 116,500. GENERAL SUPPORT (2) BIRTHNET INC 14-1829036 501(C)(3) 12,500. 20 ELM ST ALBANY, NY 12202 GENERAL SUPPORT (3) BOROUGH OF HOPEWELL 88 E BRD ST HOPEWELL, NJ 08525 80,000. GENERAL SUPPORT (4) BOYS & GIRLS CLUBS OF MARTIN CTY. 65-0253002 501(C)(3) 290,000 PO BOX 910 HOBE SOUND, FL 33475 ANNUAL FUND (5) BOYS & GIRLS CLUBS OF MERCER CTY., INC. 212 CENTRE ST TRENTON, NJ 08611 21-0634556 501(C)(3) 56,700. GENERAL SUPPORT (6) BOYS & GIRLS CLUBS OF MONMOUTH CTY. 1201 MONROE AVE ASBURY PARK, NJ 07712 21-0694373 501(C)(3) 75,000. GENERAL SUPPORT (7) BREAD & ROSES COMM. FUND 501(C)(3) 100 S. BRD ST PHILADELPHIA,, PA 19102 23-2047297 20,000. GENERAL SUPPORT (8) BRENNAN CTR FOR JUSTICE 120 BRDWAY NEW YORK, NY 10271 13-3839293 501(C)(3) 12,250. GENERAL SUPPORT (9) BRIDGINGLIFE 292 STONER AVE WMINSTER, MD 21157 52-1565870 501(C)(3) 30,000. GENERAL SUPPORT (10) BRDFUTURES, INC. C/O CAROLYN JEPPSEN WASHINGTON, DC 20006 46-3344842 501(C)(3) 12,500. GALA SUPPORT (11) BRONXWORKS INC. 60 E TREMONT AVE BRONX, NY 10453 13-3254484 501(C)(3) 10,000. GENERAL OPERATING SU (12) CAMDEN AREA HEALTH EDUCATION CTR 514 COOPER ST CAMDEN, NJ 08102 22-2358827 501(C)(3) 10,000. GENERAL SUPPORT

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

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

2022

OMB No. 1545-0047

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

Attach to Form 990.

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Open to Public Inspection

Schedule I (Form 990) 2022

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the grad Describe in Part IV the organization's process. 	nts or assistand	e?					Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CAMDEN FIREWORKS INCORPORATED							
1813 S BRDWAY CAMDEN, NJ 08104	47-3674290	501(C)(3)	35,000.				CAMDEN FIREWORKS
(2) CAPITAL CITY COMM. FDN. D/B/A I AM TRENTON							
P.O. BOX 1743 TRENTON, NJ 08607-1743	61-1529153	501(C)(3)	123,025.				GENERAL SUPPORT
(3) CAPITAL HARMONY WORKS							
1 N. JOHNSTON AVE TRENTON, NJ 08609	22-3559611	501(C)(3)	120,850.				GENERAL SUPPORT
(4) CAPITAL HEALTH SYSTEM FDN.							
TWO CAPITAL WAY PENNINGTON, NJ 08534	22-2230681	501(C)(3)	20,000.				GENERAL SUPPORT
(5) CAPITAL SINGERS OF TRENTON							
P.O. BOX 5297 TRENTON, NJ 08638	20-5167648	501(C)(3)	6,500.				CAPITAL SINGERS OF T
(6) CAREAKA COOP. FOR ASSIST. & RELIEF EVERYWHE							
GIFT CTR MERRIFIELD, VA 22116-8070	13-1685039	501(C)(3)	14,000.				GENERAL SUPPORT
(7) CAROLYN DORFMAN DANCE CO.							
2780 MORRIS AVE UNION, NJ 07083	22-2433530	501(C)(3)	35,000.				CAROLYN DORFMAN DANG
(8) CASA FOR CHILDREN OF MERCER & BURLINGTON CT							
1450 PARKSIDE AVE EWING, NJ 08638	22-3770968	501(C)(3)	67,000.				SUPPORT FOR CHILDREN
(9) CATHOLIC CHARITIES - ARCHDIOCESE OF NEWARK							
590 n 7TH ST NEWARK, NJ 07107	22-2164120	501(C)(3)	25,000.				GENERAL SUPPORT
10) CATHOLIC YOUTH ORG. OF MERCER CTY.							
920 S BRD ST TRENTON, NJ 08611	22-2054324	501(C)(3)	25,000.				CATHOLIC YOUTH ORG.
11) CAVANKERRY PRESS							
303 MAIN ST FORT LEE, NJ 07024	22-3686265	501(C)(3)	15,000.				CAVANKERRY PRESS
12) C-CHANGE CONVERSATIONS							
PO BOX 1206 PRINCETON, NJ 08542	82-0839429	501(C)(3)	5,200.				GENERAL SUPPORT

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

OMB No. 1545-0047
2022

Schedule I (Form 990) 2022

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

of grant funds in the	e United States.	eligibility for the grant plete if the organiz additional space is r (f) Method of valuation (book, FMV, appraisal, other)	ation answered "Y	Yes No es" on Form 990, (h) Purpose of grant or assistance
of grant funds in the d Domestic Gov 000. Part II can b (d) Amount of cash grant 39,300.	e United States. vernments. Com the duplicated if a (e) Amount of	plete if the organiz	ation answered "Yneeded. (g) Description of	es" on Form 990, (h) Purpose of grant or assistance
(d) Amount of cash grant 39,300.	oe duplicated if a	dditional space is r	(g) Description of	(h) Purpose of grant or assistance
39,300. 25,000.		(f) Method of valuation (book, FMV, appraisal, other)		or assistance
25,000.				CEMEDAI CUDDOD
25,000.				CENTED AT CUIDDOD
				PENEKAL SUPPOKI
10,000.				GENERAL SUPPORT
10,000.				
				GENERAL SUPPORT
23,000.				GENERAL SUPPORT
5,250.				GENERAL SUPPORT
15,000.				PROGRAM SUPPORT
10,000.				GENERAL SUPPORT
24,511.				GENERAL SUPPORT
15,000.				GENERAL SUPPORT
10,000.				GENERAL SUPPORT
55,500.				MEMORIAL
13,000.				GENERAL SUPPORT
	24,511. 15,000. 10,000. 55,500.	24,511. 15,000. 10,000. 55,500. 13,000. ted in the line 1 table	24,511. 15,000. 10,000. 55,500.	24,511. 15,000. 10,000. 55,500. 13,000. ted in the line 1 table

Name of the organization

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

OMB No. 1545-0047
2022

Schedule I (Form 990) 2022

Department of the Treasury
Internal Revenue Service

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Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand	e?					Yes No
Part IV, line 21, for any recipient t		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)COLAB ARTS, INC.							
P.O. BOX 887 NEW BRUNSWICK, NJ 08903	27-2611798	501(C)(3)	15,000.				PROGRAM SUPPORT
(2) COLLEGE OF THE ATLANTIC							
105 EDEN ST BAR HARBOR, ME 04609	23-7032625	501(C)(3)	10,000.				ENDOWMENT SUPPORT
(3) COMUNILIFE, INC.							
462 7TH AVE, 3RD FLOOR NEW YORK, NY 10018	13-3530299	501(C)(3)	15,000.				LIFE IS PRECIOUS PRO
(4) CONSERVATORY OF MUSIC AND PERFORMING ARTS S							
540 E STATE ST TRENTON, NJ 08609	47-2726603	501(C)(3)	35,000.				GENERAL SUPPORT
(5) CONSTANZA MEDICAL MISSION							
117 FORREST ST WHITMAN, MA 02382	27-2894665	501(C)(3)	10,000.				GENERAL OPERATING SU
(6) CORNER HOUSE FDN.							
ONE MONUMENT DR PRINCETON, NJ 08542	22-2359490	501(C)(3)	13,100.				IN SUPPORT OF THE AN
(7) CROSSRDS COMM. FOOD NETWORK							
6930 CARROLL AVE. TAKOMA PARK, MD 20912	36-4635237	501(C)(3)	25,000.				GENERAL OPERATING SU
(8) CROSSRDS INCORPORATED AKA CROSSRDS THEATRE							
7 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	22-2345520	501(C)(3)	50,000.				CROSSRDS THEATRE CO.
(9) D&R GREENWAY LAND TRUST							
ONE PRESERVATION PL PRINCETON, NJ 08540	22-3035836	501(C)(3)	51,375.				GENERAL SUPPORT
(10) DANCE NEW JERSEY, INC.							
PO BOX 205 VERONA, NJ 07044	22-3613725	501(C)(3)	57,500.				GENERAL SUPPORT
(11) DAVE PURCHASE PROJECT							
535 DOCK ST TACOMA, WA 98402	91-1435394	501(C)(3)	10,000.				GENERAL SUPPORT
(12) DAWN OF HOPE							
132 ABERNETHY DR TRENTON, NJ 08618	81-4391200	501(C)(3)	11,000.				GENERAL SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis 	_	=					

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

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

OMB No. 1545-0047
2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

varne of the organization						Employer identificat	ion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	e					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	e?				s or assistance, and	Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can b	oe duplicated if a	additional space is n	eeded.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DEFENDER MOBILITY							
27056 JOY RD REDFORD, MI 48239	47-4543354	501(C)(3)	12,610.				GENERAL SUPPORT
(2) DOANE ACADEMY							
350 RIVERBANK BURLINGTON, NJ 08016	21-0634575	501(C)(3)	15,000.				THE CAPITAL CAMPAIGN
(3) DOCTORS WITHOUT BORDERS/MEDECINS SANS FRONT							
40 RECTOR ST NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	59,121.				GENERAL SUPPORT
(4) DRESS FOR SUCCESS CENTRAL NEW JERSEY							
3131 PRINCETON PIKE LAWRENCEVILLE, NJ 08648	37-1536476	501(C)(3)	47,250.				PROGRAM SUPPORT
(5) DR CHANGE INC.							
530 FLUSHING AVE. BROOKLYN, NY 11206	46-4691123	501(C)(3)	33,334.				GENERAL OPERATING SU
(6) EDEN AUTISM SVCS. FDN.							
2 MEWRICK RD PRINCETON, NJ 08540	22-4215005	501(C)(3)	11,850.				THE ANNUAL FUND
(7) ED. ARTS TEAM							
300 MORRIS PESIN DR. JERSEY CITY, NJ 07305	22-2382747	501(C)(3)	35,000.				ED. ARTS TEAM
(8) ELON UNIVERSITY							
JOHNSTON HALL 205A ELON, NC 27244	56-0532303	501(C)(3)	75,000.				GENERAL SUPPORT
(9) ENDURING HEARTS							
205 JOHNSON FERRY RD. ATLANTA, GA 30068	46-2665745	501(C)(3)	20,000.				GENERAL SUPPORT
10) ENVIRONMENTAL DEFENSE FUND							
257 PARK AVE S NEW YORK, NY 10010	11-6107128	501(C)(3)	13,650.				GENERAL SUPPORT
11) EPITOME OF SOUL							
50 E RIDGEWOOD AVE RIDGEWOOD, NJ 07450	45-5496564	501(C)(3)	20,000.				EPITOME OF SOUL, INC
12) ESSEX CTY. LATINO AMER. CHAMBER OF COMMERCE							
714 SCOTLAND RD ORANGE, NJ 07050	87-3420719	501(C)(3)	10,000.				GENERAL SUPPORT

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

OMB No. 1545-0047
2022

Department of the Treasury
Internal Revenue Service
Name of the organization

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Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	e?					Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EVERGLADES FDN.							GENERAL SUPPORT
18001 OLD CUTLER RD PALMETTO BAY, FL 33157	59-3228899	501(C)(3)	27,500.				SUPPORT
(2) EVERY CHILD VALUED							GENERAL SUPPORT
175 JOHNSON AVE LAWRENCEVILLE, NJ 08648	26-4654078	501(C)(3)	107,225.				SUPPORT
(3) FAMILY HEALTHCARE							
301 NP AVE FARGO, ND 58102	45-0430628	501(C)(3)	25,000.				GENERAL SUPPORT
(4) FISHERMAN'S MARK							
60 WILSON ST LAMBERTVILLE, NJ 08530	22-2302255	501(C)(3)	107,000.				GENERAL SUPPORT
(5) FOR THE GIRLS - AKA I SUPPORT THE GIRLS							
PO BOX 2736 WHEATON, MD 20915	81-2163243	501(C)(3)	12,500.				GENERAL SUPPORT
(6) FDN. ACADEMY CHARTER SCHOOL							
363 W STATE ST TRENTON, NJ 08618	20-4406909	501(C)(3)	10,000.				GENERAL SUPPORT
(7) FDN. FIGHTING BLINDNESS-NJ CHAPTER							
7168 COLUMBIA GTWY DR COLUMBIA, MD 21046	23-7135845	501(C)(3)	10,000.				GENERAL SUPPORT
(8) FDN. FOR ED. ADMINISTRATION							
12 CENTRE DR MONROE TOWNSHIP, NJ 08831	22-2757694	501(C)(3)	200,000.				GENERAL SUPPORT
(9) FREEDOM HOUSE							
2004 STATE RTE 31 CLINTON, NJ 08809	22-2638093	501(C)(3)	15,000.				GENERAL SUPPORT
(10) FRIENDS & FDN. OF THE PRINCETON PUBLIC LIBR							
65 WITHERSPOON ST PRINCETON, NJ 08542	22-3494366	501(C)(3)	13,800.				GENERAL SUPPORT
(11) FRIENDS BOARDING HOME OF BUCKS QUARTERLY ME							
50 S CONGRESS ST NEWTOWN, PA 18940	23-1365330	501(C)(3)	50,000.				GENERAL SUPPORT
(12) FRIENDS OF HOPEWELL VALLEY OPEN SPACE							
PO BOX 395 PENNINGTON, NJ 08534	22-2810757	501(C)(3)	74,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis	ted in the line	1 table					<u> </u>

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

2022

OMB No. 1545-0047

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

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Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FRIENDS OF YOGI, INC./DBA THE YOGI BERRA MU							
8 YOGI BERRA DR LITTLE FALLS, NJ 07424	22-3548871	501(C)(3)	15,000.				GENERAL SUPPORT
(2) GARDEN STATE EQUALITY EDUCATION FUND INC.							
1408 MAIN ST ASBURY PARK, NJ 07712	20-2588166	501(C)(3)	100,000.				GENERAL SUPPORT
(3) GARY SINISE FDN.							
PO BOX 40726 NASHVILLE, TN 37204	80-0587086	501(C)(3)	40,000.				GENERAL SUPPORT
(4) GEORGE ST PLAYHOUSE							
9 LIVINGSTON AVE	23-7361588	501(C)(3)	20,000.				GENERAL SUPPORT
(5) GIRLS ED. AND MENTORING SVCS. INC.							
201 W 148TH ST NEW YORK, NY 10039	13-4150972	501(C)(3)	35,000.				GENERAL SUPPORT
(6) GIRLS FOR GENDER EQUITY, INC.							
25 CHAPEL ST BROOKLYN, NY 11201	04-3697166	501(C)(3)	15,000.				GENERAL SUPPORT
(7) GLASSROOTS, INC.							
10 BLEEKER ST NEWARK, NJ 07162	22-3671890	501(C)(3)	40,000.				GENERAL SUPPORT
(8) GOOD GRIEF, INC.							
38 ELM ST MORRISTOWN, NJ 07960-4110	20-0514996	501(C)(3)	11,750.				GENERAL SUPPORT
(9) GRAND TETON NATL. PARK FDN.							
PO BOX 249 MOOSE, WY 83012	83-0322668	501(C)(3)	148,708.				GENERAL SUPPORT
(10) GREATER DC DIAPER BANK							
5614 CONN. AVE. NW WASHINGTON, DC 20015	27-4276547	501(C)(3)	10,000.				GENERAL SUPPORT
(11) GREATER PHILADELPHIA COALITION AGAINST HUNG							
123 CHESTNUT ST PHILADELPHIA, PA 19106	26-2727680	501(C)(3)	10,000.				GENERAL SUPPORT
(12) GREATER SOMERSET CTY. YMCA/PRINCETON YMCA							
59 PAUL ROBESON PL PRINCETON, NJ 08540	22-1559439	501(C)(3)	71,555.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations list	ted in the line	1 table					

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

OMB No. 1545-0047 2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government grant noncash assistance noncash assistance or assistance (1) GREATER TRENTON, INC. 124 W STATE ST TRENTON, NJ 08608 26-1307260 501(C)(3) 50,000. GENERAL SUPPORT (2) GREATER WASHINGTON URBAN LEAGUE 10,000. 2901 14TH ST NW WASHINGTON, DC 20009 53-0208981 501(C)(3) GENERAL SUPPORT (3) GREENPEACE FUND, INC. 702 H ST NW WASHINGTON, DC 20001 95-3313195 501(C)(3) 17,750. GENERAL SUPPORT (4) GROUNDS FOR SCULPTURE 80 SCULPTORS WAY HAMILTON, NJ 08619 22-3694371 501(C)(3) 66,750. ANNUAL FUND (5) GULFSHORE PLAYHOUSE 2640 GOLDEN GATE PKWY NAPLES, FL 34105 90-0178566 501(C)(3) 100,000 GENERAL SUPPORT (6) HABITAT FOR HUMANITY OF BURLINGTON AND MERC 530 ROUTE 38 E MAPLE SHADE, NJ 08052 22-2905055 501(C)(3) 56,100. GENERAL SUPPORT (7) HADPRE, INC. 501(C)(3) 490 WFIELD RD CHARLOTTESVILLE, VA 22901 82-1121832 16,200. GENERAL SUPPORT (8) HAMILTON AREA YMCA BALANCING INEQUITIES 1315 WH-MERCERVILLE RD HAMILTON, NJ 08619 21-0702879 501(C)(3) 25,000. (9) HAMILTON PARK MONTESSORI SCHOOL 1 MCWILLIAMS PL JERSEY CITY, NJ 07302 82-2344092 501(C)(3) 12,000. TRAINING FOR 2 TEACH (10) HAMILTON TOWNSHIP SCHOOL DISTRICT 90 PARK AVE HAMILTON, NJ 08690 21-6000323 501(C)(3) 10,000. PROGRAM SUPPORT (11) HEALTHY NEWSWORKS PO BOX 431 DREXEL HILL, PA 19026 81-4668072 501(C)(3) 26,500. GENERAL SUPPORT (12) HEIFER PROJECT INT'L. DBA HEIFER INT'L. 1 WORLD AVE LITTLE ROCK, AR 72202 35-1019477 501(C)(3) 5,750 GENERAL SUPPORT

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

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

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization						Employer identificat	ion number	
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234		
Part I General Information on Grants and	d Assistanc	е						
Does the organization maintain records to su the selection criteria used to award the grantsDescribe in Part IV the organization's proced	s or assistand	e?					Yes No	
Part IV, line 21, for any recipient the	"	_					es" on Form 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) HELP FDN. (HEALTH AND EDUCATION FOR LESS PR								
185 SCARBOROUGH WAY MARLBORO, NJ 07746	22-3309963	501(C)(3)	10,000.				GENERAL SUPPORT	
(2) HENRY J. AUSTIN HEALTH CTR, INC.								
321 N WARREN ST TRENTON, NJ 08618	22-2682708	501(C)(3)	25,000.				GENERAL SUPPORT	
(3) HIGH FIVES FDN.								
10775 PIONEER TRAIL TRUCKEE, CA 96161	26-4275773	501(C)(3)	11,500.				PATRIOT FUND	
(4) HILL SCHOOL								
717 E HIGH ST POTTSTOWN, PA 19464-5791	23-1352647	501(C)(3)	15,000.				GENERAL SUPPORT	
(5) 'HISPA (HISPANICS INSPIRING STUDENTS' PERFO								
P.O. BOX 702 PRINCETON, NJ 08542	52-1825305	501(C)(3)	15,000.				PROGRAM SUPPORT	
(6) HISTORIC MORVEN, INC AKA MORVEN MUSEUM &								
55 STOCKTON ST PRINCETON, NJ 08540-6912	22-2817982	501(C)(3)	14,200.				GENERAL SUPPORT	
(7) HITOPS								
300 WITHERSPOON ST PRINCETON, NJ 08542	22-3486441	501(C)(3)	17,600.				CELEBRATING LGBTQ+	
(8) HOBART AND WILLIAM SMITH COLLEGES								
337 PULTENEY ST GENEVA, NY 14456	16-0743040	501(C)(3)	10,000.				GENERAL SUPPORT	
(9) HOMEFRONT								
1880 PRINCETON AVE	22-3165145	501(C)(3)	524,025.				GENERAL SUPPORT	
(10) HOMEWORKS TRENTON								
174 NASSAU ST PRINCETON, NJ 08544	81-5218769	501(C)(3)	68,500.				GENERAL SUPPORT	
(11) HOPEWELL VALLEY ARTS COUNCIL								
PO BOX 145 HOPEWELL, NJ 08525	46-2693345	501(C)(3)	14,000.				HOPEWELL VALLEY ART	
(12) HOUSING INITIATIVES OF PRINCETON CHARITABLE								
33 MERCER ST PRINCETON, NJ 08540	27-6983137	501(C)(3)	33,000.				GENERAL SUPPORT	

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

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

OMB No. 1545-0047
2022

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					Yes No
Part IV, line 21, for any recipient to		•					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HOWARD UNIVERSITY							
1851 9TH ST NW WASHINGTON, DC 20001	53-0204707	501(C)(3)	35,000.				GENERAL SUPPORT
(2) HUMANE SOCIETY OF NAPLES							
370 AIRPORT-PULLING RD N NAPLES, FL 34104	59-1033966	501(C)(3)	6,000.				SPONSORSHIP
(3) HUN SCHOOL OF PRINCETON							
176 EDGERSTOUNE RD PRINCETON, NJ 08540	21-0639868	501(C)(3)	20,500.				RAIDER GIVING DAY -
(4) HURRICANE MARIA ASSIST. & RELIEF INSTITUTIO							
270 CONVENT AVE NEW YORK, NY 10031	83-2165198	501(C)(3)	14,000.				GENERAL SUPPORT
(5) HYDE SCHOOL							
616 HIGH ST BATH, ME 04530	01-6021559	501(C)(3)	10,000.				SCHOLARSHIP SUPPORT
(6) IDEA CTR FOR THE ARTS							
217 MARKET ST CAMDEN, NJ 08102	22-3408467	501(C)(3)	49,000.				INSTITUTE FOR THE DE
(7) INLET PUBLIC PRIVATE ASSOC. INC., DBA ABSEC							
31 S. RHODE ISLAND AVE.	22-2937095	501(C)(3)	15,000.				INLET PUBLIC PRIVATE
(8) INNER CITY ENSEMBLE							
32 VAN HOUTEN ST, #502 PATERSON, NJ 07505	80-0582434	501(C)(3)	27,300.				INNER CITY ENSEMBLE
(9) INSPIRING S ASIAN AMER. WOMEN							
407 MERRYWOOD DR EDISON, NJ 08817	84-3666196	501(C)(3)	10,000.				GENERAL OPERATING SU
(10) INSTITUTE FOR ADVANCED STUDY							
1 EINSTEIN DR PRINCETON, NJ 08540	21-0634988	501(C)(3)	36,020.				GENERAL SUPPORT
(11) INSTITUTE OF MUSIC FOR CHILDREN INC							
780 SALEM AVE ELIZABETH, NJ 07208	02-0687805	501(C)(3)	50,000.				INSTITUTE OF MUSIC F
(12) INTERFAITH CAREGIVERS OF GREATER MERCER CTY							
3635 QUAKERBRIDGE RD HAMILTON, NJ 08619	22-3312846	501(C)(3)	25,000.		_		NEIGHBORS HELPING NE
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	-	=					

2E1288 1.000

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

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

2022

OMB No. 1545-0047

Open to Public Inspection

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

Attach to Form 990.

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Name of the organization Employer identification number PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government grant noncash assistance noncash assistance or assistance (1) INT'L. FUND FOR ANIMAL WELFARE 290 SUMMER ST YARMOUTH PORT, MA 02675 31-1594197 501(C)(3) 6,600 UKRAINE ASSIST. (2) INT'L. RESCUE COMMITTEE 13-5660870 24,750. 122 E 42ND ST NEW YORK, NY 10168 501(C)(3) GENERAL SUPPORT (3) ISLES, INC. 10 WOOD ST TRENTON, NJ 08618 22-2350832 501(C)(3) 226,100 GENERAL SUPPORT (4) IVY HILL VAILSBURG CTR FOR ARTS CULTURE AND 35,000. 23 MEAD ST NEWARK, NJ 07106 82-1568787 501(C)(3) GENERAL SUPPORT (5) JAMES R HALSEY FDN. OF THE ARTS 243 ANDOVER PL ROBBINSVILLE, NJ 08691 83-1144406 501(C)(3) 63,000. STRENGTHENING BOARD (6) JANE'S DUE PROCESS PO BOX 685137 AUSTIN, TX 78768 75-2917844 501(C)(3) 33,333. GENERAL OPERATING SU (7) JAZZ ARTS PROJECT, INC. 20-4767964 501(C)(3) 77 PINCKNEY RD RED BANK, NJ 07701 45,188 JAZZ ARTS PROJECT, I (8) JAZZ HOUSE KIDS INC. 347 BLOOMFIELD AVE MONTCLAIR, NJ 07042 56-2303577 501(C)(3) 50,000. TAZZ HOUSE KIDS INC (9) JERSEY CITY ARTS COUNCIL 201 MONTGOMERY ST JERSEY CITY, NJ 07302 81-4983879 501(C)(3) 15,000. JERSEY CITY ARTS COU (10) JERSEY CITY THEATER CTR, INC. 330 NEWARK AVE. JERSEY CITY, NJ 07302 20-5151520 501(C)(3) 30,000. JERSEY CITY THEATER (11) JERSEY SHORE COMM. CTR PROJECT 1601 ASBURY AVE ASBURY PARK, NJ 07712 20-2600125 501(C)(3) 10,000. SUPPORT FOR THE OSPO (12) JEWISH FAMILY & CHILDREN'S SVCS. OF GREATER 707 ALEXANDER RD PRINCETON, NJ 08540 21-0634563 501(C)(3) 60,600. GENERAL SUPPORT

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

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

2022

OMB No. 1545-0047

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

Attach to Form 990.

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Open to Public Inspection

Schedule I (Form 990) 2022

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to		_					'es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FAMILY SERVICE OF ATLANTIC CTY. INC.							
607 N JEROME AVE MARGATE, NJ 08402	22-2119902	501(C)(3)	25,000.				GENERAL OPERATING SU
(2) JEWISH RELIEF AGENCY							
225 E. CITY AVE. BALA CYNWYD, PA 19004	26-2578017	501(C)(3)	25,000.				GENERAL OPERATING SU
(3) JOHN F. PETO STUDIO MUSEUM							
PO BOX 1022 ISLAND HEIGHTS, NJ 08732	11-3835285	501(C)(3)	7,500.				JOHN F. PETO STUDIO
(4) JOHN O. WILSON HAMILTON NEIGHBORHOOD CTR, I							
169 WILFRED AVE HAMILTON, NJ 08610	22-2402481	501(C)(3)	20,000.				PROJECT SUPPORT
(5) JOHN WESLEY UNITED METHODIST CHURCH							
90 M. BROWN WAY BRIDGETON, NJ 08302	22-3054158	501(C)(3)	10,000.				GENERAL OPERATING SU
(6) JON BON JOVI SOUL FDN.							
1600 MARKET ST PHILADELPHIA, PA 19103	20-5036346	501(C)(3)	13,000.				GENERAL OPERATING SU
(7) JOYFUL HEART FDN.							
320 7TH AVE #161 BROOKLYN, NY 11215	72-1519537	501(C)(3)	20,000.				GENERAL OPERATING SU
(8) KENNEDY DANCERS, INC.							
79 CENTRAL AVE JERSEY CITY, NJ 07306	22-2253752	501(C)(3)	20,000.				THE KENNEDY DANCERS,
(9) KENYON COLLEGE							
OFFICE OF DEVELOPMENT GAMBIER, OH 43022	31-4379507	501(C)(3)	10,100.				GENERAL SUPPORT
(10) KEYS 2 SUCCESS							
1536 SPRINGFIELD AVE	81-4533133	501(C)(3)	50,000.				KEYS 2 SUCCESS INC.
(11) KIDS IN NEED OF DEFENSE (KIND)							
1201 L ST NW WASHINGTON, DC 20005	26-2763038	501(C)(3)	30,000.				GENERAL SUPPORT
(12) KINDERSMILE FDN.							
10 BRD ST BLOOMFIELD, NJ 07003	56-2635166	501(C)(3)	95,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	-	-					

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

OMB No. 1545-0047

Schedule I (Form 990) 2022

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

Attach to Form 990.

Attach to Form 990.

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Open to Public Inspection

Name of the organization **Employer identification number** PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government grant noncash assistance noncash assistance or assistance (1) LA CLINICA DEL PUEBLO 2831 15TH ST NW WASHINGTON, DC 20009 52-1942551 501(C)(3) 20,000. GENERAL OPERATING SU (2) LATIN AMER. LEGAL DEFENSE AND ED. FUND 153,550 714-716 S. CLINTON AVE TRENTON, NJ 08611 20-2484231 501(C)(3) GENERAL SUPPORT (3) LAWRENCE HOPEWELL TRAIL CORPORATION 197 BLACKWELL RD PENNINGTON, NJ 08534 20-0511132 501(C)(3) 7,750. GENERAL SUPPORT (4) LAWRENCEVILLE MAIN ST 17 PHILLIPS AVE LAWRENCEVILLE, NJ 08648 52-1555972 501(C)(3) 6,500 GENERAL SUPPORT (5) LAWRENCEVILLE SCHOOL 2500 MAIN ST LAWRENCEVILLE, NJ 08648 21-0634503 501(C)(3) 7,500. BIG RED GIVING DAY (6) LAWYERS' COMMITTEE FOR CIVIL RIGHTS UNDER L 1500 K ST NW WASHINGTON, DC 20005 52-0799246 501(C)(3) 15,000. GENERAL SUPPORT (7) LEAGUE OF HISTORICAL SOCIETIES OF NJ 397 CORSON LN CAPE MAY, NJ 08204 22-6103241 501(C)(3) 28,750. THE NEW JERSEY ARTS (8) LEAGUE OF WOMEN VOTERS OF NEW JERSEY EDUCAT 204 W STATE ST TRENTON, NJ 08608 22-2407784 501(C)(3) 50,200. FAIR REDISTRICTING I (9) LEARNING ALLY AKA RECORDING FOR THE BLIND A 20 ROSZEL RD PRINCETON, NJ 08540 13-1659345 501(C)(3) 5,350 IN SUPPORT OF THE AN (10) LEVOY THEATRE PRESERVATION SOCIETY INC. PO BOX 678 MILLVILLE, NJ 08332 22-3359256 501(C)(3) 15,000. LEVOY THEATRE PRESER (11) LIGHTHOUSE GUILD (FORMERLY LIGHTHOUSE INT'L 250 W 64TH ST NEW YORK, NY 10023 46-4215298 501(C)(3) 20,000. GENERAL OPERATING SU (12) LITERACY NEW JERSEY, INC. 100 MENLO PARK DR. EDISON, NJ 08837 52-1146384 501(C)(3) 10,000. LITERACY NJ MERCER C

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

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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Open to Public Inspection

Schedule I (Form 990) 2022

Name of the organization						Employer identificat	ion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants a	ınd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod Part II Grants and Other Assistance to 	ants or assistand edures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient		_					,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LOVING ARMS CHRISTIAN CTR							
8920 WHISKEY BTM RD LAUREL, MD 20723	47-1789157	501(C)(3)	35,000.				GENERAL OPERATING SU
(2) LOWN INSTITUTE INC.							
163 HIGHLAND AVE NEEDHAM, MA 02949	04-3291770	501(C)(3)	25,000.				GENERAL SUPPORT
(3) LUNA STAGE, INC.							
555 VALLEY RD W ORANGE, NJ 07052	22-3209976	501(C)(3)	15,000.				LUNA STAGE
(4) LUPUS RESEARCH ALLNCE. INC.							
275 MADISON AVE NEW YORK, NY 10016-1101	58-2492929	501(C)(3)	25,000.				GENERAL OPERATING SU
(5) MACCULLOCH HALL HISTORICAL MUSEUM							
45 MACCULLOCH AVE MORRISTOWN, NJ 07960	22-1619758	501(C)(3)	15,000.				MACCULLOCH HALL HIST
(6) MAMARONECK-LARCHMONT STUDENT AID FUND							
PO BOX 606 LARCHMONT, NY 10538	23-7378894	501(C)(3)	10,000.				THE JOANNA WOLFF SCH
(7) MARBLEJAM KIDS INC.							
214 STATE ST HACKENSACK, NJ 07601	26-0689618	501(C)(3)	20,000.				MARBLEJAM KIDS INC.
(8) MARY'S PL BY THE SEA INC.							
22 MAIN AVE OCEAN GROVE, NJ 07756	26-4736451	501(C)(3)	14,000.				GENERAL OPERATING SU
(9) MAZZONI CTR							
1348 BAINBRIDGE ST PHILADELPHIA, PA 19147	23-2176338	501(C)(3)	8,333.				GENERAL OPERATING SU
(10) MCCARTER THEATRE							
91 UNIVERSITY PL PRINCETON, NJ 08540	21-0724198	501(C)(3)	35,550.				GENERAL SUPPORT
(11) MEALS ON WHEELS OF MERCER CTY.							
320 HOLLOWBROOK DR EWING, NJ 08638	22-1990231	501(C)(3)	64,350.				GENERAL SUPPORT
(12) MERCER ALLNCE. TO END HOMELESSNESS							
98 CARRLL ST TRENTON, NJ 08605	20-1594569	501(C)(3)	52,250.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) an	•	•	sted in the line 1 tal	ole			

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

name of the organization						Employer identificat	ion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistance	•					
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistanc	e?				s or assistance, and	Yes No
Part II Grants and Other Assistance to D	omestic Org	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	000. Part II can b	e duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MERCER CTY. COMM. COLLEGE FDN.							
1200 OLD TRENTON RD W WINDSOR, NJ 08550	22-2133029	501(C)(3)	21,800.				GENERAL SUPPORT
(2) MERCER ST FRIENDS FOOD BANK							
151 MERCER ST TRENTON, NJ 08611	21-0733990	501(C)(3)	184,650.				GENERAL SUPPORT
(3) METROPOLITAN OPERA GUILD INC							
70 LINCOLN CTR PLAZA	13-1681983	501(C)(3)	8,500.				METROPOLITAN OPERA P
(4) MIDDLESEX CTY. COLLEGE FDN.							
2600 WOODBRIDGE AVE EDISON, NJ 08818	22-6079662	501(C)(3)	20,000.				GENERAL SUPPORT
(5) MILE HIGH UNITED WAY							
711 PARK AVE W DENVER, CO 80205	84-0404235	501(C)(3)	40,000.				GENERAL OPERATING SU
(6) MILLHILL CHILD & FAMILY DEVELOPMENT CORPORA							
101 OAKLAND ST TRENTON, NJ 08618	22-2123700	501(C)(3)	133,800.				BUILDING A THRIVING
(7) MILLVILLE DEVELOPMENT CORPORATION							
22 N. HIGH ST MILLVILLE, NJ 08332	22-3304583	501(C)(3)	10,000.				MILLVILLE DEVELOPMEN
(8) MOMI, MUSEUM OF IMAGINATION + INNOVATION							
P.O. BOX 227 BASKING RIDGE, NJ 07920	83-1218106	501(C)(3)	9,000.				IN SUPPORT OF 2022 P
(9) MONMOUTH CTY. ARTS COUNCIL INC AKA MONMOUTH							
105 MONMOUTH ST RED BANK, NJ 07701	22-3642107	501(C)(3)	28,750.				THE NEW JERSEY ARTS
(10) MONTCLAIR FILM FESTIVAL, INC.							
505 BLOOMFIELD AVE MONTCLAIR, NJ 07042	27-1732322	501(C)(3)	10,000.				MONTCLAIR FILM FESTI
(11) MONTCLAIR SCHOLARSHIP FUND INC.							
100 CHESTNUT ST MONTCLAIR, NJ 07042	22-6047818	501(C)(3)	25,000.				JACK CRYINGRAVEN AND
(12) MONTGOMERY TOWNSHIP EDUCATION FDN.							
9 ASPEN COURT BELLE MEAD, NJ 08502	52-1634735	501(C)(3)	15,000.				GENERAL OPERATING SU

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

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No
Part IV, line 21, for any recipient the		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1) MOREHOUSE SCHOOL OF MEDICINE INC							
720 WVIEW DR, SW ATLANTA, GA 30310	58-1438873	501(C)(3)	20,000.				GENERAL SUPPORT
(2) MOTHERS OUT FRONT							
PO BOX 55071 BOSTON, MA 02205	46-5758600	501(C)(3)	10,000.				GENERAL SUPPORT
(3) MOUNT CARMEL GUILD OF TRENTON NJ							
73 N CLINTON AVE TRENTON, NJ 08609	21-0675183	501(C)(3)	22,000.				GENERAL SUPPORT
(4) MOVE OVER BRE CANCER							
48 FLEMING WAY PRINCETON, NJ 08540	84-2931340	501(C)(3)	10,000.				GENERAL SUPPORT
(5) MUDGIRLS STUDIOS A NJ NONPROFIT CORP							
203 HELENA DR LINWOOD, NJ 08221	81-1205572	501(C)(3)	15,000.				MUDGIRLS STUDIOS A M
(6) MUSIC MENDS MINDS							
2355 WWOOD BLVD LOS ANGLES, CA 90064	47-1493332	501(C)(3)	25,000.				GENERAL OPERATING SU
(7) NAI-NI CHEN DANCE CO., INC.							
PO BOX 1121 FORT LEE, NJ 07024	22-2930684	501(C)(3)	50,000.				NAI-NI CHEN DANCE CO
(8) NAMI MERCER NJ							
1235 WH MERCERVILLE RD HAMILTON, NJ 08619	22-2587453	501(C)(3)	21,275.				NAMI MERCER STRATEGI
(9) NASSAU PRESBYTERIAN CHURCH							
61 NASSAU ST PRINCETON, NJ 08540	21-0634470	501(C)(3)	37,400.				MONTHLY HUNGER OFFER
(10) NATL. ALLNCE. FOR RESEARCH ON SCHIZOPHRENIA							
747 THIRD AVE NEW YORK, NY 10017	31-1020010	501(C)(3)	14,000.				GENERAL OPERATING SU
(11) NATL. COMMITTEE FOR QUALITY ASSURANCE (NCQA							
1100 13TH ST NW WASHINGTON, DC 20005	52-1191985	501(C)(3)	10,000.				GENERAL SUPPORT
(12) NATL. COUNCIL OF THE YOUNG MEN'S CHRISTIAN							
101 N. WACKER DR CHICAGO, IL 60606	36-3258696	501(C)(3)	15,000.				GENERAL SUPPORT

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

2022

OMB No. 1545-0047

Open to Public Inspection

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

Attach to Form 990.

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Name of the organization						Employer identificat	ion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the	"	-			. •		'es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATL. JUNIOR TENNIS & LEARNING OF TRENTON							
949 W STATE ST TRENTON, NJ 08618	52-1260470	501(C)(3)	44,800.				GENERAL SUPPORT
(2) NATL. MEDICAL FELLOWSHIPS INC.							
1199 N FAIRFAX ST ALEXANDRIA, VA 22314	01-0963657	501(C)(3)	50,000.				FELLOWSHIPS
(3) NATL. NETWORK OF ABORTION FUNDS							
9450 SW GEMINI DR PMB 16009	04-3236982	501(C)(3)	26,000.				GENERAL OPERATING SU
(4) NATL. TRUST FOR HISTORIC PRESERVATION IN TH							
2600 VIRGINIA AVE - SUITE 1000	53-0210807	501(C)(3)	10,100.				GENERAL SUPPORT
(5) NATURE CONSERVANCY							
4245 N FAIRFAX DR ARLINGTON, VA 22203	53-0242652	501(C)(3)	12,300.				GENERAL SUPPORT
(6) NEIGHBORS TOGETHER							
2094 FULTON ST BROOKLYN, NY 11233	11-2632109	501(C)(3)	10,000.				GENERAL OPERATING SU
(7) NEO PHILANTHROPY, INC.							
45 W 36TH ST NEW YORK, NY 10018	13-3191113	501(C)(3)	100,000.				GENERAL SUPPORT
(8) NEW JERSEY ASSOC. FOR MENTAL HEALTH INC							
673 MORRIS AVE SPRINGFIELD, NJ 07081	22-1549749	501(C)(3)	100,000.				GENERAL SUPPORT
(9) NEW JERSEY BICYCLE COALITION INC.							
551 VALLEY RD MONTCLAIR, NJ 07043	26-4648049	501(C)(3)	10,000.				GENERAL SUPPORT
(10) NEW JERSEY BREFEEDING COALITION, INC.							
90 MARCELLUS AVE MANASQUAN, NJ 08736	22-3462845	501(C)(3)	35,000.				GENERAL SUPPORT
(11) NEW JERSEY CAPITAL PHILHARMONIC ORCHESTRA,							
P.O. BOX 7683 TRENTON, NJ 08628	46-3700565	501(C)(3)	5,250.				EDUCATIONAL OUTREACH
(12) NEW JERSEY CTR FOR NON-PROFITS							
3635 QUAKERBRIDGE RD MERCERVILLE, NJ 08619	22-2427364	501(C)(3)	50,000.				GENERAL OPERATING SU
(12) NEW JERSEY CTR FOR NON-PROFITS 3635 QUAKERBRIDGE RD MERCERVILLE, NJ 08619 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list	government of	organizations lis	sted in the line 1 tak				GENERAL OF

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

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

OMB No. 1545-0047

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

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government grant noncash assistance noncash assistance or assistance (1) NEW JERSEY COALITION AGAINST HUMAN TRAFFICK 30 CHATHAM RD #711 SHORT HILLS, NJ 07078 81-4523578 501(C)(3) 10,000. GENERAL OPERATING SU (2) NEW JERSEY CONSERVATION FDN. BAMBOO BROOK FAR HILLS, NJ 07931 22-6065456 501(C)(3) 1,852,000. ENERGY WORK (3) NEW JERSEY HISTORICAL SOCIETY 52 PARK PL NEWARK, NJ 07102 22-1506302 501(C)(3) 100,000 GENERAL OPERATING SU (4) NEW JERSEY STATE POLICEMEN'S BENEVOLENT ASS 501(C)(8) 10,000. PO BOX 484 HOPEWELL, NJ 08525 22-3106012 THE HOPEWELL TOWNSHI (5) NEW JERSEY THEATRE ALLNCE. PO BOX 124 ALLENHURST, NJ 07711 22-2383501 501(C)(3) 75,000. THE NEW JERSEY ARTS (6) NEW YORK FDN. FOR THE ARTS 20 JAY ST BROOKLYN, NY 11201 23-7129564 501(C)(3) 33,200. MUSIC AT CLOSE RANGE (7) NEWARK ARTS COUNCIL AKA NEWARK ARTS 501(C)(3) 107,500 17 ACADEMY ST NEWARK, NJ 07102 22-2412819 ARTS ED NEWARK F/S N (8) NEWARK BOYS CHORUS SCHOOL 1016 BRD ST NEWARK, NJ 07102 22-1893378 501(C)(3) 36,000. NEWARK BOYS CHORUS S (9) NEWARK PUBLIC RADIO, INC. 54 PARK PL NEWARK, NJ 07102 22-2137728 501(C)(3) 10,250. NEWARK PUBLIC RADIO (10) NEWARK SCHOOL OF THE ARTS 89 LINCOLN PARK NEWARK, NJ 07102 22-1849047 501(C)(3) 30,000. NEWARK SCHOOL OF THE (11) NIMBUS DANCE WORKS, INC 329 WARREN ST JERSEY CITY, NJ 07302 26-3416084 501(C)(3) 50,000. NIMBUS DANCE WORKS, (12) NJ SEEDS 494 BRD ST NEWARK, NJ 07102 22-3181507 501(C)(3) 10,500. ANNUAL GIFT IN HONOR

JSA

2E1288 1.000

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

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

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the gran	ts or assistand	e?					Yes No
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient t		_					,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NONPROFITCONNECT							
957 RTE. 33 HAMILTON TOWNSHIP, NJ 08690	22-3595586	501(C)(3)	164,250.				NONPROFITCONNECT
(2) N AMER. STUDENTS OF COOPERATION							
2150 S. CANALPORT AVE. CHICAGO, IL 60608	38-2219436	501(C)(3)	25,000.				GENERAL SUPPORT
(3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON							
P.O. BOX 7681 WILMINGTON, NC 28406	58-1400812	501(C)(3)	6,000.				GENERAL SUPPORT
(4) NE ORGANIC FARMING ASSOC.							
386 ROCK RD E LAMBERTVILLE, NJ 08530	22-3043823	501(C)(3)	20,200.				UNRESTRICTED SUPPORT
(5) ONE VET @ A TIME - PROJECT OVAT							
P.O. BOX 548 PARRISH, FL 34219	83-4706216	501(C)(3)	67,856.				GENERAL SUPPORT
(6) OPERATION TOY TRAIN INC.							
146 HILLSIDE DR DINGMANS FERRY, PA 18328	82-377777	501(C)(3)	12,500.				GENERAL OPERATING SU
(7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN							
1011 FIRST AVE NEW YORK, NY 10022	26-3701623	501(C)(3)	10,000.				GENERAL SUPPORT
(8) PARKER FAMILY HEALTH CTR							
211 SHREWSBURY AVE RED BANK, NJ 07701	22-3619518	501(C)(3)	20,000.				GENERAL SUPPORT
(9) PARTNERSHIP TO END ADDICTION							
711 THIRD AVE. NEW YORK, NY 10017	52-1736502	501(C)(3)	15,000.				GENERAL OPERATING SU
(10) PASSAGE THEATRE CO.							
P.O. BOX 967 TRENTON, NJ 08605-0967	22-2679031	501(C)(3)	250,900.				GENERAL SUPPORT FROM
(11) PAUL ROBESON HOUSE							
112 WITHERSPOON ST PRINCETON, NJ 08542	46-0587094	501(C)(3)	144,250.				GENERAL SUPPORT
(12) PEACE ACTION EDUCATION FUND							
40 WITHERSPOON ST PRINCETON, NJ 08542	22-2402577	501(C)(3)	17,200.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			-
3 Enter total number of other organizations lis	ted in the line	1 table					

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

2022

OMB No. 1545-0047

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

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Schedule I (Form 990) 2022

Name of the organization						Employer identificat	ion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	e					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient the		_					•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PEI KIDS AKA PREVENTION EDUCATION INC							
231 LAWRENCE RD LAWRENCEVILLE, NJ 08648	22-2594219	501(C)(3)	39,930.				AGENCY-WIDE PROGRAM
(2) PENNSYLVANIA STATE UNIVERSITY PHILANTHROPIC							
408 OLD MAIN UNIVERSITY PARK, PA 16802	27-4628784	501(C)(3)	10,000.				GENERAL SUPPORT
(3) PEOPLE & STORIES/GENTE Y CUENTOS							
295 EGGERTS CROSSING RD	22-3260895	501(C)(3)	13,850.				IN SUPPORT OF THE AN
(4) PEOPLE HELPING PEOPLE, INC.							
1011 LEESVILLE AVE RAHWAY, NJ 07065	22-3641781	501(C)(3)	10,000.				PEOPLE HELPING PEOPL
(5) PERKINS CTR FOR THE ARTS							
395 KINGS NWY MOORESTOWN, NJ 08057	22-2132838	501(C)(3)	15,000.				PERKINS CTR FOR THE
(6) PETERS VALLEY SCHOOL OF CRAFT, INC.							
19 KUHN RD LAYTON, NJ 07851	22-1920050	501(C)(3)	59,125.				PETERS VALLEY SCHOOL
(7) PETEY GREENE PROGRAM INC.							
22 STOCKTON ST PRINCETON, NJ 08540	30-0499760	501(C)(3)	5,250.				GENERAL SUPPORT
(8) PHILADELPHIA ANIMAL WELFARE SOCIETY (PAWS)							
100 N 2ND ST PHILADELPHIA, PA 19106	26-3862631	501(C)(3)	20,000.				TNR FUNDING
(9) PHILADELPHIA'S MAGIC GARDENS							
1020 S ST PHILADELPHIA, PA 19147	20-1440309	501(C)(3)	5,500.				GENERAL SUPPORT
(10) PINELANDS PRESERVATION ALLNCE.							
17 PEMBERTON RD SAMPTON, NJ 08088	52-1641512	501(C)(3)	21,200.				GENERAL OPERATING SU
(11) PLANNED PARENTHOOD FEDERATION OF AMERICA							
123 WILLIAM ST NEW YORK, NY 10038	13-1644147	501(C)(3)	16,700.				THE PRESIDENT'S CIRC
(12) PLANNED PARENTHOOD OF ILLINOIS							
17 N STATE ST CHICAGO, IL 60602-3315	36-2170901	501(C)(3)	45,000.				GENERAL OPERATING SU
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list	=	=	sted in the line 1 tal	ole			

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

OMB No. 1545-0047
2022

Department of the Treasury
Internal Revenue Service
Name of the organization

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 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient tl		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PLANNED PARENTHOOD OF NERN, CENTRAL, AND SE							
196 SPEEDWELL AVE MORRISTOWN, NJ 07960-3889	22-1643997	501(C)(3)	130,200.				GENERAL SUPPORT
(2) PLANNED PARENTHOOD OF SERN NEW ENGLAND							
345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501(C)(3)	45,000.				GENERAL OPERATING S
(3) PLAYHOUSE ARTISTS							
12 W MECHANIC ST. NEW HOPE, PA 18938	47-5530437	501(C)(3)	18,000.				TEACHING ARTISTS EX
(4) PRESIDENT AND TRUSTEES OF BATES COLLEGE							
2 ANDREWS RD. LEWISTON, ME 04240	01-0211781	501(C)(3)	15,000.				GENERAL SUPPORT
(5) PRINCETON ACADEMY OF THE SACRED HEART							
1128 GREAT RD PRINCETON, NJ 08540	22-3623112	501(C)(3)	10,000.				GENERAL SUPPORT
(6) PRINCETON BLAIRSTOWN CTR							
13 ROSZEL RD PRINCETON, NJ 08540	22-6075831	501(C)(3)	24,584.				GENERAL SUPPORT
(7) PRINCETON CHARTER SCHOOL CAPITAL & ENDOWMEN							
100 BUNN DR PRINCETON, NJ 08540	38-3642213	501(C)(3)	13,000.				GENERAL SUPPORT
(8) PRINCETON COMM. HOUSING							
ONE MONUMENT DR PRINCETON, NJ 08540-3036	13-3026182	501(C)(3)	108,000.				GENERAL SUPPORT
(9) PRINCETON DAY SCHOOL							
PO BOX 75 PRINCETON, NJ 08542	21-0727645	501(C)(3)	178,875.				THE THRIVE CAMPAIGN
(10) PRINCETON ELKS CHARITABLE TRUST INC.							
PO BOX 217 BLAWENBURG, NJ 08504	45-2029696	501(C)(3)	10,000.				GENERAL OPERATING S
(11) PRINCETON FIRST AID & RESCUE SQUAD							
2 MOUNT LUCAS RD PRINCETON, NJ 08540	23-7140015	501(C)(3)	21,500.				GENERAL SUPPORT
(12) PRINCETON FUTURE							
P.O. BOX 1172 PRINCETON, NJ 08542	22-3756013	501(C)(3)	12,500.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	•	•					

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

OMB No. 1545-0047
2022

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

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PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand	e?					Yes No
Part IV, line 21, for any recipient to		•					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PRINCETON HEALTH CARE SYSTEM FDN. INC.							
1 PLAINSBORO RD PLAINSBORO, NJ 08536-1913	22-2225911	501(C)(3)	57,700.				GENERAL SUPPORT
(2) PRINCETON JUNIOR SCHOOL							
90 FACKLER RD LAWRENCEVILLE, NJ 08648	22-2461852	501(C)(3)	27,000.				GENERAL SUPPORT
(3) PRINCETON MIDDLE SCHOOL							
217 WALNUT LN PRINCETON, NJ 08540-0711	22-3600348	501(C)(3)	6,760.				GENERAL SUPPORT
(4) PRINCETON MOBILE FOOD PANTRY							
13 NEWLIN RD PRINCETON, NJ 08540	85-4048417	501(C)(3)	26,500.				GENERAL SUPPORT
(5) PRINCETON NURSERY SCHOOL							
78 LEIGH AVE PRINCETON, NJ 08540	21-0643024	501(C)(3)	87,000.				GENERAL SUPPORT
(6) PRINCETON SENIOR RESOURCE CTR							
101 POOR FARM RD PRINCETON, NJ 08540	22-2228083	501(C)(3)	89,000.				GENERAL SUPPORT
(7) PRINCETON SYMPHONY ORCHESTRA INC							
PO BOX 250 PRINCETON, NJ 08542	22-2327766	501(C)(3)	75,460.				GENERAL SUPPORT
(8) PRINCETON UNIVERSITY OFFICE OF ALUMNI AND D							
PO BOX 5357 PRINCETON, NJ 08543-5357	21-0634501	501(C)(3)	175,200.				GENERAL SUPPORT
(9) PROJECT COMEBACK							
583 ADAMS ST HOLLISTON, MA 01746	82-1727799	501(C)(3)	12,500.				GENERAL SUPPORT
(10) PROJECT FOR EMPTY SPACE, INC.							
800 BRD ST NEWARK, NJ 07102	46-5377697	501(C)(3)	75,000.				PROJECT FOR EMPTY SE
(11) PROJECT K9 HERO							
309 BEAR PEN RD WHITWELL, TN 37397	81-1770909	501(C)(3)	11,000.				GENERAL SUPPORT
(12) PROTESTANT EPISCOPAL CATHEDRAL FDN. OF THE							
3101 WISCONSIN AVE NW WASHINGTON, DC 20016	53-0196604	501(C)(3)	25,000.				GENERAL SUPPORT
 Enter total number of section 501(c)(3) and Enter total number of other organizations lis 	_	=					

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization **Employer identification number** PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) grant noncash assistance noncash assistance or assistance or government (1) PROVINCE OF ST. JOSEPH OF THE CAPUCHIN ORDE 1820 MT. ELLIOTT ST DETROIT, MI 48207 38-1525161 501(C)(3) 10,000. GENERAL SUPPORT (2) PUBLIC HEALTH SOLUTIONS 13-5669201 10,000. 40 WORTH ST NEW YORK, NY 10013 501(C)(3) GENERAL SUPPORT (3) PUBLIC INTEREST LAW CTR 1500 JFK BLVD PHILADELPHIA, PA 19102 23-1923398 501(C)(3) 15,000. GENERAL SUPPORT (4) PUERTO RICAN COMM. CTR INC 22-2124503 501(C)(3) 50,000. 223 PERRY ST TRENTON, NJ 08629 GENERAL SUPPORT (5) PUERTO RICO COMM. FDN. INC. 1719 J. P. DE LEON AVE SAN JUAN, PR 00909 66-0413230 501(C)(3) 25,000. GENERAL SUPPORT (6) PURR-PHILADELPHIA URGENT RESCUE AND RELIEF 1833 S. 11TH ST PHILADELPHIA, PA 19148 81-5318114 501(C)(3) 100,000 GENERAL SUPPORT (7) RAICES CULTURAL CTR 26-2725218 501(C)(3) 6 COTTER DR NEW BRUNSWICK, NJ 08901 15,000. GENERAL SUPPORT (8) RAZOM INC AKA RAZOM FOR UKRAINE 140 2ND AVE NEW YORK, NY 10003 46-4604398 501(C)(3) 16,000. TO HELP THE PEOPLE O (9) RECTOR WARDENS VESTRYMEN TRINITY CHURCH 33 MERCER ST PRINCETON, NJ 08540 21-0647707 501(C)(3) 81,500. GENERAL SUPPORT (10) RESCUE MISSION OF TRENTON 98 CARROLL ST TRENTON, NJ 08605-0790 21-0656182 501(C)(3) 111,500 GENERAL SUPPORT (11) RESEARCH! AMERICA 241 18TH ST S ARLINGTON, VA 22202 52-1609875 501(C)(3) 25,000. GENERAL SUPPORT (12) RETURN TO HOPE 1044 E PINE ST TULSA, OK 74106 84-4153241 501(C)(3) 15,000. GENERAL OPERATING SU

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

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

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

OMB No. 1545-0047 2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to set the selection criteria used to award the grant Describe in Part IV the organization's process. 	nts or assistand	ce?					Yes No
Part II Grants and Other Assistance to	Domestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient	that received	l more than \$5	,000. Part II can	be duplicated if a	additional space is r	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RIDER UNIVERSITY							
2083 LAWRENCEVILLE RD	21-0650678	501(C)(3)	14,500.				SUGGEST THE LECTURE
(2) RISE/A COMM. SERVICE PARTNERSHIP							
PO BOX 88 HIGHTSTOWN, NJ 08520	22-2405087	501(C)(3)	77,500.				GENERAL SUPPORT
(3) RITZ THEATRE CO., INC.							
915 WHITE HORSE PKE OAKLYN, NJ 08520	22-3246280	501(C)(3)	15,000.				RITZ THEATRE CO., I
(4) RIVERFRONT RENAISSANCE CTR FOR THE ARTS							
PO BOX 417 MILLVILLE, NJ 08332	22-3691392	501(C)(3)	7,500.				GENERAL SUPPORT
(5) RIVERVIEWJAZZ.ORG							
P.O. BOX 17291 JERSEY CITY, NJ 07307	47-1425339	501(C)(3)	43,750.				RIVERVIEWJAZZ.ORG
(6) ROCKING THE BOAT							
812 EDGEWATER RD BRONX, NY 10474	13-4177814	501(C)(3)	25,500.				GENERAL SUPPORT
(7) ROEBLING MAIN GATE MUSEUM DBA ROEBLING MUSE							
PO BOX 9 ROEBLING, NJ 08554	20-8357074	501(C)(3)	9,500.				ROEBLING MAIN GATE
(8) ROLLING HARVEST FOOD RESCUE							
3920 RIVER RD LUMBERVILLE, PA 18933	27-4630639	501(C)(3)	20,000.				GENERAL SUPPORT
(9) ROSA VERA FUND INC.							
910 E AVE DOUGLAS, AZ 85607	33-1209818	501(C)(3)	25,000.				GENERAL PURPOSE - T
(10) ROXEY BALLET CO.							
6 7TH ST FRENCHTOWN, NJ 08825	22-3466604	501(C)(3)	15,500.				THE ROXEY BALLET CO
(11) RUTGERS PREPARATORY SCHOOL							
1345 EON AVE SOMERSET, NJ 08873	22-1607926	501(C)(3)	45,000.				GENERAL SUPPORT
(12) RUTGERS UNIVERSITY FDN.							
P. O. BOX 193 NEW BRUNSWICK, NJ 08903-0193	23-7318742	501(C)(3)	31,600.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations list	sted in the line	e 1 table					

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

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

2022

OMB No. 1545-0047

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

Attach to Form 990.

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Schedule I (Form 990) 2022

Name of the organization						Employer identificat	ion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	e?nitoring the use	of grant funds in the	e United States.			Yes No
Part IV, line 21, for any recipient the		_					00 0111 01111 000,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SAFE IN HUNTERDON, INC.							
PO BOX 63 FLEMINGTON, NJ 08822	22-2267191	501(C)(3)	28,000.				GENERAL OPERATING SU
(2) SAKHI FOR S ASIAN WOMEN							
PO BOX 1333 NEW YORK, NY 10008-1333	13-3593806	501(C)(3)	25,000.				GENERAL OPERATING SU
(3) SALESIAN MISSIONS							
2 LEFEVRE LN NEW ROCHELLE, NY 10801	80-0522035	501(C)(3)	10,000.				GENERAL SUPPORT
(4) SALVATION ARMY							
575 E. STATE ST TRENTON, NJ 08609	13-5562351	501(C)(3)	37,650.				GENERAL SUPPORT
(5) SARAH'S DAUGHTERS MINISTRIES, INC.							
9 WOODBINE AVE NEW ROCHELLE, NY 10801	45-4608121	501(C)(3)	20,000.				GENERAL OPERATING SU
(6) SAVE BARNEGAT BAY							
117 HAINES RD TOMS RIVER, NJ 08753	47-4130132	501(C)(3)	11,000.				GENERAL OPERATING SU
(7) SAVE THE CHILDREN FEDERATION							
501 KINGS NWY E FAIRFIELD, CT 06825-4861	06-0726487	501(C)(3)	10,500.				GENERAL SUPPORT
(8) SAVE, A FRIEND TO HOMELESS ANIMALS							
1010 ROUTE 601 SKILLMAN, NJ 08558	22-6082741	501(C)(3)	20,100.				GENERAL PURPOSE
(9) SERGEANTSVILLE VOLUNTEER FIRE CO.							
P.O. BOX 87 SERGEANTSVILLE, NJ 08557	22-3148875	501(C)(3)	25,000.				GENERAL OPERATING SU
(10) SHARE MY MEALS							
120 JOHN ST PRINCETON, NJ 08542	84-4149439	501(C)(3)	71,000.				GENERAL OPERATING SU
(11) SHARRON MILLER'S ACADEMY FOR THE PERFORMING							
14 S PARK ST 2ND FLOOR MONTCLAIR, NJ 07042	22-3484652	501(C)(3)	50,000.				GENERAL SUPPORT
(12) SHINE AND INSPIRE							
106 STRAUBE CTR BLVD PENNINGTON, NJ 08534	27-3410344	501(C)(3)	21,140.				SHINE AND INSPIRE CI
2 Enter total number of section 501(c)(3) and							
3 Enter total number of other organizations list	tea in the line	: i table					

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

OMB No. 1545-0047
2022

Schedule I (Form 990) 2022

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Attach to Form 990.

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Open to Public Inspection

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					'es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SIX SQUARE - AUSTIN'S BLACK CULTURAL DISTRI							
6001 W PARMER LN AUSTIN, TX 78727	45-3553432	501(C)(3)	50,000.				IN SUPPORT FOR THE B
(2) SKIDMORE COLLEGE							
815 N BRDWAY	14-1338562	501(C)(3)	5,500.				BUSINESS DEPARTMENT
(3) SNIPES FARM AND EDUCATION CTR							
890 W BRIDGE ST MORRISVILLE, PA 19067	26-1338481	501(C)(3)	15,000.				SNIPES FARM AND EDUC
(4) SOCIAL GOOD FUND							
PO BOX 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	90,000.				GENERAL SUPPORT
(5) SOMERSET HILLS LEARNING INSTITUTE							
1810 BURNT MILLS RD BEDMINSTER, NJ 07921	22-3593804	501(C)(3)	26,775.				GENERAL SUPPORT
(6) SOURLAND CONSERVANCY							
83 PRINCETON AVE HOPEWELL, NJ 08525	22-3707157	501(C)(3)	11,175.				GENERAL SUPPORT
(7) S ASIAN AMER. DIGITAL ARCHIVE NFP (SAADA)							
1900 MARKET ST FL 8 PHILADELPHIA, PA 19103	26-3001212	501(C)(3)	25,000.				GENERAL OPERATING SU
(8) S JERSEY CULTURAL ALLNCE.							
101 V.K. FARRIS DR GALLOWAY, NJ 08205	22-3144933	501(C)(3)	57,500.				THE NEW JERSEY ARTS
(9) SERN POVERTY LAW CTR							
400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	28,450.				GENERAL SUPPORT
(10) SPERANZA THEATRE CO.							
35 JSQ PLAZA 4TH FLOOR	35-2358478	501(C)(3)	15,000.				SPERANZA THEATRE CO.
(11) ST ANDREWS SCHOOL OF DELAWARE INC.							
350 NOXONTOWN RD MIDDLETOWN, DE 19709	51-0079506	501(C)(3)	25,000.				GENERAL SUPPORT
(12) ST. JOSEPH'S SCHOOL FOR THE BLIND							
761 SUMMIT AVE JERSEY CITY, NJ 07307	22-1777601	501(C)(3)	25,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	-	_					

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.						Employer identification number 52-1746234		
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No	
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_			additional space is n		'es" on Form 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) ST. JUDE CHILDREN'S RESEARCH HOSPITAL								
501 ST. JUDE PL MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,850.				GENERAL SUPPORT	
(2) START TREATMENT & RECOVERY CTRS, INC.								
937 FULTON ST BROOKLYN, NY 11238	13-2642451	501(C)(3)	45,000.				GENERAL OPERATING SU	
(3) STEPHEN SILLER TUNNEL TO TOWERS FDN.								
2361 HYLAN BLVD STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	12,000.				IN MEMORY OF THOMAS	
(4) STEPS TOGETHER								
51 WOODS RD HILLSBOROUGH, NJ 08844	46-1943410	501(C)(3)	11,000.				GENERAL OPERATING SU	
(5) STORYTELLING ARTS								
PO BOX 157 LAMBERTVILLE, NJ 08530	22-3473712	501(C)(3)	25,000.				STORYTELLING ARTS	
(6) STOUTSBURG SOURLAND AFRICAN AMER. MUSEUM								
PO BOX 162 HOPEWELL, NJ 08525	81-2811228	501(C)(3)	5,500.				GENERAL SUPPORT	
(7) STRETTO YOUTH CHAMBER ORCHESTRA								
611 LAKE DR PRINCETON, NJ 08540	47-4984177	501(C)(3)	30,000.				STRETTO YOUTH CHAMBE	
(8) STUART COUNTRY DAY SCHOOL OF THE SACRED HEA								
1200 STUART RD PRINCETON, NJ 08540-1297	21-0744683	501(C)(3)	33,000.				THE DR. PATTY L. FAG	
(9) SUPERIOR ARTS INSTITUTE								
139 STATE ST CAMDEN, NJ 08102	46-4054499	501(C)(3)	68,750.				SUPERIOR ARTS INSTIT	
(10) SURATI FOR PERFORMING ARTS								
31 RIVER COURT JERSEY CITY, NJ 07310	46-1212380	501(C)(3)	35,000.				SURATI FOR PERFORMIN	
(11) SUSTAINABLE PRINCETON								
1 MONUMENT DR PRINCETON, NJ 08540	45-4743353	501(C)(3)	8,750.				GENERAL SUPPORT	
(12) THE APPEL FARM ARTS & MUSIC CTR, INC								
457 SHIRLEY RD ELMER, NJ 08318-0888	22-2235002	501(C)(3)	15,000.				APPEL FARM ARTS & MU	

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

OMB No. 1545-0047
2022

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

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Schedule I (Form 990) 2022

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.						Employer identification number		
						52-1746234		
Part I General Information on Grants and	d Assistanc	е				•		
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	ee?	of grant funds in the	e United States.			Yes No	
Part IV, line 21, for any recipient the		_			. •		,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) THE ART SCHOOL AT OLD CHURCH, INC.								
561 PIERMONT AVE. DEMAREST, NJ 07627	23-7400684	501(C)(3)	15,000.				THE ART SCHOOL AT OL	
(2) THE BLACK FAIRY GOD MOTHER FDN.								
472 BEARDSLEY AVE BLOOMFIELD, NJ 07003	86-1228717	501(C)(3)	50,000.				GENERAL OPERATING SU	
(3) THE CAT COLLABORATIVE								
201 ROUSE BLVD. PHILADELPHIA, PA 19112-1902	87-4344838	501(C)(3)	150,000.				CAPITAL EXPENSE FUND	
(4) THE CHILDREN'S HOME SOCIETY OF NJ - (KIDSBR								
635 S CLINTON AVE TRENTON, NJ 08611-1831	21-0634966	501(C)(3)	103,800.				THE ANNUAL FUND	
(5) THE CHUBBY'S PROJECT								
1 RAILRD PL HOPEWELL, NJ 08525	83-2259460	501(C)(3)	5,875.				GENERAL SUPPORT	
(6) THE COLLEGE OF NEW JERSEY FDN.								
PO BOX 7718 EWING, NJ 08628	22-2448189	501(C)(3)	14,000.				GENERAL SUPPORT	
(7) THE FATHER CTR OF NEW JERSEY								
1 W STATE ST TRENTON, NJ 08608	21-0635048	501(C)(3)	37,000.				OPERATIONS SUPPORT	
(8) THE GRACE THEATRE WORKSHOP, INC.								
P.O. BOX 4412 UNION CITY, NJ 07087	01-0723042	501(C)(3)	8,000.				THE GRACE THEATRE WO	
(9) THE JCK FDN.								
205 CLINTON AVE DOBBS FERRY, NY 10522	46-2668312	501(C)(3)	10,000.				GENERAL SUPPORT	
(10) THE LADIES OF HOPE MINISTRIES, INC								
8 W 126 ST 3RD FLOOR NEW YORK, NY 10027	83-2249413	501(C)(3)	10,000.				GENERAL SUPPORT	
(11) THE MUSEUM OF PUBLIC RELATIONS								
85 BRD ST, FL 17 NEW YORK, NY 10004	80-0796221	501(C)(3)	10,000.				GENERAL SUPPORT	
(12) THE NOGUCHI FDN.								
32-37 VERNON BLVD	61-1472746	501(C)(3)	15,000.				GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis								

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

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

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Schedule I (Form 990) 2022

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	52-1746234	
Part I General Information on Grants and	d Assistanc	е						
1 Does the organization maintain records to so	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and		
the selection criteria used to award the grant	s or assistand	e?					Yes No	
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.				
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,	
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	oe duplicated if a	additional space is r	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) THE RD TO 120-EDUCATION EQUITY FOR YOUNG WO								
105 W 89TH ST NEW YORK, NY 10024	83-3365132	501(C)(3)	20,000.				GENERAL OPERATING SU	
(2) THE SHAKESPEARE THEATRE OF NEW JERSEY								
3 VREELAND RD FLORHAM PARK, NJ 07932	22-1962163	501(C)(3)	15,000.				THE SHAKESPEARE THEA	
(3) THE SIMPLE WAY								
3234 POTTER ST PHILADELPHIA, PA 19134	23-2936437	501(C)(3)	10,000.				GENERAL SUPPORT	
(4) THE STEPHEN C ROSE LEGACY FDN. (THE STEVE F								
PO BOX 9070 PROVIDENCE, RI 02940	47-4730275	501(C)(3)	12,500.				GENERAL OPERATING SU	
(5) THE SUPPERS PROGRAMS								
211 N HARRISON ST PRINCETON, NJ 08540	01-0882815	501(C)(3)	7,500.				GENERAL SUPPORT	
(6) THE THEATER PROJECT, A NJ NON-PROFIT CORP,								
676 LEXINGTON RD UNION, NJ 07083	45-2256837	501(C)(3)	7,500.				GENERAL SUPPORT	
(7) THE TLC FDN.								
716 SOQUEL AVE - SUITE A	77-0266587	501(C)(3)	10,000.				MEDICAL RESEARCH	
(8) THE VANGUARD THEATER CO.								
180 BLOOMFIELD AVE MONTCLAIR, NJ 07042	47-3543143	501(C)(3)	50,000.				VANGUARD THEATER CO.	
(9) THE WATERSHED INSTITUTE								
31 TITUS MILL RD PENNINGTON, NJ 08534-9946	21-0649717	501(C)(3)	849,725.				GENERAL SUPPORT	
(10) THE WILLIAM PATERSON UNIVERSITY OF NEW JERS								
300 POMPTON RD WAYNE, NJ 07470	22-3160107	501(C)(3)	10,000.				GENERAL SUPPORT	
(11) THE WORKWELL PARTNERSHIP								
2688 MAIN ST LAWRENCEVILLE, NJ 07470	88-2646920	501(C)(3)	59,833.				THE WORKWELL PARTNER	
(12) THOMAS A. EDISON MEDIA ARTS CONSORTIUM								
PO BOX 3426 HOBOKEN, NJ 07030	52-1665274	501(C)(3)	15,000.				THOMAS A. EDISON MED	
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	_	=						

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

OMB No. 1545-0047
2022

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

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Open to Public Inspection

Schedule I (Form 990) 2022

Name of the organization						Employer identificat	Employer identification number	
PRINCETON AREA COMMUNITY FOUNDATION INC.					52-1746234			
Part I General Information on Grants and	d Assistanc	е						
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	e?nitoring the use	of grant funds in th	e United States.			Yes No	
Part IV, line 21, for any recipient the		~					•	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) THOMAS EDISON STATE UNIVERSITY FDN.								
111 W. STATE ST TRENTON, NJ 08608	22-2117814	501(C)(3)	7,500.				SCHOLARSHIP SUPPORT	
(2) TRENT HOUSE ASSOC.								
15 MARKET ST TRENTON, NJ 08611	23-7378513	501(C)(3)	17,000.				TRENT HOUSE ASSOC.	
(3) TRENTON AREA SOUP KITCHEN								
72 1/2 ESCHER ST TRENTON, NJ 08605	22-2392881	501(C)(3)	138,200.				GENERAL SUPPORT	
(4) TRENTON CHILDREN'S CHORUS								
P.O. BOX 7220 EWING, NJ 08628	45-2633120	501(C)(3)	5,250.				GENERAL SUPPORT	
(5) TRENTON CIVIL CIRCUS PROJECT INC DBA TRENTO								
675 S CLINTON AVE TRENTON, NJ 08611	47-2150184	501(C)(3)	90,500.				GENERAL SUPPORT	
(6) TRENTON HEALTH TEAM								
ONE W STATE ST TRENTON, NJ 08608	45-1257757	501(C)(3)	76,500.				GENERAL SUPPORT	
(7) TRENTON PUBLIC SCHOOLS								
108 N CLINTON AVE TRENTON, NJ 08609		501(C)(3)	25,000.				PROJECT SUPPORT	
(8) TRILOGY AN OPERA CO.								
30 HOWARD COURT NEWARK, NJ 07103	16-1681342	501(C)(3)	30,000.				TRILOGY AN OPERA CO.	
(9) TRINITY COLLEGE								
300 SUMMIT ST HARTFORD, CT 06106	06-0646927	501(C)(3)	18,000.				GENERAL SUPPORT	
(10) TRINITY COUNSELING SERVICE								
353 NASSAU ST PRINCETON, NJ 08540	22-2185298	501(C)(3)	70,450.				GENERAL SUPPORT	
(11) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA								
3451 WALNUT ST. PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	15,230.				THE WHARTON SCHOOL	
(12) TWELVE DAYS OF CHRISTMAS, INC.								
1415 S VOSS RD HOUSTON, TX 77057	76-0685643	501(C)(3)	10,000.				GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole				
3 Enter total number of other organizations lis	ted in the line	1 table						

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746234 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UC DAVIS CHEMICAL ENGINEERING EXCELLENCE FU							
ONE SHIELDS AVE DAVIS, CA 956165270	94-6036494	501(C)(3)	15,000.				ENDOWMENT
(2) UNIDENTIFIED MOVING OBJECTS, INC							
P O BOX 347 VASHON, WA 98070	22-2968673	501(C)(3)	7,000.				SQUEEZE PRODUCTION
(3) UNION OF CONCERNED SCIENTISTS							
2 BRATTLE SQUARE CAMBRIDGE, MA 02138	04-2535767	501(C)(3)	6,500.				SUPPORT FOR NUCLEAR
(4) UNION THEOLOGICAL SEMINARY							
3041 BRDWAY NEW YORK, NY 10027	13-1624238	501(C)(3)	50,000.				GENERAL SUPPORT
(5) UNITARIAN UNIVERSALIST CONGREGATION OF PRIN							
50 CHERRY HILL RD PRINCETON, NJ 08540	21-0694751	501(C)(3)	7,900.				GENERAL SUPPORT
(6) UNITED CHILDREN'S MUSIC PROJECT							
340B MOUNTAIN AVE UNION CITY, NJ 07087	45-3663891	501(C)(3)	15,000.				UNITED CHILDREN'S MU
(7) UNITED HELP UKRAINE							
PO BOX 83426 GAITHERSBURG, MD 20878	47-1837509	501(C)(3)	11,750.				TO HELP THE PEOPLE (
(8) UNITED JEWISH FEDERATION OF PRINCETON MERCE							
4 PRINCESS RD, SUITE 211	23-2215070	501(C)(3)	5,250.				MEDICAL ASSISTANCE
(9) HISPA							HISPA ROLE MODEL PRO
P.O BOX 702 PRINCETON, NJ 08542	52-1825305	501(C)(3)	15,000.				PROGRAM FOR ENGLISH
(10) A SOLDIERS HANDS							GENERAL OPERATING
2277 OAK LEAF DRIVE STATE COLLEGE, PA 16803	46-4156350	501(C)(3)	11,000.				SUPPORT
(11) ACORN CENTER FOR RESTORATION AND FREEDOM, I							
10699 HIGHWAY 36 COVINGTON, GA 30014	84-4166710	501(C)(3)	35,000.				GENERAL OPERATING SU
(12) ACTIVE TRANSPORTATION ALLIANCE							
35 E WACKER DRIVE, SUITE 1782	36-3385886	501(C)(3)	25,000.				GENERAL OPERATING SU

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

Schedule I (Form 990) 2022

SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identification	tion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants a	and Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's process. Part II Grants and Other Assistance to	ants or assistand cedures for mor	ce?	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient		_					,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALASKA COMMUNITY FOUNDATION							
3201 C STREET, SUITE 110	92-0155067	501(C)(3)	25,000.				FUNDS TO SUPPORT THE
(2) AMERICAN HEART ASSOCIATION, INC							
7272 GREENVILLE AVENUE DALLAS, TX 75231			8,833.				GENERAL SUPPORT
(3) ARBOR RISING							
270 W. 39TH STREET - SUITE 2000	27-4205023	501(C)(3)	60,000.				ARBOR RISING FOR ENG
(4) ARDELLA'S HOUSE							
2428 N. 33RD STREET PHILADELPHIA, PA 19132	27-2496591	501(C)(3)	20,000.				GENERAL OPERATING SU
(5) ART AGAINST RACISM							
208 LAUREL CIRCLE PRINCETON, NJ 08540	85-1291324	501(C)(3)	20,000.				ART AGAINST RACISM,
(6) ART IN THE ATRIUM							
PO BOX 9158 MORRISTOWN, NJ 07960-9158	22-3262907		12,938.				THE NEW JERSEY ARTS
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	•	•					

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

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

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

MONITORING OF GRANTS

ALL GRANTEES SIGN A CONTRACT WHICH OUTLINES ALL REQUIREMENTS BEFORE THEIR GRANT CHECK IS DELIVERED. GRANTS FROM DONOR ADVISED AND DESIGNATED FUNDS ARE AWARDED AFTER A THOROUGH REVIEW OF THEIR FORM 990, AND IN MANY CASES, A REVIEW OF THEIR AUDITED FINANCIAL STATEMENTS. STAFF ALSO REVIEW WEBSITES, ANNUAL REPORTS AND NEWSLETTERS TO CONFIRM THE TAX-EXEMPT STATUS AND EFFICACY OF EACH ORGANIZATION.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

PRINCETON AREA COMMUNITY FOUNDATION INC

Employer identification number 52-1746234

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
_				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
•	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: The organization?	6a		Х
a b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	0.0		21
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LAURA LONGMAN	(i)	189,332.	19,174.	NONE	11,504.	13,332.	233,342.	NONE
1 COO/CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL R NUNO	(i)	137,225.	3,000.	NONE	8,232.	9,611.	158,068.	NONE
2 SR. DIRECTOR OF PHILANTHROPY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARCIA SHACKELFORD	(i)	167,883.	17,505.	NONE	10,503.	21,165.	217,056.	NONE
3 CHIEF PHILANTHROPY OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LYNNE TOYE	(i)	154,919.	4,635.	NONE	1,391.	11,937.	172,882.	NONE
4 EXE. DIR OF NEW JERSEY ARTS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NELIDA VALENTIN	(i)	146,643.	16,000.	NONE	948.	16,836.	180,427.	NONE
5 VICE PRESIDENT, GRANTS & PRGM	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEFFREY VEGA	(i)	236,428.	24,359.	NONE	14,615.	20,836.	296,238.	NONE
6 PRESIDENT & CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 7

THE ORGANIZATION PROVIDED INCENTIVE PAY TO PERSONS LISTED IN FORM 990,
PART VII, SECTION A, LINE 1A DURING THE YEAR ENDED DECEMBER 31, 2022. THE
FOUNDATION'S COMPENSATION PROGRAM WILL BE: FOCUSED ON A COMBINATION OF
BASE SALARY AND INCENTIVE PAY WHICH, WHEN COMBINED, WILL PROVIDE
COMPENSATION ABOVE THE MARKET MEDIAN CONSISTENT WITH THE BOARD OF
TRUSTEES COMPENSATION PHILOSOPHY STATEMENT. THE INCENTIVE PAY COMPONENT
WILL NOT BE ADDED TO BASE PAY AND WILL BE TARGETED ABOVE MARKET MEDIAN AT
OR AROUND THE 65TH TO 85TH PERCENTILE. UNDER NO CIRCUMSTANCES WILL
COMPENSATION BE CALCULATED AS A PERCENTAGE OF CONTRIBUTIONS.

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number 52-1746234

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti			,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
6	goods							
6 7								
	Boats and planes							
8 9	Securities - Publicly traded		76	3,719,979.	FMV			
10	Securities - Closely held stock		7.0	3,713,373.	I IIV			
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 ►()							
	Other ►(
29	Number of Forms 8283 received				29			
	which the organization completed I	-orm 8283,	Part v, Donee Acknowledge	ement	29	,	Yes	No
302	During the year, did the organizat	ion rocoivo	by contribution any propo	rty reported in Part I line	s 1 through		163	140
JUA	28, that it must hold for at least the							
	to be used for exempt purposes for	•				30a		Х
h	If "Yes," describe the arrangement i		ording period:			Ju		
	Does the organization have a		tance policy that require	es the review of any	nonstandard			
٠.	contributions?					31	х	
32a	Does the organization hire or use					-		
	contributions?	-		-		32a		Х
b	If "Yes," describe in Part II.							
	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a) is checked.			
	describe in Part II		, JI 1 -1		,			

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

Schedule M (Form 990) 2022

Part II Supplem

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.

Part II Supple

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 1, LINE 1B

THE ORGANIZATION REPORTED 76 CONTRIBUTIONS OF STOCK AT THEIR FMV. THIS IS THE NUMBER OF CONTRIBUTIONS, NOT CONTRIBUTORS.

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

52-1746234

PRINCETON AREA COMMUNITY FOUNDATION INC.

CORE FORM 990 RESPONSES

FORM 990, PART III, LINE 4A

GRANTS: THE COMMUNITY FOUNDATION IS AN ACTIVE GRANTMAKER THROUGH SEVERAL GRANT PROGRAMS INCLUDING GREATER MERCER GRANTS AND THE FUND FOR WOMEN & GIRLS) AND GRANTMAKING FROM DONOR-ADVISED, DESIGNATED, NONPROFIT, AND FIELD-OF-INTEREST FUNDS. THE COMMUNITY FOUNDATION'S STRATEGIC GRANTMAKING PROGRAM, ALL KIDS THRIVE, IS ADDRESSING HIGH RATES OF CHRONIC ABSENTEEISM IN LOCAL PUBLIC SCHOOLS. BECAUSE OUR SCHOOLS WERE REMOTE DURING MUCH OF THE 2022 SCHOOL YEAR, WE ALLOWED OUR ALL KIDS THRIVE GRANTEE PARTNERS TO USE FUNDING TO INCREASE STUDENT ENGAGEMENT DURING VIRTUAL LEARNING AND TO HELP MEET THE BASIC NEEDS OF STUDENTS AND THEIR FAMILIES.

COMMUNITY IMPACT GRANTS SUPPORT NONPROFITS WORKING TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN, FAMILIES AND COMMUNITIES, INCLUDING NONPROFITS

FOCUSING ON FOOD INSECURITY, MENTAL HEALTH, ECONOMIC DEVELOPMENT AND ARTS

EDUCATION. WE ALSO SUPPORT GIVING CIRCLES AND FIELD OF INTEREST FUNDS TO

ENGAGE WOMEN AND MILLENNIALS IN PHILANTHROPY. THE NJ ARTS & CULTURAL

RECOVERY FUND IS AWARDING GRANTS TO NONPROFITS STATEWIDE. THE COMMUNITY

FOUNDATION ALSO MAKES GRANTS FROM DONOR-ADVISED, DESIGNATED, NONPROFIT

AND FIELD OF INTEREST FUNDS. ITS PRIMARY FOCUS IS CENTRAL NEW JERSEY, BUT

GRANTS FROM DONOR-ADVISED FUNDS ARE MADE REGIONALLY AND NATIONALLY AS

WELL. COMPETITIVE GRANTS ADDRESS THE NEEDS OF LOW-INCOME PEOPLE IN

GREATER MERCER COUNTY, PROVIDE OPERATING SUPPORT FOR NONPROFITS WORKING

WITH LOW-INCOME PEOPLE, AND PROVIDE SUPPORT FOR WORK TO BUILD THE SOCIAL

CAPITAL OF THE REGION. IN 2015 THE BOARD DEFINED SOCIAL CAPITAL AS

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

PRINCETON AREA COMMUNITY FOUNDATION INC.

52-1746234

BUILDING COMMUNITIES. THE COMMUNITY FOUNDATION'S GRANTMAKING TOUCHES MANY PROGRAMMATIC AREAS INCLUDING EDUCATION, BASIC SERVICES, HEALTH, ARTS & CULTURE, HOUSING, THE ENVIRONMENT, HISTORIC PRESERVATION, CIVIL RIGHTS, AND ANIMAL WELFARE. PROMOTING PHILANTHROPY AND PROVIDING EDUCATION: THE COMMUNITY FOUNDATION ACTIVELY ENGAGES ITS DONORS, GRANTEES, AND THE PROFESSIONAL ADVISORS IN THE REGION TO ENCOURAGE CHARITABLE GIVING BROADLY, AND TO BUILD OVER TIME A COMMUNITY-WIDE COMMITMENT TO PHILANTHROPY. IT SPONSORS SEMINARS AND WORKSHOPS ON TOPICS SUCH AS ENDOWMENT-BUILDING, GOOD GOVERNANCE, GRANT-SEEKING BEST PRACTICES, RISK MANAGEMENT, AND PLANNED GIVING. THE COMMUNITY FOUNDATION POSITIONS ITSELF AS A RESOURCE TO THE REGION AND REGULARLY RESPONDS TO REQUESTS FOR INFORMATION AND GUIDANCE. THE 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.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.

52-1746234

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

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

THE COMMUNITY FOUNDATION'S FORM 990 IS PREPARED BY AN INDEPENDENT CPA
FIRM AND REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE PRESIDENT & CEO
WHO SUGGEST NECESSARY REVISIONS. THE FORM 990 IS SUBSEQUENTLY DISTRIBUTED
TO THE FOUNDATION'S AUDIT COMMITTEE FOR FURTHER REVIEW AND APPROVAL. IT
IS THEN DISTRIBUTED TO ALL TRUSTEES WITH SCHEDULE B REDACTED TO PROTECT
THE PRIVACY OF DONORS, PRIOR TO BEING FILED WITH THE IRS.

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

THE COMMUNITY FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH 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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

PRINCETON AREA COMMUNITY FOUNDATION INC

52-1746234

DURING THE YEAR AND A WRITTEN RECORD OF ANY SUCH CHANGES ARE ADDED TO THE ACTIVE FILE. IDENTIFIED CONFLICTS ARE NOTED AT ALL MEETINGS OF THE BOARD AND ITS COMMITTEES AS WELL AS IN THE MINUTES. ANY OFFICER, TRUSTEE, STAFF MEMBER, OR VOLUNTEER WITH A CONFLICT LEAVES THE ROOM FOR THE DURATION OF THE RELEVANT DISCUSSION AND RECUSES HIM/HERSELF FROM ANY VOTE IN WHICH THEY HAVE A CONFLICT OF INTEREST; IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY.

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

THE COMMUNITY FOUNDATION HAS A BOARD-APPROVED COMPENSATION POLICY WHICH GUIDES ITS DECISIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS WHO DO NOT HAVE A CONFLICT OF INTEREST, ACTS AS A PERSONNEL AND COMPENSATION COMMITTEE AND SETS ANNUAL COMPENSATION FOR THE PRESIDENT & CEO. THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL REVIEW OF THE PRESIDENT & CEO'S PERFORMANCE AGAINST OBJECTIVES AND METRICS AGREED TO AT THE BEGINNING OF THE FISCAL YEAR AND SOLICITS FEEDBACK FROM ALL TRUSTEES. AS PART OF THE BUDGET PROCESS, THE FINANCE COMMITTEE SUGGESTS AN INCREASE RANGE DURING THE BUDGET PROCESS.

THE PRESIDENT & CEO THEN REVIEWS THE PERFORMANCE OF ALL OTHER STAFF AND 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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

PRINCETON AREA COMMUNITY FOUNDATION INC

52-1746234

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

OTHER CHANGES IN NETS ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENT (\$47,620.)

GRANT REFUNDS \$400,000.

TOTAL OF \$352,380

Name of the organization Employer identification number 52-1746234 PRINCETON AREA COMMUNITY FOUNDATION INC. FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS ______ BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE -----PREPAID EXPENSES 92,528. 132,664. TOTALS 92,528. 132,664.

=========

==========

Name of the organization Employer identification number

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

PRINCETON AREA COMMUNITY FOUNDATION INC.

	BEGINNING	ENDING	COST
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV
DOMESTIC EQUITY	47,242,782.	45,395,150.	FMV
MUTUAL FUNDS	20,760,299.	19,957,532.	FMV

TOTALS ----- ---- 68,003,081. 65,352,682.

52-1746234

ESTIMATED TAX WORKSHEET FOR FORM 990-W

	2023 Estimated Tax	Α	
B.	Enter 100 % of Line A		
C.	Enter 100 % of tax on 2022 FORM 990-T		
D.	Required Annual Payment (Smaller of lines B or C)	D	8,387.
	Income tax withheld (if applicable)		
	Balance (As rounded to the nearest multiple of		8,400.

Record of Estimat	Record of Estimated Tax Payments										
Payment number	(a) Date	(b) Amount	(c) 2022 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))							
1	04/18/2023	NONE	653.	653.							
2	06/15/2023	NONE	653.	653.							
3	09/15/2023	NONE	653.	653.							
4	12/15/2023	5,787.	654.	6,441.							
Total		5,787.	2,613.	8,400.							

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form 990-T		Ех	cempt Organization Business Income Tax Return	n	OMB No. 1545-0047
Form	330-1		(and proxy tax under section 6033(e))		୭022
_		For cale	ndar year 2022 or other tax year beginning, 2022, and ending, 20	'	
	tment of the Treasury al Revenue Service	Do.	Go to www.irs.gov/Form990T for instructions and the latest information. not enter SSN numbers on this form as it may be made public if your organization is a 501(c)	(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Z	X Check box if				mployer identification number
	address changed.		PRINCETON AREA COMMUNITY FOUNDATION INC.	52	2-1746234
ВЕхе	empt under section	Print	Number, street, and room or suite no. If a P.O. box, see instructions.		roup exemption number ee instructions)
X	501(C <u>)(3</u>)	or Type	C/O JEFFREY VEGA 212 CARNEGIE CENTER, SUITE 201	(S	ee instructions)
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code		
	408A 530(a)		PRINCETON, NJ 08540	F	Check box if an amended return.
	529(a) 529A	C Bool	k value of all assets at end of year		1
	heck organization t		X 501(c) corporation 501(c) trust 401(a) trust Other trust		State college/university
	heck if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			Schedules A (Form 990-T)		
	•		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			identifying number of the parent corporation		
LII	he books are in care		•	-21	_9-1800
			212 CARNEGIE CENTER, SUITE 201		
		F	PRINCETON, NJ 08540		
Pai	Total Unre	lated F	Business Taxable Income		
1			ness taxable income computed from all unrelated trades or businesses (see	e T	
•					1 40,939.
2	,				2
3				_	3 40,939.
4	Charitable contrib	outions (s	see instructions for limitation rules)	. [4
5	Total unrelated by	usiness t	axable income before net operating losses. Subtract line 4 from line 3	. [5 40,939.
6	Deduction for net	operatin	g loss. See instructions	. [6
7	Total of unrelat	ed busir	ness taxable income before specific deduction and section 199A deduction	ı. 🗀	
	Subtract line 6 fro	m line 5			7 40,939.
8	Specific deduction	n (genera	ally \$1,000, but see instructions for exceptions)		1,000.
9	Trusts. Section 1	99A dedu	uction. See instructions	. [9
10	Total deductions.	Add line	s 8 and 9 · · · · · · · · · · · · · · · · · ·	• L	1,000.
11	Unrelated busine	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7	',	
					11 39,939.
Pai	rt II Tax Comp				
1			corporations. Multiply Part I, line 11 by 21% (0.21)		1 8,387.
2		Г	rates. See instructions for tax computation. Income tax on the amount or		
	Part I, line 11 from	_	Tax rate schedule or Schedule D (Form 1041)		2
3	-		S		3
4			structions		4
5			trusts only)		5
6	•		lity income. See instructions	_	- 0.207
7	i otal. Add lines 3	τnrough	6 to line 1 or 2, whichever applies		8,387. Form 990-T (2022)

Part	:	Tax and Payments								
1a	Foreign	n tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	1a						
b	Other of	credits (see instructions)		1b						
		al business credit. Attach Form 3800 (see instr								
		or prior year minimum tax (attach Form 8801								
		redits. Add lines 1a through 1d	•	$\overline{}$			1e			
		ct line 1e from Part II, line 7					2		8,3	87.
			Form 8611 Form 8697						0 7 5	<u> </u>
	O 11.101 a.		ment)				3			
4	Total ta	ax. Add lines 2 and 3 (see instructions).								
		1294. Enter tax amount here					4		8,3	27
		t net 965 tax liability paid from Form 965-A, P					5		0,5	<u>o , .</u>
		nts: A 2021 overpayment credited to 2022		1 1						
		stimated tax payments. Check if section 643		6b						
			· · · · · · · · · · · · · · · · · · ·		11,0	100				
		posited with Form 8868			11,0	100.				
	-	organizations: Tax paid or withheld at source		6d						
		withholding (see instructions)								
		for small employer health insurance premiums		6f						
g		redits, adjustments, and payments: Form								
_			Total	6g			_	1	1 0	0.0
		ayments. Add lines 6a through 6g					7	1	1,0	<u> </u>
		ted tax penalty (see instructions). Check if For					8			
		e. If line 7 is smaller than the total of lines 4,					9			1.0
	•	yment. If line 7 is larger than the total of line	· · · · · · · · · · · · · · · · · · ·				10		2,6	<u>⊥3.</u>
		e amount of line 10 you want: Credited to 2023 est		2,61	_		11			
	: IV	Statements Regarding Certain								
		time during the 2022 calendar year, d			_				Yes	No
	over a	financial account (bank, securities, or o	other) in a foreign country? I	f "Yes	," the organizati	on ma	ay have	to file		
	FinCEN	Form 114, Report of Foreign Bank an	d Financial Accounts. If "Yes	s," ent	er the name of	the	foreign	country		
	here _									X
2	During	the tax year, did the organization receive a	a distribution from, or was it th	ne gran	tor of, or transfe	ror to,	a foreig	gn trust?		X
	If "Yes,	" see instructions for other forms the organiza	tion may have to file.							
3	Enter tl	he amount of tax-exempt interest received or	accrued during the tax year		\$ _					
4	Enter a	vailable pre-2018 NOL carryovers here \$ _	NONE . Do not inc	lude ar	ny post-2017 NOL	carryov	/er			
	shown	on Schedule A (Form 990-T). Don't r	educe the NOL carryover sh	nown l	here by any de	eductio	n repo	rted on		
	Part I, Ii									
5	Post-20	017 NOL carryovers. Enter the Business	Activity Code and available	post-	-2017 NOL carr	yovers.	. Don't	reduce		
	the am	ounts shown below by any NOL claimed on ar	y Schedule A, Part II, line 17 for	the tax	year. See instructi	ons.				
		Business Activity Co	ode		Available post-2	2017 N	OL carry	over		
				_ \$						
				\$						
				\$						
				\$						
6a	Did the	organization change its method of accounting	g? (see instructions)							Х
b	If 6a	is "Yes," has the organization described	I the change on Form 990,	990-E	Z, 990-PF, or	Form	1128?	If "No,"		
	explain	in Part V								
Part	V	Supplemental Information								
Provid	de the ex	xplanation required by Part IV, line 6b. Also, pr	ovide any other additional inform	nation. S	See instructions.					
		der penalties of perjury, I declare that I have exami							nowled	ge and
Sign) beli	ef, it is true, correct, and complete. Declaration of pro-	eparer (other than taxpayer) is based of	n all info	ormation of which pr				41.	
Here								RS discuss reparer sh		
		nature of officer	Date Title			_	instruction			No
		Print/Type preparer's name	Preparer's signature	D	ate	_		PTIN		1
Paid		BRAD CARUSO	,		1/14/2023	Check	if mployed	P012	/Q12	1
Prep	arer		J DC	1						
Use	Only	Firm's name WITHUMSMITH+BROWN Firm's address ONE TOWER CENTER		ייידות	CMICK NIT	Firm's		22-202		
JSA		Firm's address ONE TOWER CENTER	BLVD 14TH FL, EAST	DK UN!	SWICK, NJ	Pnone	:no. /32	2-828-1 Form 9		(2000
2X2741	1.000							rorm 9	3U-1	(2022)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

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

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

B Employer identification number

52-1746234

C Unrelated business activity code (see instructions) 523000					D Sequence: 1 of 1			
E De	scribe the unrelated trade or business LP PARTNERSHIP INC	COM						
Par	Unrelated Trade or Business Income		(A) Income		(B) Expens	es	(C) Net	
1a	Gross receipts or sales							
b	Less returns and allowances c Balance	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4a	Capital gain net income (attach Schedule D (Form 1041 or							
	Form 1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement) SEE. STATEMENT. 1	5	40,93	9.			40,939.	
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12	13	40,93				40,939.	
Par	Deductions Not Taken Elsewhere See instructions f		nitations on de	duct	ions. Deduct	ions n	nust be	
	directly connected with the unrelated business incom	e.						
1	Compensation of officers, directors, and trustees (Part X)					1		
2	Salaries and wages					2		
3	Repairs and maintenance					3		
4	Bad debts					4		
5	Interest (attach statement). See instructions					5		
6	Taxes and licenses					6		
7	Depreciation (attach Form 4562). See instructions		7					
8	Less depreciation claimed in Part III and elsewhere on return . $\ . \ $		8a			8b		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs					11		
12	Excess exempt expenses (Part VIII)					12		
13	Excess readership costs (Part IX)					13		
14	Other deductions (attach statement)					14		
15	Total deductions. Add lines 1 through 14					15		
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 fro	m Pa	art I, line 13,			
	column (C)					16	40,939.	
17	Deduction for net operating loss. See instructions					17		
18	Unrelated business taxable income. Subtract line 17 from line	16				18	40,939.	
For Pa	perwork Reduction Act Notice, see instructions.			_	Sc	hedule	A (Form 990-T) 2022	

chedule A (Form 990-T) 2022

	ule A (Form 990-1) 2022				Page Z
		Enter method of inventor			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Part I, line	2		
9	Do the rules of section 263A (with respect t	o property produced or a	cquired for resale) ap	ply to the organization?	Yes No
Par	t IV Rent Income (From Real Propert	y and Personal Prope	rty Leased with R	eal Property)	
1	Description of property (property street address,				
	Α				
	В				
	С				
	D				
		Α	В	С	
2	Rent received or accrued			-	
	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
b	but not more than 50%)				
b					
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c of	olumns A through D. Ente	er here and on Part I,	line 6, column (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part I	, line 6, column (B)		
Paı	t V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	dress, city, state, ZIP code).	Check if a dual-use. See	e instructions.	
	A				
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
-					
2	property Deductions directly connected with or allocable				
3	-				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	,,		,,	
8	Total gross income (add line 7, columns A thro	ugh D). Enter here and on P	art I, line 7, column (A)		
-	green green meeting (add into 1, obtaining A till o	-gj Horo and off f			
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, colu	mne A through D Enter	here and on Part I	line 7 column (R)	
10	Total dividends - received deductions included i	-			
	i otal alviucilus - receiveu ueuucilolis iliciuded l			· · · · · · · · · ·	

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Schedule A (Form 990-T) 2022

Part	VI Interest. Ann	nuities. Rovalt	ies, and Rents	s from Controlled Orga	nizations (see instructions)		
			7					
1	Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5		
(1)								
(2)								
(3)								
(4)								
			Nonexe	mpt Controlled Organizat	ions			
			Net unrelated come (loss) e instructions)	9. Total of specified payments made				
(1)								
(2)								
(3)								
(4)								
		-			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Part				(7), (9), or (17) Organiz	vation (see instructions)			
			ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)		
(1)				,				
(2)								
(3)								
(4)								
		Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)		
	<u></u>							
Part	VIII Exploited Ex	xempt Activity	/ Income, Othe	er Than Advertising Inc	ome (see instructions)			
1	Description of exploited activity:							
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)							
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I,							
	line 10, column (B)					3		
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete							
	lines 5 through 7					4		
5	Gross income from a	activity that is not	unrelated business	sincome		5		
6	Expenses attributable	e to income entere	ed on line 5			6		
7	Excess exempt expe	enses. Subtract I	ine 5 from line	6, but do not enter more	e than the amount on line			
	4. Enter here and on I	Part II, line 12				7		
						Schedule A (Form 990-T) 2022		

Page 4 Schedule A (Form 990-T) 2022

Par	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if	reporting	two or more periodicals o	n a consolidated bas	sis.	
	Α					
	В					
	c					
	D		arrage anding and upon			
Enter	amounts for each periodical listed above	e in the c				
			A	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here	and on Pa	art I, line 11, column (A)			
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here		art I. line 11. column (B).			
	g		(=/:			
4	Advertising gain (loss) Subtract line 2	from line				
4 Advertising gain (loss). Subtract line 3 from line						
	2. For any column in line 4 showing	-				
	complete lines 5 through 8. For any c					
	line 4 showing a loss or zero, do not					
	lines 5 through 7, and enter zero on lin	e8				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is I	ess than				
	line 5, subtract line 6 from line 5. If line	5 is less				
	than line 6, enter zero					
8	Excess readership costs allowed					
•	deduction. For each column showing a					
	line 4, enter the lesser of line 4 or line 7			0 1 1		
а	Add line 8, columns A through D					
	Part II, line 13					• • -
Par	t X Compensation of Officers	s, Direc	tors, and Trustees (s	see instructions)		
			· ,		3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	i. Name		z. ride			
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
(- /					70	
Tota	I. Enter here and on Part II, line 1					
Par	t XI Supplemental Information	n (see ir	istructions)			

SCHEDULE A: LP PARTNERSHIP INCOME

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

SHARE OF SHARE OF GROSS INCOME DEDUCTIONS (LOSS)

GAIN OR

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

40,939. =========