Form	9	9	0
Departm	nent o	f the	Treasury

## **Return of Organization Exempt From Income Tax**

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

							350 and 10				•			hopotion
A	ror th	e 202		ndar year, or t	ax year beg	mmg			and	d endin	<u> </u>	) Employer	dontifi	cation number
в	Check if ap	plicable:		e of organization							I`		uentiñi	cation number
	Addre			RINCETON A	REA COMMU	JNITY FOU	JNDATION	N INC.						
Σ	C chang			g Business As	<b>DO</b> has <b>1</b>	- and deft in the	t t - t - t - t - t - t - t - t							46234
	Name	change		ber and street (or		s not delivered t	u street addre	85S)	Roon	m/suite		E Telephone		
	Initial	return		12 CARNEGI	-	1715 (					201	( )	509)	219-1800
_	Termi		City	or town, state or p	rovince, country,	, and ZIP or fore	eign postal coo	de						
	Amen returr	n		RINCETON,								G Gross rece		30,349,770.
	Applic pendi	ng		e and address of p			REY M. V					Is this a group of the subordinat		Irn for Yes X No
			2	12 CARNEGI	E CENTER,	, SUITE 2	201, PR	INCETON,	NJ	0854	0 F	<b>l(b)</b> Are all subc		
		empt st		X 501(c)(3)	501(c) (	) ┥ (in	sert no.)	4947(a)(1)	or	527	,	If "No," at	ach a lis	t. (see instructions)
J				PACF.ORG							F	H(c) Group exe	mption n	number 🕨
K		of orgar	nization:	X Corporation	Trust	Association	Other	•		L Year of	formatio	n: 1991 🛛	State	of legal domicile: NJ
P	art I	Su	mmary	/										
	1	Briefl	y descri	be the organizat	ion's mission	or most signif	icant activitie	es: <u>THE</u>	PRIN	ICETON	I_AREA	A_COMMUI	ITTY	FOUNDATION
e		PRO	MOTES	5_PHILANTH	ROPY_THRO	UGH_EDUC	CATION,	GRANT M	AKIN	NG, Al	ND BY	CREATI	NG	
nan		A N	ETWOF	RK_OF_DONOR	RS, ADVIS	ORS_AND_	NONPROF	IT CORP	ORAT	FIONS.	·			
Governance	2	Checl	k this bo	ox 🕨 📃 if the	organization	discontinued	its operatio	ons or dispos	ed of ı	more tha	n 25% c	of its net asse	ets.	
ő	3	Numb	er of vo	oting members o	f the governin	g body (Part V	/I, line 1a)						3	23
Activities &	4	Numb	er of in	dependent votin	g members of	the governin	g body (Part	VI, line 1b)					4	23
itie	5			r of individuals e									5	19
ĭi∨	6			r of volunteers (e		,							6	60
Ă	7a	Total	unrelat	ed business reve	nue from Part								7a	40,939.
				d business taxab									7b	39,939.
												Prior Year		Current Year
-	8	Contr	ibutions	and grants (Part	t VIII, line 1h)						1	15,797,5	13.	19,780,005.
nue	9	Progr	am serv	vice revenue (Par	t VIII, line 2g)			COP	Y FO	R		1	JONE	NONE
Revenue	10	Invest	tment ir	ncome (Part VIII,	column (A), lir	nes 3, 4, and 3	7d)	PUBLIC I	NSPE	CTION		4,642,2	80.	4,805,532.
2	11			ie (Part VIII, colu								357,1		421,550.
				e - add lines 8 th							2	20,796,9		25,007,087.
				imilar amounts p		•						18,268,6		19,214,234.
				to or for membe									JONE	NONE
Ś	45			er compensation								2,048,0		2,196,371.
Jse	16a			fundraising fees									JONE	NONE
Expenses	b	Total	fundrai	sing expenses (P	art IX. column	(D), line 25) I	•	887.260					-	
ш	17			ses (Part IX, colu								729,4	32.	1,136,438.
	18	Total	expens	es. Add lines 13	-17 (must equa	al Part IX. colu	umn (A). line	25)			2	21,046,0		22,547,043.
				s expenses. Sub								-249,0		2,460,044.
20	3									<u> </u>	Beginni	ng of Current		End of Year
Net Assets or	20	Total	assets (	Part X, line 16)							2,6	56,456,7	55.	240,180,528.
Ass	21			es (Part X, line 26					• • •	• • • •		78,458,7		73,629,049.
Net Net	22			r fund balances.		21 from line 20	••••• )		• • •	••••		37,998,0		166,551,479.
	art II			e Block								,,,,,,,,,,,		100,001,177
			•		nave examined t	his return, incl	uding accom	panying sched	ules a	nd statem	ents, and	d to the best	of my	knowledge and belief, it is
tru	ie, corre	ct, and	complet	e. Declaration of pr	eparer (other the	an officer) is ba	sed on all info	ormation of wh	ich pre	eparer has	s any kno	wledge.		
Si	gn		Signatu	re of officer								Date		
He	ere													
			Type or	print name and title	Э									
		Print/		eparer's name		Preparer's s	ignature		D	Date		Check	if	PTIN
Pai		BRA	י ח	ARUSO		BRAD (	CARUSO		-	11/14,	/2022	· · · ·		P01249134
	eparer		s name	► WITHUMS	ΜΤͲϤ+ϷϷΛι		2111(000			<u>+</u> + / 1 + 1,		Firm's EIN		2-2027092
Us	e Only		address		WER CENTER B	-	EAST BDING	WICK NT OG	3816			Phone no.		32-828-1614
Ma	v the I			is return with the										
				tion Act Notice,				.~/			<u></u>	<u></u>	<u></u>	<u>X</u> Yes No Form <b>990</b> (2022)
0	i ape	INVUIN.	Neuuu	TOTI ACT NULLER.	oce une sepdi	ແຮງ ກາວແ ພວແປ								

For Paperwork Reduction Act Notice, see the separate instructions.

For	n 990 (2022) Pr	Page 2
Pa	Int III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE COMMUNITY FOUNDATION PROMOTES PHILANTHROPY TO ADVANCE THE	
	WELL-BEING OF OUR COMMUNITIES. THE COMMUNITY FOUNDATION HAS SEVERAL	
	GRANTMAKING INITIATIVES IN THE AREAS OF EDUCATION, ARTS, BASIC HUMAN	
	NEEDS, CAPACITY BUILDING, AND MORE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3		No
٨	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure	nd hv
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$20,820,072. including grants of \$19,214,234. ) (Revenue \$421,550. )	
	THE COMMUNITY FOUNDATION IS AN ACTIVE GRANTMAKER THROUGH SEVERAL	
	COMPETITIVE GRANT PROGRAMS; ALL KIDS THRIVE IS ADDRESSING HIGH	
	RATES OF CHRONIC ABSENTEEISM IN LOCAL PUBLIC SCHOOLS, AND	
	COMMUNITY IMPACT GRANTS SUPPORT NONPROFITS WORKING TO IMPROVE THE	
2 3 4 4a	QUALITY OF LIFE FOR CHILDREN, FAMILIES, AND COMMUNITIES. THE	
	COMMUNITY FOUNDATION ALSO MAKES GRANTS FROM DONOR	
	ADVISED, DESIGNATED, NONPROFIT AND FIELD OF INTEREST FUNDS AND	
	SUPPORTS GIVING CIRCLES INCLUDING THE FUND FOR WOMEN AND GIRLS AND	
	THE NEXTGEN GIVING CIRCLE (SEE SCHEDULE O FOR MORE DETAILS).	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4.0	(Code: ) (Experience f including grants of f ) ) (Devenue f	
4C	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 20,820,072.	
JSA	Digo 1.000 Form <b>990</b> (	(2022)

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	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,		Λ	
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
0		8		v
•	complete Schedule D, Part III	•		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		37	
4.0	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	4.0		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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	Х	
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		Х
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
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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 government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	
JSA 2E1021				(2022)

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Part	V 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	Х	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	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,	21		
20				
_	Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		20-		37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
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		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ĺ
	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			ĺ
	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			ĺ
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••		┍└──
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	.		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE	.		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
194	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
JSA 2E1030	2.000	Form	990	(2022)

PRINCETON	AREA	COMMUNITY	FOUNDATION	INC.

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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		Х
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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а		9a		X
b	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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	4.4-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4 5		v
	excess parachute payment(s) during the year?	15		<u>X</u>
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		<u>X</u>
47				
17	<b>Section 501(c)(21) organizations.</b> 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.			

Form 9	90 (2022	PRINCETON AREA COMMUNITY FOUNDATION INC. 52-1746	5234	F	Page 6
Part		Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below			
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
		Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A.	Governing Body and Management			
				Yes	No
1a		the number of voting members of the governing body at the end of the tax year 1a 23			
	if the	e are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar			
	comm	ittee, explain on Schedule O.			
		the number of voting members included on line 1a, above, who are independent 1b 23	-		
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with	2		v
		her officer, director, trustee, or key employee?	<b>_</b>		X
3		e organization delegate control over management duties customarily performed by or under the direct	3		Х
	-	vision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4		organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5		e organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7a		e organization have members or stockholders? e organization have members, stockholders, or other persons who had the power to elect or appoint			
1 a		more members of the governing body?	7a		Х
h		ny governance decisions of the organization reserved to (or subject to approval by) members,			
N N		olders, or persons other than the governing body?	7b		Х
8		e organization contemporaneously document the meetings held or written actions undertaken during			
•		ar by the following:			
а	-	overning body?	8a	Х	
b		committee with authority to act on behalf of the governing body?	8b	Х	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. I	Policies (This Section B requests information about policies not required by the Internal Revenue	Code	,	
				Yes	No
10a	Did the	e organization have local chapters, branches, or affiliates?	10a		X
b		," did the organization have written policies and procedures governing the activities of such chapters,			
		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b		be on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a		e organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120	21	
b		conflicts?	12b	Х	
~		e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C		be on Schedule O how this was done	12c	Х	
13		e organization have a written whistleblower policy?	13	Х	
14		e organization have a written document retention and destruction policy?	14	Х	
15		e process for determining compensation of the following persons include a review and approval by			
-		endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		ganization's CEO, Executive Director, or top management official	15a	Х	
b	Other	officers or key employees of the organization	15b	Х	
	lf "Yes	" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
		taxable entity during the year?	16a		X
b		," did the organization follow a written policy or procedure requiring the organization to evaluate its			
		pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.01		
Section		zation's exempt status with respect to such arrangements?	16b		
		Disclosure	7		
17		e states with which a copy of this Form 990 is required to be filed <u>CA, DC, FL, NJ, NY, PA, RI, SC, W</u>			04()
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- nly) available for public inspection. Indicate how you made these available. Check all that apply.	I (Sec	tion 5	U1(C)
		Dwn website Another's website X Upon request Other (explain on Schedule O)			
10			f into	oct -	
19		be on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	n intei	est p	olicy,
20		ancial statements available to the public during the tax year. the name, address, and telephone number of the person who possesses the organization's books and record	le		
20		REY VEGA 212 CARNEGIE CENTER, SUITE 201 PRINCETON, NJ 08540	13		
		219-1800	Form	990	(2022)
JSA 2E1042					=/
		NT M998 11/14/2023 11:40:28 V22-7 7F		10	

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

				(C						
(A)	(B)	(do r		Posi		e than c		(D)	(E)	(F)
Name and title	Average hours	`				is both		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	· ·		•		or/trust		from the	from related	compensation
	(list any	9 5	5	Q	<u>ک</u>	en ⊥:	Ŀ	organization (W-2/	organizations (W-2/	from the
	hours for related	Individual trustee or director	Institutional	Officer	Key employee	ghes	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	ual t	tiona		oldu	/ee	<b>_</b>	1000 1120)	1000 (120)	related organizations
	below	rust	tru		/ee	mpe				
	dotted line)	e	trustee			Highest compensated employee				
						ed				
(1) JEFFREY VEGA	40.00									
PRESIDENT & CEO	NONE			x				260,787.	NONE	35,451.
(2) LAURA LONGMAN	40.00									
COO/CFO	NONE			x				208,506.	NONE	24,836.
(3) MARCIA SHACKELFORD	40.00									
CHIEF PHILANTHROPY OFFICER	NONE					Х		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					X		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	Х		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	X						NONE	NONE	NONE
(14) NICOLE BRONZAN	1.00	-								
TRUSTEE	NONE	Х						NONE	NONE	NONE

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Form	990	(2022)	
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(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe	ition more rson	e than c is both tor/trust	an	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	X						NONE	NONE	NON
16) ANDREW K. GOLDEN, CFA	5.00									
TRUSTEE	NONE	X						NONE	NONE	NON
17) SHAWN W. ELLSWORTH	5.00									
TRUSTEE	NONE	X						NONE	NONE	NON
18) PEG FORRESTEL TRUSTEE	<u>1.00</u> NONE	x						NONE	NONE	NON
19) DR. KATE FOSTER	1.00	21						NONE	NONE	1101
TRUSTEE	NONE	x						NONE	NONE	NON
20) DR. SHANNON MASON	1.00									
TRUSTEE	NONE	x						NONE	NONE	NON
21) HEATHER ESHELMAN MCCUSKER	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
22) ELIZABETH MCNEILLY	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
23) SCOT D. PANNEPACKER, CPA/ABV,	5.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
24) RAKIA REYNOLDS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
25) JAMIE KYTE SAPOCH	5.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
1b Sub-total								1,232,220.	NONE	158,789
c Total from continuation sheets to Part VII, Se							►	NONE	NONE	NON
d Total (add lines 1b and 1c)			• •					1,232,220.	NONE	158,789

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person



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	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ►		

Yes No

3

4

5

-	n 990 (2022)			<u> </u>							Page <b>8</b>
Pa	art VII Section A. Officers, Directors, Tru		ey En	nplo			and H	lig			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than c is both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
26	) JOHN P. THURBER	1.00									
TF	RUSTEE	NONE	Х						NONE	NONE	NONE
_27	') MICHAEL H. ULLMANN	1.00									
	RUSTEE	NONE	X						NONE	NONE	NONE
	B) ANNE M. VANLENT	1.00	-								
	RUSTEE	NONE	X						NONE	NONE	NONE
	)) ATIYA WEISS	1.00									
	RUSTEE	NONE 1 00	X						NONE	NONE	NONE
	))_TONYA_WOODLAND, M.H.R.M, M.S_ RUSTEE	<u>1.00</u> NONE	x						NONE	NONE	NONE
	USIEE	NONE							INCINE	NONE	NONE
		+	-								
			-								
C	Sub-total Total from continuation sheets to Part VII, S				• •	 	 				
	Total (add lines 1b and 1c)								coived more than	\$100.000 of	
2	reportable compensation from the organization		1036	IISIC	u ai	000		516		\$100,000 OI	
3	Did the organization list any former offic	er, directo									Yes No
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	lividu	ual	• •	•••	• •			3 X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?	i If	"Yes	s," (	complete Schedu	le J for such	<b>4</b> X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 X
Se	ection B. Independent Contractors							·			
1	Complete this table for your five highest com compensation from the organization. Report of year.										

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received NONE	

## JSA 2E1055 1.000

#### PRINCETON AREA COMMUNITY FOUNDATION INC. Part VIII Statement of Revenue

\_

		Check if Schedule O co	ontains a respor	ise or note to an	iy line in this Part V	/		
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ís,	1a	Federated campaigns	1a					
, Grants Amounts	b	Membership dues						
	c	Fundraising events						
fts,	d	Related organizations						
Gila	e	Government grants (contribu						
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts,						
		and similar amounts not include	-	19,780,005.				
		Noncash contributions inclu						
	g	lines 1a-1f		\$ 3,719,979.				
aŭ	h			Ŧ	19,780,005.			
	- "		<u></u>	Business Code	19770070031			
e				Dusiness coue				
Program Service Revenue	2a							
	b							
E P	C							
gra Re	d							
õ	e							
а.	f	All other program service rev						
	g	Total. Add lines 2a-2f			NONE			
	3	Investment income (inclue	0	<i>'</i>	0 412 015		40,020	0.000.000
		other similar amounts).			2,413,915.		40,939.	2,372,976.
	4	Income from investment of	•	•	NONE			
	5	Royalties			NONE			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	NONE					
	d	` <u> </u>			NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	7,734,300.					
ue	b	Less: cost or other basis						
Revenue		and sales expenses 7b	5,342,683.					
se v	c	Gain or (loss) 7c	2,391,617.					
	d	Net gain or (loss)	<u></u>		2,391,617.			2,391,617.
Other	8a	Gross income from f	undraising					
0		events (not including \$						
		of contributions reported						
		1c). See Part IV, line 18	8a	NONE				
	b	Less: direct expenses		NONE				
	c	Net income or (loss) from fu			NONE			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19	0 0	NONE				
	ь	Less: direct expenses		NONE				
	c	Net income or (loss) from g			NONE			
	10a	Gross sales of invent	j j					
	IVa	returns and allowances		NONE				
	h	Less: cost of goods sold		NONE				
	b c	Net income or (loss) from sa	les of inventorv		NONE			
	Ť			Business Code	TAOLAE			
Miscellaneous Revenue		ADMINISTRATIVE FEES		900099	421,550.			421,550.
ne	11a				-121,350.			-21,550.
ella ver	b							
Re	C							
Ξ	d	All other revenue		L	401 550			
	e 10	Total. Add lines 11a-11d			421,550.			E 105 11
	12	Total revenue. See instruction	JIS		25,007,087.		40,939.	5,186,143.

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising 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								
5	Compensation of current officers, directors, trustees, and key employees	532,185.	123,697.	287,394.	121,094					
6	Compensation not included above to disqualified 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					
	Pension plan accruals and contributions (include	60,996.	33,348.	5,551.	22,097					
Ø	section 401(k) and 403(b) employer contributions		55,540.	5,551.	22,071					
9	Other employee benefits	139,595.	70,222.	21,592.	47,781					
10	Payroll taxes	137,645.	62,129.	31,164.	44,352					
	Fees for services (nonemployees):				,					
	Management	NONE								
	Legal	16,455.		16,455.						
	Accounting	26,400.		26,400.						
	Lobbying	NONE								
	Professional fundraising services. See Part IV, line 17	NONE								
1	Investment management fees	3,157.		3,157.						
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A), amount, list line 11g expenses on Schedule O.)	412,129.	211,425.	200,704.						
12	Advertising and promotion	137,025.	67,225.		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								
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	0.454	4.050						
19	Conferences, conventions, and meetings	18,773.	8,474.	4,250.	6,049					
20		NONE								
21	Payments to affiliates	NONE 8,525.	3,848.	1,930.	2,747					
22	Depreciation, depletion, and amortization	16,935.	7,644.	3,834.	2,747					
23		10,935.	7,044.	5,054.	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										
	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	22,547,043.	20,820,072.	839,711.	887,260					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here									

following SOP 98-2 (ASC 958-720)

Form **990** (2022)

Dogo	1	1	
Page			

	C Balance Sheet Check if Schedule O contains a response or note to any line in this Particular Statement of the statement	art X	_	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	NON
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	NON
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	NON
7 st	Notes and loans receivable, net	NONE	7	NON
Assets	Inventories for sale or use	NONE	8	NON
₹  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	NON
14	Intangible assets	NONE	14	NON
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	NON
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	77,373,403.	21	72,342,331
<u>ຮ</u> 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE		NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
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		NON
26	Total liabilities. Add lines 17 through 25	78,458,716.	26	73,629,049
es	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
		105 160 006		1.5.4.5.1.5.4.4.0
8 27	Net assets without donor restrictions	187,168,906.	27	164,616,440
28 2	Net assets with donor restrictions	829,133.	28	1,935,039
<u></u>	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
۳ ام			00	
29 129	Capital stock or trust principal, or current funds		29	
Assets or Fund Balances 0 0 5 1 0 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Paid-in or capital surplus, or land, building, or equipment fund		30	
รัช 31 ชื่32	Retained earnings, endowment, accumulated income, or other funds	107 000 000	31	
ž 32 33		187,998,039.	32	166,551,479
33	Total liabilities and net assets/fund balances	266,456,755.	33	240,180,528 Form <b>990</b> (2022

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	PRINCETON AREA COMMUNITY FOUNDATION INC. 52-	17462	234			
Form 99	00 (2022)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		25,0	07,	087.
2	Total expenses (must equal Part IX, column (A), line 25)			22, <u>5</u>	47,	<u>043</u> .
3	Revenue less expenses. Subtract line 2 from line 1	. 3		2,4	60,	044.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		18	87,9	98,	<u>039</u> .
5	Net unrealized gains (losses) on investments	. 5		<u>24,2</u>	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, lin	e				
	32, column (B))	- 10	10	56,5	51,	<u>479</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other	," explair	n on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountain			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were	compile	d 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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were	audited of	on a			
	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	-			77	
	the audit, review, or compilation of its financial statements and selection of an independent account			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year	ar, explaii	n on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as s		the			77
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		•••	3a		Χ_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not	-		0.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo su	ch audits		3b	000	

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SCHE		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.

OMB No. 1545-0047

	nal Revenue Service		Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection				
Nam	e of the organization						Employer identifi	cation number				
PR:	INCETON AREA (							746234				
Ра	rt I Reason fo	or Public Cha	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	IS.				
The		•		is: (For lines 1 through			,					
1				tion of churches desc			70(b)(1)(A)(i).					
2				. (Attach Schedule E	-							
3		-	-	rganization described								
4												
_	hospital's nam	-										
5		-		a college or universit	y owned	d or ope	rated by a governme	ental unit described in				
~			complete Part II.)	romontol unit docoribo		ion 170/	L\/4\/A\/\					
6 7		•	•	rnmental unit describe		•		om the general public				
'			(1)(A)(vi). (Compl		ipport in	Jili a yu		Jin the general public				
8				o)(1)(A)(vi). (Complete	Part II )							
9				ed in section 170(b)(1		onerated	in conjunction with a	land-grant college				
Ŭ			-	griculture (see instruct		-	-					
	university:		g.a coogo c. ag					and contrage of				
10 11	An organization receipts from support from acquired by the	activities rela gross investm ne organizatio	ted to its exempt f lent income and u n after June 30, 1	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See <b>section 509</b> usively to test for publi	ertain ex able inco (a)(2). (C	ceptions me (less Complete	s; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its				
12	·	•		•	•			ry out the purposes of				
	one or more p	ublicly suppo	rted organizations	described in section 5	509(a)(1	) or <b>sect</b> i	ion 509(a)(2). See see	ction 509(a)(3). Check				
	the box on line	es 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.				
а	🔄 Type I. A su	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving				
	the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the				
	supporting c	organization. N	ou must complet	e Part IV, Sections A	and B.							
b				ed or controlled in co								
	control or m	anagement o	of the supporting of	organization vested in	the sam	e persor	is that control or man	age the supported				
				, Sections A and C.								
С				ng organization opera				ly integrated with,				
		-		ns). You must comple								
d	•••	-		porting organization of				• • • • •				
		-		nization generally mus	-		-	an attentiveness				
е	· ·		,	omplete Part IV, Sect a written determinatio								
e		-		ionally integrated sup				і, туре ш				
f												
g				orted organization(s).								
	(i) Name of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)				
					Yes	No	matractionay	matructionay				
(A)												
(7)												
(B)												
(C)												
(D)					+							
					<u> </u>							
(E)												
Tota	al											
For	Paperwork Reduction	n Act Notice, s	ee the Instructions	for Form 990 or 990-EZ.			S	chedule A (Form 990) 2022				

Schedule A (Form 990) 2022

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</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		ГГ			r	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</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.	16,991,618.	19,707,552.	15,797,513.	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	ee 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	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
14	Public support percentage for 2022 (lin					14	62.25 <b>%</b>
15	Public support percentage from 2021 S						60.45 <b>%</b>
16a	331/3% support test - 2022. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization qu			-			
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			•			
_	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets organization			-	-		
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2022

	Schedule A (	Form	990)	202
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# 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						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</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						
1 a	received from disgualified 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						
с 8	Add lines 7a and 7b						
0	•• 、						
Sec	line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		(4) 2010	(6) 2010	(0) 2020	(4) 2021	(0) 2022	
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
ivu	payments received on securities loans,						
	rents, royalties, and income from similar						
L							
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	Ĺ					
14	First 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	•	•				
15	Public support percentage for 2022 (line 8					15	%
16	Public support percentage from 2021 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2022 (li					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	rganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and stop	here. The orga	nization qualifies	as a publicly s	upported organiza	ation
b	331/3% support tests - 2021. If the org	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and <b>s</b>	top here. The or	ganization qualifi	es as a publicly	supported organ	ization .
20	Private foundation. If the organization	did not check	a box on line '	14, 19a, or 19b	, check this bo	x and see instru	uctions
JSA 2E122	1 1.000					Schedule	A (Form 990) 2022

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

#### 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

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

|--|

- Has the organization accepted a gift or contribution from any of the following persons?
   a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
  - **b** A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

#### Section B. Type I Supporting Organizations

- 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.
- 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.

#### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	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? <i>If "No," explain in <b>Part VI</b> how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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	e instri	uctions	s).
•	And the Track Annual Press On and Ok Instance		Yes	No
2	Activities Test. Answer lines 2a and 2b below.			

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

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- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **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.*

Yes No

Yes No

11b

11c

1

2

52-1746234

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Schedule A (Form 990) 2022

2a

2b

3a

3b

Page 6

Schedule A (Form 990) 2022

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

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

Se	ction 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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continuea)		• · · ·
	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	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 <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(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				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	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 <b>Part VI.</b> 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:				
а	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022

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

SCHEDULE	Α,	PART	ΙI	-	OTHER	INCOME

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 A (Form 990 or 990-EZ) 2022

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

PRINCETON AREA COM	MUNITY FOUNDATION INC.	52-1746234
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	a private foundation
	501(c)(3) taxable private foundation	

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

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

#### General Rule

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

#### **Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

	3 (Form 990) (2022) organization		Page 2 Employer identification number
	PRINCETON AREA COMMUNITY FOUNDA	TION INC.	52-1746234
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is r	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	<u>N/A</u>	\$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	<u>N/A</u>	\$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	<u>N/A</u>	\$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.)

Schedule B (Form 990) (2022)

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Page 2

Schedule B (Form 990) (2022)
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ame of o	rganization PRINCETON AREA COMMUNITY FOUNDA	Employer identification number 52-1746234		
art I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	<u>N/A</u>	\$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.)	
(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.)	

Schedule B (Form 990) (2022)

JSA 2E1253 1.000 Page 2

Scheo	lule B	(Form	990)	(2022)

ame of organization PRINCETON AREA COMMUNITY FOUNDATION INC.			Employer identification number 52-1746234		
art II	Noncash Property (see instructions). Use duplicate copies	· · · · · ·			
(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)

JSA 2E1254 1.000

Schedule B (Form 990) (2022)

	(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	<b>the year from any</b> ions completing Pari e year. (Enter this in	one contributor. C t III, enter the total formation once. Se	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use		(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	
	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	
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	hip of transferor to transferee	

SCHEE	DULE D
(Form	990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

2

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

			<b>1</b>				
PRI	NCETON AREA COMMUNITY FOUNDATION IN		52-1746234				
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	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	108,934,401.	122,675,267.				
5	Did the organization inform all donors and donor	advisors in writing that the assets held	d in donor advised				
	funds are the organization's property, subject to the	e organization's exclusive legal control?	X Yes 🛄 No				
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used				
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or for	any other purpose				
	conferring impermissible private benefit?		X Yes No				
Pa	rt II Conservation Easements.						
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the	organization (check all that apply).					
	Preservation of land for public use (for example	, recreation or education) Preservation	n of a historically important land area				
	Protection of natural habitat	Preservation	n 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		2c				
d	Number of conservation easements included in (c)						
	a historic structure listed in the National Register		2d				
3	Number of conservation easements modified, tra		ninated by the organization during the				
	tax year		, , , , , , , , , , , , , , , , , , , ,				
4	Number of states where property subject to conse	rvation easement is located					
5	Does the organization have a written policy reg						
	violations, and enforcement of the conservation ear		-				
6	Staff and volunteer hours devoted to monitoring, insp						
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year				
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes 🛄 No				
9	In Part XIII, describe how the organization re						
	balance sheet, and include, if applicable, the text						
_	organization's accounting for conservation easeme	nts.					
Pa	rt III Organizations Maintaining Collections		er 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 reven	ue statement and balance sheet works				
	of art, historical treasures, or other similar assesservice, provide in Part XIII the text of the footnote	ts held for public exhibition, education	n, or research in furtherance of public				
b	If the organization elected, as permitted under $F_{I}$						
b	art, historical treasures, or other similar assets he						
	provide the following amounts relating to these iter						
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of a						
	following amounts required to be reported under F		5, i z z				
а							
b	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990. Part X.						

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

Schedule D (Form 990) 2022

		NCETON AREA CO					<u> </u>		746234		2
Ра	rt III Organizations Maintaini	-								,	
3	Using the organization's acquisitio collection items (check all that appl		other record	ds, checl	c any of	the follo	owing that n	nake sigr	nificant us	se of its	s
а	Public exhibition	y).	d	loan	or evcha	nge prog	ram				
b	Scholarly research		e	Other		nge prog	lam				
c	Preservation for future gener	ations									
4	Provide a description of the organ		and expla	in how t	hey furt	her the	organization'	s exemp	t purpose	in Par	rt
	XIII.										
5	During the year, did the organizatio								Yes		_
Po	assets to be sold to raise funds rath		allieu as pa		Jiyaniza				Tes		<u> </u>
Га	rt IV Escrow and Custodial An Complete if the organiza		e" on Forr	n 000 E	Part IV/	line 9 or	reported a	n amour	nt on For	m	
	990, Part X, line 21.										
1a	Is the organization an agent, trust			-				ets not _			
	included on Form 990, Part X?							L	Yes	X N	0
b	If "Yes," explain the arrangement in	n Part XIII and comp	plete the fol	owing tab	ole:						
								Amount			
С	Beginning balance					1c					
d	Additions during the year				[	1d					
е	Distributions during the year					1e					
f	Ending balance				[	1f					
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	scrow o	r custodi	al account lia	bility?	X Yes	N	ο
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the ex	planation	has bee	en provide	d on Part XII			X	
Pa	rt V Endowment Funds.										
	Complete if the organiza	tion answered "Ye	es" on Forr	n 990, F	Part IV, I	line 10.					
		(a) Current year	<b>(b)</b> Prior	year	(c) Two	years back	(d) Three y	ears back	<b>(e)</b> Four y	ears back	(
1a	Beginning of year balance	57,662,612.	50,32	6,767.	46,2	14,634.	38,77	70,702.	44,3	61,653.	
b	Contributions	-407,623.	57	9,340.		54,827.	31	.9,171.		64,847.	
	Net investment earnings, gains,										
•	and losses	-6,422,460.	7,64	6,329.	6,0	97,568.	8,72	9,704.	-1,9	88,779.	
d	Grants or scholarships	1,598,365.	88	9,824.	1,2	92,787.	86	56,818.	2,9	47,919.	
	Other expenditures for facilities										_
•	and programs				7	47,475.	73	88,125.	7	19,100.	
f	Administrative expenses										
g	End of year balance	49,234,164.	57,66	2,612.	50,3	26,767.	46,21	4,634.	38,7	70,702.	_
2	Provide the estimated percentage	of the current year	end balance	e (line 1a	column	(a)) held a	as:				
a	Board designated or quasi-endowm			, (into 19,	oolanni						
b		NE %									
с	Term endowment NONE %										
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.								
3a	Are there endowment funds not in t			tion that	are held	l and adn	ninistered for	the			
	organization by:		Ū.						Y	es No	<b>、</b>
	(i) Unrelated organizations								3a(i)	X	_
	(ii) Related organizations								3a(ii)	X	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as require	d on Sch	edule R?	?			3b		
4	Describe in Part XIII the intended u	•							I		_
Pa	rt VI Land, Buildings, and Equ	lipment.					<u> </u>				_
	Complete if the organiza Description of property		1				1				
	Description of property	(a) Cost or (inves			or other bas ther)		Accumulated preciation	(a	I) Book valu	e	
1a	Land			4							_
b	Buildings										_
с	Leasehold improvements				63,31	8.	63,318.			NON	— E
d	Equipment			1	.07,37		99,469.		5	7,906	
	Other										_
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part	X, colum	n (B), line	e 10c.)				7,906	

Schedule D (Form 990) 2022

#### Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<ul><li>(1) Financial derivatives</li></ul>		
(2) Closely held equity interests		
(A) ALTERNATIVE - MULTI-STRATEGY	51,060,721.	FMV
(B) ALTERNATIVE - L/S STRATEGY	3,434,277.	FMV
(C) ALTERNATIVE - EQUITY FUNDS	38,905,090.	FMV
(D) ALTERNATIVE - REAL ASSETS	8,106,186.	FMV
(E) ALTERNATIVE - NAV INVESTMENTS	25,217,370.	FMV
(F) ALTERNATIVE - VENTURE CAPITAL	16,978,994.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	143,702,638.	

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

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

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(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.

X

	ule D (Form 990) 2022 PRINCETON AREA COMMUNITY FOUNDATION INC.	52	-1746234 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	697,326.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b		1	
c	Recoveries of prior year grants	1	
d		1	
e		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:		· · ·
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b		1	
c		4c	3,157.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )		25,007,087.
-			
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn.	<u>.                                    </u>
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		22,143,886.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		22,143,886.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		22,143,886.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		22,143,886.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		22,143,886.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses		22,143,886.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)		22,143,886.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	1	22,143,886.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	1 2e	
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses.         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	
1 2 d c 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther losses.Other (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a3, 157.	1 2e	
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther losses.Other (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)	1 2e	22,143,886.
1 2 d c 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther losses.Other (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)	1 2e 3	

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

SEE 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. 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.

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 State Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15 Attach to Form 990.	OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection		
Name of the organization Employ		Employer ide	identification number		
PRINCETON AREA C	COMMUNITY FOUNDATION INC.	52-174	6234		
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizati	on answered "Yes" on		
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to			

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS	NONE	16,617,948.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
_ (8)					
_ (9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
<u>(16)</u>					
<u>(17)</u>					
<b>3a</b> Subtotal <b>b</b> Total from continuation	NONE	NONE			16,617,948.
sheets to Part I <b>c Totals</b> (add lines 3a and 3b)	NONE	NONE			16,617,948.

	•
-	<u></u>

Schedule F (Form 990) 2022

Part II

#### PRINCETON AREA COMMUNITY FOUNDATION INC. Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

52-1746234

Page 2

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> 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)									

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2022

52-1746234

Page **3** 

(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	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
_(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2022

Schedule F (F	orm 990) 2022	PRINCETON	AREA	COMMUNITY	FOUNDATION	INC.	52-1746234	Page <b>4</b>
Part IV	Foreign Fo	rms						

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	Νο
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	Νο
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>		Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>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)</i>	X	Yes		Νο
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>		Yes	X	Νο

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 1

GRANTS FROM DONOR-ADVISED AND DESIGNATED FUNDS ARE AWARDED 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.

(Form 990) GC	Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection			
Name of the organization						Employer identificat	on number			
PRINCETON AREA COMMUNITY FOUNDATIO	ON INC.					52-1746234				
Part I General Information on Grants and	d Assistanc	e								
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proces</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistanc dures for mor <b>omestic Or</b>	e? nitoring the use <b>ganizations ar</b>	of grant funds in the	e United States. /ernments. Com	plete if the organiz	ation answered "Y	X Yes No			
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	1			
<b>1 (a)</b> Name and address of organization or government	<b>(b)</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	•	•					338			
3 Enter total number of other organizations lis	ted in the line	1 table					1			

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions.		OMB No. 1545-0047
	overnme	nts, and Ir	ndividuals i	n the United	d States		2022
Co	mplete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury			tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			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					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's procession</li> </ol>	ants or assistand cedures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-					/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) AMER. REPERTORY BALLET/PRINCETON BALLET SCI	H						
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) an	d government	organizations lis	sted in the line 1 tak				

SCHEDULE I (Form 990)	Go	vernmei	nts, and Ir	Assistance t Idividuals in wered "Yes" on F	n the United	d States		20 <b>22</b>
	e e m		-	ach to Form 990.	onn 000, 1 art 11,			Open to Public
Department of the Treasury Internal Revenue Service		Got		Form990 for the la	test information.			Inspection
Name of the organization			o				Employer identificati	-
PRINCETON AREA COMMU	ΝΤΨΥ ΕΩΙΙΝΌΔΨΤΩΝ ΙΝΟ						52-1746234	
	nformation on Grants an	d Assistance	e				52 1710251	
	zation maintain records to s			arante or assista	nce the grantees	eliaibility for the grant	s or assistance and	
-	eria used to award the grant			-	-			Yes No
	IV the organization's proceed							
						n lata if the averagin		
	nd Other Assistance to D		-					es" on Form 990,
Part IV, III	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can t	be duplicated if a	•	eeded.	
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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 BURLINGTO	N, NJ 08016	47-3402518	501(C)(3)	20,000.				GENERAL SUPPORT
(2) ARTS FOR KIDS INC								
49 RIDGEHURST RD W OR		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 TREN	TON, NJ 08611	22-1803117	501(C)(3)	65,000.				GENERAL SUPPORT
(5) ASIAN WOMEN'S CHR	ISTIAN ASSOC.							
9 GENESEE AVE TEANECK	, NJ 07666	22-3646307	501(C)(3)	14,000.				GENERAL SUPPORT
(6) ATLANTIC CITY ART	S FDN.							
PO BOX 3 ATLANTIC CIT	Y, NJ 08404	45-2409043	501(C)(3)	36,250.				ATLANTIC CITY ARTS F
(7) AXELROD PERFORMIN	G ARTS CTR							
100 GRANT AVE DEAL, N	J 07723	27-2362887	501(C)(3)	15,000.				PROGRAM SUPPORT
(8) AYUDAME A VIVIR F	DN. INC AKA AYUVI							
201 S BISCAYNE BLVD. 1	MIAMI, FL 33131	20-8866291	501(C)(3)	10,000.				PROGRAM SUPPORT
(9) BARAT FDN.								
2 CTR ST NEWARK, NJ 0	7102	22-3509869	501(C)(3)	40,000.				BARAT FDN.
(10) BARNEGAT BAY DECO	Y & BAYMEN'S MUSEUM							
120 W MAIN ST TUCKERT	ON, NJ 08087	22-3063346	501(C)(3)	10,000.				GENERAL SUPPORT
(11) BAYARD RUSTIN CTR	FOR SOCIAL JUSTICE							
12 STOCKTON ST PRINCE	TON, NJ 08540-6136	82-4434634	501(C)(3)	10,000.				GENERAL SUPPORT
(12) BAYSHORE CTR AT B	IVALVE	4						
2800 HIGH ST PORT NOR			501(C)(3)	15,000.				GENERAL SUPPORT
	per of section 501(c)(3) and per of other organizations lis							

SCHEDULE I		Grants ar	nd Other A	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047
(Form 990)	Go	overnmei	nts, and Ir	ndividuals i	n the United	d States		2022
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury			At	tach to Form 990.				Open to Public
Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization							Employer identific	ation number
PRINCETON AREA COMMUNITY	FOUNDATION INC.						52-1746234	
Part I General Infor	mation on Grants an	d Assistanc	e					
the selection criteria 2 Describe in Part IV th	n maintain records to s used to award the gran he organization's proce	ts or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.		· · · · · · · · · · ·	Yes No
	Other Assistance to E 21, for any recipient t		-					'Yes" on Form 990,
<b>1 (a)</b> Name and add or gover	ress of organization	(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) BIG BROTHERS BIG SIST	ERS OF MERCER CTY.							
535 E FRANKLIN ST TRENTON		06-1653897	501(C)(3)	116,500.				GENERAL SUPPORT
(2) BIRTHNET INC								
20 ELM ST ALBANY, NY 12202	2	14-1829036	501(C)(3)	12,500.				GENERAL SUPPORT
(3) BOROUGH OF HOPEWELL								
88 E BRD ST HOPEWELL, NJ (	08525			80,000.				GENERAL SUPPORT
(4) BOYS & GIRLS CLUBS OF	MARTIN CTY.							
PO BOX 910 HOBE SOUND, FL	33475	65-0253002	501(C)(3)	290,000.				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 PAR	RK, NJ 07712	21-0694373	501(C)(3)	75,000.				GENERAL SUPPORT
(7) BREAD & ROSES COMM. FT	UND							
100 S. BRD ST PHILADELPHIA	A,, PA 19102	23-2047297	501(C)(3)	20,000.				GENERAL SUPPORT
(8) BRENNAN CTR FOR JUSTIC	CE							
120 BRDWAY NEW YORK, NY 10	0271	13-3839293	501(C)(3)	12,250.				GENERAL SUPPORT
(9) BRIDGINGLIFE								
292 STONER AVE WMINSTER, M	MD 21157	52-1565870	501(C)(3)	30,000.				GENERAL SUPPORT
(10) BRDFUTURES, INC.		_						
C/O CAROLYN JEPPSEN WASHIN	NGTON, DC 20006	46-3344842	501(C)(3)	12,500.				GALA SUPPORT
(11) BRONXWORKS INC.		_						
60 E TREMONT AVE BRONX, NY		13-3254484	501(C)(3)	10,000.				GENERAL OPERATING S
(12) CAMDEN AREA HEALTH EDU	UCATION CTR	_						
514 COOPER ST CAMDEN, NJ (			501(C)(3)	10,000.				GENERAL SUPPORT
	f section 501(c)(3) and f other organizations lis	0	0					

(Form 990) GC	vernme	nts, and Ir	Assistance t Idividuals in wered "Yes" on F tach to Form 990.	n the United	d States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
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					
<ol> <li>Does the organization maintain records to such the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor	ce? nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient th		-					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) 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
(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 DAN
(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
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations list</li> </ul>	•	•					

Governments, and Individuals in the United States         Description of the organization naiver "Vise" on Form 990, Part IV, line 21 or 22.	SCHEDULE I	Grant	s a	nd Other A	Assistance t	o Organiza	tions,	Ļ	OMB No. 1545-0047		
Complete if the organization answered "res" on Porm 990, Part IV, line 21 of 22.           Description of the result of the result of porm 990.           Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2	(Form 990)	Govern	me	nts, and Ir	ndividuals i	n the United	d States		୭ <b>៣୨</b> ୨		
Inspection         Inspection           Concervention on the speciation         Inspection           Name of the opganization         Concervention         Inspection           Concervention         Inspection           Inspection           Concervention         Concervention         Inspection           Concervention         Concervention         Inspection           Concervention		Complete if t	he o	rganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.				
Internet Researce Served         Co to www.lrs.gov/Form990 for the latest information.         Import Inspection           Name of the organization         Employer devolution         Service         Se	Department of the Treesury			At	tach to Form 990.				Open to Public		
Description         S2-1746234           Part         General Information on Crants and Assistance         Scintration           1         Open Section         Scintration         Scintration           2         Description         Scintration         Scintration         Scintration           2         Description         Description         Scintration         Scintration         Scintration           2         Description         Data I/description         Scintration         Scintration         Scintration         Scintration           2         Description         Data I/description         Scintration         Scint			Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection		
Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection riteria used to award the grants or assistance?       Image: Comparison of the grants or assistance and the grants or assistance and the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Part II and the answered "Yes" on Form 990, Part IV. Line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1       (a) Neme and address of organization (b) EN (c) EN (c) EN (c) EN (c) EN (c) EN (c) Part II can be duplicated if additional space is needed.       (b) Particle 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1       (c) None Farth Parts Stress, (c) INTERTISS ING, NERGED       (c) Part II answere and the space of grant funds in the United States.       (c) Part and the space of grant of ordebates of organization of ordebates of grant and the space of grant of noncash assistance (c) Part II answere and the space of grant of ordebates of grant and the space of grant of noncash assistance (c) Part II answere and Part II	Name of the organization							Employer identif	fication number		
1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Content of Content	PRINCETON AREA COMMUNITY FOUNDA	ATION INC.						52-1746234			
the selection official used to award the grants or assistance?       Yes       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       For United States.       For United States.         2       Describe in Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       (b) Em (c) (RC section (c) (G) Amount of cesh (c) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	Part I General Information	on on Grants and Assis	tanc	е							
the selection official used to award the grants or assistance?       Yes       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       For United States.       For United States.         2       Describe in Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       (b) Em (c) (RC section (c) (G) Amount of cesh (c) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	1 Does the organization mair	ntain records to substanti	ate th	he amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, a	and		
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (e) Nume and address dorganization       (e) EN       (e) EN       (f) Resceint       (f) Anount of ash organization       (f) Purpose of grant or assistance       (f) Purpose of grant or assistance       (f) Purpose of grant organization and the second second second organization answered "Yes" on Form 990, Part II can be duplicated if additional space is needed.         (i) (CTR FOR FAMILY EVOS. ( LIFETCIBE INC. NERGED       (f) Purpose of grant organization and the second second organization and the second organi and the second organization and the secon	-				-	-					
Part II         Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.           1 (a) Name and address of organization or government         (b) EIN         (c) Received more than \$5,000. Part II can be duplicated if additional space is needed.           (1) CHT FOR FARLUY SVGS. ( LIFFTIES INC. HERGED 584 EBNON ST CANDER, NJ 08103         22-3669704         (c) (1(3)         39,300.         (f) Method of valuation onceath assistance         (f) Method of valuation (nonceath assistance         (f) Other of valuation onceath assistance         (f) Description of nonceath assistance         (f) Description of nonceath assistance         (f) Description of nonceath assistance         (f) Purpose of grant           20 CTELINE (2) CTELINE (2) CTELINE (2) CTELINE NUMBERGALE, PL 33307         52-3669704         501(c)(3)         25,000.         EBNERGAL SUPPORT           (3) CENTRAL DESERF CANARY, NU 08856         52-2628725         501(c)(3)         25,000.         EBNERGAL SUPPORT           (4) CENTRAL DESERF CANARY, NU 08856         22-2663879         501(c)(3)         23,000.         EBNERGAL SUPPORT           (5) CHAPLE NEORITON, NU 08540         21-0658891         501(c)(3)         5,250.         EBNERGAL SUPPORT           (6) CHARLENTON TO CHARLESTON, NU 08540         21-0658891         501(c)(3)         15,000.		_									
Part IV, line 21, for any recipient the received more than \$5,000. Part II can be duplicated if additional space is needed.           1         (a) Name and address of organization or government         (b) EIN (f) RC section (f) applicable)         (a) Amount of grant         (b) Amount of oncash assistance         (f) Method of Valuation (f) Ook, PM, Septimisk         (g) Description of oncash assistance         (b) Purpose of grant oncash assistance           (i) CTE FOR FAMILY SVCS. ( LIFETTES INC, MERGED         22–3669704         501(c)(3)         39, 300.         Setter State oncash assistance         (g) Ook, PM, Septimisk         (g) Description of oncash assistance         (g) Des							nlete if the organiz	ation answered	1 "Yes" 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) Output of valuation of assistance         (g) Description of noncash assistance         (g) Description of noncash assistance         (h) Purpose of grant or assistance           (1) CTR FOR FAMILY SVCS. ( LIFFTISS INC. MERGED Set BENEORS TO AMERN, NJ 08103         22-3669704         501(c)(3)         39,300.         PENERAL SUPPORT           (2) CTRLINK         22-3669704         501(c)(3)         25-2292725         501(c)(3)         25,000.         PENERAL SUPPORT           (3) CENTRAL BARRY KALMER TRIBETY CASSOC. (JUKA 14 VOGEL AVE PISCATARAY, NJ 08540         46-5058276         501(c)(3)         10,000.         PENERAL SUPPORT           (4) CENTRUMON MED SERVECTOR, NJ 08540         22-2658979         501(c)(3)         23,000.         PENERAL SUPPORT           (5) CHADIN SCHOOL, PRINCETON N D SENVECTOR, NJ 08540         22-2658979         501(c)(3)         5,250.         PENERAL SUPPORT           (6) CHILDER'S TA CONTRATS REPRESENTING. INC         83-0440009         501(c)(3)         5,250.         PENERAL SUPPORT           (6) CHILDER'S CHARLESTON, SC 29402         81-1123725         501(c)(3)         15,000.         PENERAL SUPPORT           (6) CHILDER'S CHARLESTON, SC 29402         81-0123725         501(c)(3)         15,000				-							
(1) CTE FOR FAMILY SVCS. ( LIFETIES INC. MERGED         22-3669704         SOL(C)(3)         39,300.         EMERAL SUPPORT           584 RENSON ST CANDEN, NJ 08103         22-3669704         SOL(C)(3)         39,300.         EMERAL SUPPORT           (2) CTRLINK         52-232725         SOL(C)(3)         25,000.         EMERAL SUPPORT           (3) CENTRAL JERSEY KALAHI ATHLETIC ASSOC. (CUKA         46-5058276         SOL(C)(3)         10,000.         EMERAL SUPPORT           (4) CENTRAL JERSEY KALAHI ATHLETIC ASSOC. (CUKA         46-5058276         SOL(C)(3)         23,000.         EMERAL SUPPORT           (4) CENTRAL DERSEY KALAHI ATHLETIC ASSOC. (CUKA         46-5058276         SOL(C)(3)         23,000.         EMERAL SUPPORT           (4) CENTRINON MINISTRIES         (100 HERONTOWI RD PRINCETON, NJ 08540         22-2563979         SOL(C)(3)         5,250.         EMERAL SUPPORT           (5) CIANTIA SCHOOL, PRINCETON, NJ 08540         22-2563979         SOL(C)(3)         5,250.         EMERAL SUPPORT           (6) CIANLESTON TO CHARLESTON, NO 08540         22-2563979         SOL(C)(3)         15,000.         EMERAL SUPPORT           (7) CHILDREN OF PROMISE, NY O         83-3123725         SOL(C)(3)         15,000.         EMERAL SUPPORT           (6) CHALDREN'S HOSPITAL OF PHILADELPHIA FYN.         23-2237932         SOL(C)(3)         10,00				1			•				
554         BENSON ST CAMDEN, NJ 08103         22-3669704         501(C)(3)         39,300.         DENERAL SUPPORT           [2] CTRLINN         P.O. BOX 24490 FT. LAURDERDALE, FL 33307         52-2292725         501(C)(3)         25,000.         DENERAL SUPPORT           [3] CHRTAL JURSEY KALANI ATHLETIC ASSOC. (CJXA         14 VOGEL AVE PISCATARAY, NJ 08854         46-5058276         501(C)(3)         10,000.         DENERAL SUPPORT           [4] UNDEL AVE PISCATARAY, NJ 08854         46-5058276         501(C)(3)         10,000.         DENERAL SUPPORT           [6] CHARILSTON NI RD PRINCETON, NJ 08540         22-2563979         501(C)(3)         5,250.         DENERAL SUPPORT           [6] CHARLESTON N. ND 08540         21-0668891         501(C)(3)         5,250.         DENERAL SUPPORT           [6] CHARLESTON N. NJ 08540         21-0668891         501(C)(3)         15,000.         PROGRAM SUPPORT           [6] CHARLESTON N. NJ 08540         21-0668891         501(C)(3)         15,000.         PROGRAM SUPPORT           [6] CHARLESTON N. NJ 08540         21-0668891         501(C)(3)         15,000.         PROGRAM SUPPORT           [6] CHARLESTON N. NY 11216         83-044009         501(C)(3)         10,000.         DENERAL SUPPORT           [6] CHARLESTON N. NY 11216         83-0440009         501(C)(3)         10,000. <th></th> <th>rganization (b) E</th> <th>IN</th> <th></th> <th></th> <th></th> <th>(book, FMV, appraisal, other)</th> <th></th> <th></th>		rganization (b) E	IN				(book, FMV, appraisal, other)				
(2) CTRLINK         S2-229725         501(C)(3)         25,000.         EMERAL SUPPORT           (3) CENTRAL JERSEY KALAH ATHLETIC ASSOC. (C)KA         46-5058276         501(C)(3)         10,000.         EMERAL SUPPORT           (4) VORL AVE PISCATAWAY, NJ 08854         46-5058276         501(C)(3)         10,000.         EMERAL SUPPORT           (5) CHAPTURION MINISTRIES         22-2563979         501(C)(3)         23,000.         EMERAL SUPPORT           (5) CHAPTURION NINISTRIES         22-2653979         501(C)(3)         5,250.         EMERAL SUPPORT           (6) CHAPTURETON, NJ 08540         22-2653979         501(C)(3)         5,250.         EMERAL SUPPORT           (7) CHIDRETON PIKEPENON, NJ 08540         21-0688891         501(C)(3)         15,000.         EMERAL SUPPORT           54 MACDONOUGH ST BROOKLYN, NY 11216         83-0440009         501(C)(3)         10,000.         EMERAL SUPPORT           (6) CHILDREN'S LAW CTF INC.         52-237932         501(C)(3)         10,000.         EMERAL SUPPORT           50 D ST 78152 PHILADELPHIA, PA 19178-1352         23-2237932         501(C)(3)         10,000.         EMERAL SUPPORT           (6) CHILDREN'S LAW CTF INC.         EMERAL SUPPORT         EMERAL SUPPORT         EMERAL SUPPORT         EMERAL SUPPORT           (6) CHILDREN'S LAW CTF INC. <td< td=""><td>(1) CTR FOR FAMILY SVCS. ( LIFET</td><td>FIES INC. MERGED</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(1) CTR FOR FAMILY SVCS. ( LIFET	FIES INC. MERGED									
b. O. BOX 24490 FT. LAURDERDALE, FL 33307         52-229272         501(C) (3)         25,000.         DENERAL SUPPORT           (3) EENTRAL JERESKY KALAHI ATHLETIC ASSOC. (CJKA 14 VOGEL AVE PISCATAMAY, NJ 08854         46-5058276         501(C) (3)         10,000.         DENERAL SUPPORT           (4) CENTREID MINISTRIES         1000 HERRONTOWN RD PRINCETON, NJ 08540         22-256397         501(C) (3)         23,000.         DENERAL SUPPORT           (5) CHAPIN SCHOOL, PRINCETON, NJ 08540         22-256397         501(C) (3)         5,250.         DENERAL SUPPORT           (6) CHARLESTON INCETON, NJ 08540         21-0688891         501(C) (3)         5,250.         DENERAL SUPPORT           (6) CHARLESTON TO CHARLESTON, NJ 08540         21-068891         501(C) (3)         15,000.         PROGRAM SUPPORT           (7) CHILDREN OF PROMISE, NYC         01-312372         501(C) (3)         15,000.         PROGRAM SUPPORT           (7) CHILDREN OF PROMISE, NYC         03-0440009         501(C) (3)         10,000.         DENERAL SUPPORT           (9) CHILDREN'S LOW CIN, NY 11216         03-0440009         501(C) (3)         10,000.         DENERAL SUPPORT           (9) CHILDREN'S LOW CIN, NY 11226         22-223793         501(C) (3)         10,000.         DENERAL SUPPORT           (9) CHILDREN'S LOW CIN, NY 1038         52-1961588         501(C) (3) <td>584 BENSON ST CAMDEN, NJ 08103</td> <td>22-366</td> <td>9704</td> <td>501(C)(3)</td> <td>39,300.</td> <td></td> <td></td> <td></td> <td>GENERAL SUPPORT</td>	584 BENSON ST CAMDEN, NJ 08103	22-366	9704	501(C)(3)	39,300.				GENERAL SUPPORT		
(3) CENTRAL JERSEY KALAHI ATHLETIC ASSOC. (CJKA         46-5058276         501(C)(3)         10,000.         BENERAL SUPPORT           (4) CENTURION MINISTRIES         501(C)(3)         10,000.         BENERAL SUPPORT           (4) CENTURION MINISTRIES         501(C)(3)         23,000.         BENERAL SUPPORT           (5) CHAPIN SCHOOL, PRINCETON         22-2563979         501(C)(3)         5,250.         BENERAL SUPPORT           (6) CHARLESTON TO CHARLESTON, NJ 08540         21-0688891         501(C)(3)         5,250.         BENERAL SUPPORT           (6) CHARLESTON TO CHARLESTON, NG 24402         81-3123725         501(C)(3)         15,000.         BENERAL SUPPORT           (7) CHILDREN OF PROMISE, NYC         54         83-0440005         501(C)(3)         10,000.         BENERAL SUPPORT           (8) CHILDREN'S HOSPITAL OF PHILABELPHIA FDN.         BON 781352         83-0440005         501(C)(3)         10,000.         BENERAL SUPPORT           (9) CHILDREN'S HOSPITAL OF PHILABELPHIA FDN.         BON 781352         23-2237932         501(C)(3)         10,000.         BENERAL SUPPORT           (9) CHILDREN'S LAW CTR INC.         BON 781352         23-1961588         501(C)(3)         15,000.         BENERAL SUPPORT           (10) CHURCH AND COMM. ABOLITION NETWORK         BON 781352         13-3170676         501(C)(3)	(2) CTRLINK										
14 VOGEL AVE PISCATANAY, NJ 08854         46-505827         501(C)(3)         10,000.         SENERAL SUPPORT           (4) CENTURION MINISTRIES         22-2563979         501(C)(3)         23,000.         General Support           (5) CHAPIN SCHOOL, PRINCETON, NJ 08540         22-2563979         501(C)(3)         23,000.         General Support           (5) CHAPIN SCHOOL, PRINCETON, NJ 08540         21-0688891         501(C)(3)         5,250.         General Support           (6) CHARLESTON TO CHARLESTON, INC         PO BOX 1825 CHARLESTON, SC 29402         81-3123725         501(C)(3)         15,000.         PROGRAM SUPPORT           (7) CHILDREN OF PROMISE, NYC         501(C)(3)         10,000.         GENERAL SUPPORT         GENERAL SUPPORT           (8) CHILDREN'S HOSPITAL OF PHILADELPHIA, PA 19178-1352         23-2237932         501(C)(3)         10,000.         GENERAL SUPPORT           (9) CHILDREN'S HOSPITAL OF PHILADELPHIA, PA 19178-1352         23-2237932         501(C)(3)         15,000.         GENERAL SUPPORT           (9) CHILDREN'S LAW CTR INC.         501(C)(3)         15,000.         GENERAL SUPPORT         GENERAL SUPPORT           (10) CHURCH AND COMM. ABCLITION NETWORK         600 C) 393 HOPE, NJ 07844         83-1582935         501(C)(3)         15,000.         GENERAL SUPPORT           (11) CITTH HARVEST         13-3170676	P.O. BOX 24490 FT. LAURDERDALE,	FL 33307 52-229	2725	501(C)(3)	25,000.				GENERAL SUPPORT		
(4) CENTURION MINISTRIES         22-2563979         501(C)(3)         23,000.         SENERAL SUPPORT           (5) CHAPIN SCHOL, PRINCETON, NJ 08540         22-2563979         501(C)(3)         5,250.         SENERAL SUPPORT           (6) CHARLESTON TO CHARLESTON, NJ 08540         21-0688891         501(C)(3)         5,250.         SENERAL SUPPORT           (6) CHARLESTON TO CHARLESTON, NC         PO BOX 1825 CHARLESTON, SC 29402         81-3123725         501(C)(3)         15,000.         PROGRAM SUPPORT           (7) CHILDREN OF PROMISE, NYC         Seneral Support         Seneral Support         Seneral Support           (8) CHILDREN'S BROOKLYN, NY 11216         83-0440009         501(C)(3)         10,000.         Seneral Support           (9) CHILDREN'S LAW CTR INC.         Sol(C)(3)         24,511.         Seneral Support         Seneral Support           (10) CHURCH AND COMM. ABOLITION NETWORK         Sol(C)(3)         15,000.         Seneral Support         Seneral Support           (10) CHURCH AND COMM. ABOLITION NETWORK         Sol(C)(3)         15,000.         Seneral Support         Seneral Support           (10) CHURCH AND COMM. ABOLITION NETWORK         Sol(C)(3)         15,000.         Seneral Support         Seneral Support           (11) CITY HARVEST         Incomposition NETWORK         Incononi         Seneral Support	(3) CENTRAL JERSEY KALAHI ATHLET	FIC ASSOC. (CJKA									
1000         HERRONTOWN RD PRINCETON, NJ 08540         22-2563979         501(C)(3)         23,000.         BENERAL SUPPORT           (5) CHAPIN SCHOOL, PRINCETON         21-0688891         501(C)(3)         5,250.         BENERAL SUPPORT           (6) CHARLESTON TO CHARLESTON, NJ 08540         21-0688891         501(C)(3)         5,250.         BENERAL SUPPORT           (6) CHARLESTON TO CHARLESTON, NJ 08540         21-0688891         501(C)(3)         15,000.         PROGRAM SUPPORT           (7) CHILDREN OF PROMISE, NYC         81-3123725         501(C)(3)         15,000.         BENERAL SUPPORT           (8) CHILDREN'S HORDILIN, NY 11216         83-0440009         501(C)(3)         10,000.         BENERAL SUPPORT           (9) CHILDREN'S HORDILIN, NY 11216         83-0440009         501(C)(3)         24,511.         BENERAL SUPPORT           (9) CHILDREN'S HORDILIN, NY 11216         83-0440009         501(C)(3)         15,000.         BENERAL SUPPORT           (10) CHURCH AND COMM. ABOLITION NETWORK         BENERAL SUPPORT         BENERAL SUPPORT         BENERAL SUPPORT           (11) CITY HARVEST         13-0170676         501(C)(3)         15,000.         BENERAL SUPPORT           (12) COALITION FOR THE HOMELESS         13-3070676         501(C)(3)         55,500.         MEMORIAL           (12) COLLITION FOR THE	14 VOGEL AVE PISCATAWAY, NJ 0885	54 46-505	8276	501(C)(3)	10,000.				GENERAL SUPPORT		
(5) CHAPIN SCHOOL, PRINCETON         21-0688891         501(C)(3)         5,250.         DENERAL SUPPORT           (4101 PRINCETON PIKE PRINCETON, NJ 08540         21-0688891         501(C)(3)         5,250.         DENERAL SUPPORT           (6) CHARLESTON TO CHARLESTON, INC         PO BOX 1825         CHARLESTON, SC 29402         81-3123725         501(C)(3)         15,000.         PROGRAM SUPPORT           (7) CHILDREN OF PROMISE, NYC         54         83-0440009         501(C)(3)         10,000.         BENERAL SUPPORT           54         MACDONOUGH ST BROOKLYN, NY 11216         83-0440009         501(C)(3)         10,000.         BENERAL SUPPORT           (6) CHILDREN'S HOSPITAL OF PHILADELPHIA FDN.         PO         DO X 781352         PHILADELPHIA, PA 19178-1352         23-2237932         501(C)(3)         24,511.         BENERAL SUPPORT           (9) CHILDREN'S HOROKLYN, DC 20001         52-1961588         501(C)(3)         15,000.         BENERAL SUPPORT           501 THIRD ST NW WASHINGTON, DC 20001         52-1961588         501(C)(3)         15,000.         BENERAL SUPPORT           (10) CHURCH AND COMM. ABOLITION NETWORK         PO         BO S333 HOPE, NJ 07844         83-1582935         501(C)(3)         10,000.         BENERAL SUPPORT           (11) CITY HARVEST         13-3070676         501(C)(3)         55,500. <td>(4) CENTURION MINISTRIES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(4) CENTURION MINISTRIES										
4101 PRINCETON PIKE PRINCETON, NJ 08540       21-0688891       501(C)(3)       5,250.       SENERAL SUPPORT         (6) CHARLESTON TO CHARLESTON, INC       B1-3123725       501(C)(3)       15,000.       PROGRAM SUPPORT         (7) CHILDREN OF PROMISE, NYC       B1-3123725       501(C)(3)       10,000.       SENERAL SUPPORT         54 MACDONDIGH ST BROOKLYN, NY 11216       83-0440009       501(C)(3)       10,000.       SENERAL SUPPORT         (8) CHILDREN'S HOSPITAL OF PHILADELPHIA FDN.       B1-3123725       501(C)(3)       24,511.       SENERAL SUPPORT         90 BOX 781352 PHILADELPHIA, PA 19178-1352       23-2237932       501(C)(3)       15,000.       SENERAL SUPPORT         (9) CHILDREN'S LAW CTR INC.       SENERAL SUPPORT       SENERAL SUPPORT       SENERAL SUPPORT       SENERAL SUPPORT         501 THIRD ST NW WASHINGTON, DC 20001       52-1961588       501(C)(3)       15,000.       SENERAL SUPPORT         (10) CHURCH AND COMM. ABOLITION NETWORK       PO BOX 393 HOPE, NJ 07844       83-1582935       501(C)(3)       10,000.       SENERAL SUPPORT         150 52ND ST BROOKLYN, NY 11232       13-3170676       501(C)(3)       55,500.       MEMORIAL         (12) COALITION FOR THE HOMELESS       13-3072967       501(C)(3)       13,000.       SENERAL SUPPORT <td>1000 HERRONTOWN RD PRINCETON, NJ</td> <td>л 08540 22-256</td> <td>3979</td> <td>501(C)(3)</td> <td>23,000.</td> <td></td> <td></td> <td></td> <td>GENERAL SUPPORT</td>	1000 HERRONTOWN RD PRINCETON, NJ	л 08540 22-256	3979	501(C)(3)	23,000.				GENERAL SUPPORT		
(6) CHARLESTON TO CHARLESTON, INC         PROGRAM SUPPORT           PO BOX 1825 CHARLESTON, SC 29402         81-3123725         501(C)(3)         15,000.         PROGRAM SUPPORT           (7) CHILDREN OF PROMISE, NYC         83-0440009         501(C)(3)         10,000.         BENERAL SUPPORT           54 MACDONOUGH ST BROOKLYN, NY 11216         83-0440009         501(C)(3)         10,000.         BENERAL SUPPORT           (8) CHILDREN'S HOSPITAL OF PHILADELPHIA FDN.         PO BOX 781352         23-2237932         501(C)(3)         24,511.         BENERAL SUPPORT           (9) CHILDREN'S LAW CTR INC.         52-1961588         501(C)(3)         15,000.         BENERAL SUPPORT           501 THIRD ST NW WASHINGTON, DC 20001         52-1961588         501(C)(3)         15,000.         BENERAL SUPPORT           70 BOX 393 HOPE, NJ 07844         83-1582935         501(C)(3)         10,000.         BENERAL SUPPORT           100 CHURCH AND COMM. ABOLITION NETWORK         B3-1582935         501(C)(3)         10,000.         BENERAL SUPPORT           110 CITY HARVEST         13-3170676         501(C)(3)         55,500.         MEMORIAL           (12) COALITION FOR THE HOMELESS         13-3072967         501(C)(3)         13,000.         BENERAL SUPPORT	(5) CHAPIN SCHOOL, PRINCETON										
P0 B0X 1825 CHARLESTON, SC 29402         81-3123725         501(C)(3)         15,000.         PROGRAM SUPPORT           (7) CHILDREN OF PROMISE, NYC         83-0440009         501(C)(3)         10,000.         GENERAL SUPPORT           54 MACDONOUGH ST BROOKLYN, NY 11216         83-0440009         501(C)(3)         10,000.         GENERAL SUPPORT           (8) CHILDREN'S HOSPITAL OF PHILADELPHIA FDN.         23-2237932         501(C)(3)         24,511.         GENERAL SUPPORT           (9) CHILDREN'S LAW CTR INC.         23-2237932         501(C)(3)         15,000.         GENERAL SUPPORT           501 THIRD ST NW WASHINGTON, DC 20001         52-1961588         501(C)(3)         15,000.         GENERAL SUPPORT           (10) CHURCH AND COMM. ABOLITION NETWORK         83-1582935         501(C)(3)         10,000.         GENERAL SUPPORT           PO BOX 393 HOPE, NJ 07844         83-1582935         501(C)(3)         10,000.         GENERAL SUPPORT           150 52ND ST BROOKLYN, NY 11232         13-3170676         501(C)(3)         55,500.         MEMORIAL           129 FULTON ST NEW YORK, NY 10038         13-3072967         501(C)(3)         13,000.         GENERAL SUPPORT	4101 PRINCETON PIKE PRINCETON, N	JJ 08540 21-068	8891	501(C)(3)	5,250.				GENERAL SUPPORT		
(7)         CHILDREN OF PROMISE, NYC         83-0440009         501(C)(3)         10,000.         SENERAL SUPPORT           54         MACDONOUGH ST BROOKLYN, NY 11216         83-0440009         501(C)(3)         10,000.         SENERAL SUPPORT           (8)         CHILDREN'S HOSPITAL OF PHILADELPHIA FDN.         23-2237932         501(C)(3)         24,511.         SENERAL SUPPORT           (9)         CHILDREN'S LAW CTR INC.         52-1961588         501(C)(3)         15,000.         SENERAL SUPPORT           501         THIRD ST NW WASHINGTON, DC 20001         52-1961588         501(C)(3)         15,000.         SENERAL SUPPORT           70         DCHURCH AND COMM. ABOLITION NETWORK         83-1582935         501(C)(3)         10,000.         SENERAL SUPPORT           71         CITY HARVEST         13-3170676         501(C)(3)         55,500.         MEMORIAL           150         S2ND ST BROOKLYN, NY 11232         13-3072967         501(C)(3)         13,000.         SENERAL SUPPORT           129         FULTON ST NEW YORK, NY 10038         13-3072967         501(C)(3)         13,000.         SENERAL SUPPORT	(6) CHARLESTON TO CHARLESTON, IN	1C									
54 MACDONOUGH ST BROOKLYN, NY 1121683-0440009501(C)(3)10,000.SENERAL SUPPORT(8) CHILDREN'S HOSPITAL OF PHILADELPHIA FDN. PO BOX 781352 PHILADELPHIA, PA 19178-135223-2237932501(C)(3)24,511.SENERAL SUPPORT(9) CHILDREN'S LAW CTR INC. 501 THIRD ST NW WASHINGTON, DC 2000152-1961588501(C)(3)15,000.SENERAL SUPPORT(10) CHURCH AND COMM. ABOLITION NETWORK PO BOX 393 HOPE, NJ 07844501(C)(3)15,000.SENERAL SUPPORT(11) CITY HARVEST 150 52ND ST BROOKLYN, NY 1123213-3170676501(C)(3)55,500.MEMORIAL(12) COALITION FOR THE HOMELESS 129 FULTON ST NEW YORK, NY 1003813-3072967501(C)(3)13,000.SENERAL SUPPORT	PO BOX 1825 CHARLESTON, SC 29402	81-312	3725	501(C)(3)	15,000.				PROGRAM SUPPORT		
(8) CHILDREN'S HOSPITAL OF PHILADELPHIA FDN.         23-2237932         501(C)(3)         24,511.         SENERAL SUPPORT           (9) CHILDREN'S LAW CTR INC.         52-1961588         501(C)(3)         15,000.         SENERAL SUPPORT           501 THIRD ST NW WASHINGTON, DC 20001         52-1961588         501(C)(3)         15,000.         SENERAL SUPPORT           (10) CHURCH AND COMM. ABOLITION NETWORK         83-1582935         501(C)(3)         10,000.         SENERAL SUPPORT           (11) CITY HARVEST         13-3170676         501(C)(3)         55,500.         MEMORIAL           150 52ND ST BROOKLYN, NY 11232         13-3170676         501(C)(3)         55,500.         MEMORIAL           (12) COALITION FOR THE HOMELESS         13-3072967         501(C)(3)         13,000.         SENERAL SUPPORT	(7) CHILDREN OF PROMISE, NYC										
PO       BOX 781352 PHILADELPHIA, PA 19178-1352       23-2237932       501(C)(3)       24,511.       GENERAL SUPPORT         (9) CHILDREN'S LAW CTR INC.       52-1961588       501(C)(3)       15,000.       GENERAL SUPPORT         501 THIRD ST NW WASHINGTON, DC 20001       52-1961588       501(C)(3)       15,000.       GENERAL SUPPORT         (10) CHURCH AND COMM. ABOLITION NETWORK       PO       S3-1582935       501(C)(3)       10,000.       GENERAL SUPPORT         PO BOX 393 HOPE, NJ 07844       83-1582935       501(C)(3)       10,000.       GENERAL SUPPORT         (11) CITY HARVEST       13-3170676       501(C)(3)       55,500.       MEMORIAL         150 52ND ST BROOKLYN, NY 11232       13-3170676       501(C)(3)       13,000.       GENERAL SUPPORT         129 FULTON ST NEW YORK, NY 10038       13-3072967       501(C)(3)       13,000.       GENERAL SUPPORT	54 MACDONOUGH ST BROOKLYN, NY 11	83-044	0009	501(C)(3)	10,000.				GENERAL SUPPORT		
(9) CHILDREN'S LAW CTR INC.         52-1961588         501(C)(3)         15,000.         SENERAL SUPPORT           501 THIRD ST NW WASHINGTON, DC 20001         52-1961588         501(C)(3)         15,000.         SENERAL SUPPORT           (10) CHURCH AND COMM. ABOLITION NETWORK         83-1582935         501(C)(3)         10,000.         SENERAL SUPPORT           PO BOX 393 HOPE, NJ 07844         83-1582935         501(C)(3)         10,000.         SENERAL SUPPORT           (11) CITY HARVEST         13-3170676         501(C)(3)         55,500.         MEMORIAL           150 52ND ST BROOKLYN, NY 11232         13-3170676         501(C)(3)         55,500.         MEMORIAL           (12) COALITION FOR THE HOMELESS         13-3072967         501(C)(3)         13,000.         SENERAL SUPPORT	(8) CHILDREN'S HOSPITAL OF PHILE	ADELPHIA FDN.									
501 THIRD ST NW WASHINGTON, DC 20001       52-1961588       501(C)(3)       15,000.       GENERAL SUPPORT         (10) CHURCH AND COMM. ABOLITION NETWORK       83-1582935       501(C)(3)       10,000.       GENERAL SUPPORT         PO BOX 393 HOPE, NJ 07844       83-1582935       501(C)(3)       10,000.       GENERAL SUPPORT         (11) CITY HARVEST	PO BOX 781352 PHILADELPHIA, PA 1	19178-1352 23-223	7932	501(C)(3)	24,511.				GENERAL SUPPORT		
(10) CHURCH AND COMM. ABOLITION NETWORK         83-1582935         501(C)(3)         10,000.         SENERAL SUPPORT           PO BOX 393 HOPE, NJ 07844         83-1582935         501(C)(3)         10,000.         GENERAL SUPPORT           (11) CITY HARVEST         13-3170676         501(C)(3)         55,500.         MEMORIAL           150 52ND ST BROOKLYN, NY 11232         13-3170676         501(C)(3)         55,500.         MEMORIAL           (12) COALITION FOR THE HOMELESS         13-3072967         501(C)(3)         13,000.         GENERAL SUPPORT	(9) CHILDREN'S LAW CTR INC.										
PO BOX 393 HOPE, NJ 07844         83-1582935         501(C)(3)         10,000.         SENERAL SUPPORT           (11) CITY HARVEST         Image: Constraint of the state o	501 THIRD ST NW WASHINGTON, DC 2	20001 52-196	1588	501(C)(3)	15,000.				GENERAL SUPPORT		
(11) CITY HARVEST         Image: Constraint of the homeless         13-3170676         501(C)(3)         55,500.         Image: Constraint of the homeless         Memorial           129 FULTON ST NEW YORK, NY 10038         13-3072967         501(C)(3)         13,000.         55,500.         General support	(10) CHURCH AND COMM. ABOLITION N	IETWORK									
150 52ND ST BROOKLYN, NY 11232       13-3170676       501(C)(3)       55,500.       MEMORIAL         (12) COALITION FOR THE HOMELESS       13-3072967       501(C)(3)       13,000.       MEMORIAL         129 FULTON ST NEW YORK, NY 10038       13-3072967       501(C)(3)       13,000.       GENERAL SUPPORT		83-158	2935	501(C)(3)	10,000.				GENERAL SUPPORT		
(12) COALITION FOR THE HOMELESS         13-3072967         501(C)(3)         13,000.         End of the second	(11) CITY HARVEST										
129 FULTON ST NEW YORK, NY 10038 13-3072967 501(C)(3) 13,000. GENERAL SUPPORT	150 52ND ST BROOKLYN, NY 11232	13-317	0676	501(C)(3)	55,500.				MEMORIAL		
	(12) COALITION FOR THE HOMELESS										
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table											
	2 Enter total number of section	on 501(c)(3) and governn	nent	organizations lis	sted in the line 1 tak	ole			•		

			Assistance t ndividuals in	-	•		OMB No. 1545-0047
Com	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.		
		At	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service	Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
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					
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			-	-			Yes No
2 Describe in Part IV the organization's proce							
					ploto if the organiz	ation answard "	/oc" on Form 000
		-					es on Fonn 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can t		•	ieeaea.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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	government	organizations lis	ted in the line 1 tak	ble			

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,		OMB No. 1545-0047
		•	ndividuals i				2022
Com	plete if the o	-	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		-
Department of the Treasury	_		tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	itest information.			Inspection
Name of the organization						Employer identificat	ion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistanc	е					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> </ol>	ts or assistand	æ?			0,00	s or assistance, and	Yes No
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	'es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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.							
630 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							
1205 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
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

SCHEDULE I (Form 990) Department of the Treasury	Go	overnmei olete if the or	n <b>ts, and Ir</b> ganization ans Att	Assistance t dividuals ir wered "Yes" on F each to Form 990.	orm 990, Part IV	d States , line 21 or 22.		OMB No. 1545-0047			
Internal Revenue Service		Go to	o www.irs.gov/i	Form990 for the la	test information.						
Name of the organization							Employer identificat	ion number			
PRINCETON AREA COMMUNITY			-				52-1746234				
	mation on Grants and		-								
-	n maintain records to su			-	-						
	the selection criteria used to award the grants or assistance? No										
2 Describe in Part IV th	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
Part II Grants and O	ther Assistance to D	omestic Or	ganizations ar	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "	'es" on Form 990,			
Part IV, line 2 <sup>-</sup>	1, for any recipient th	nat received	more than \$5,	,000. Part II can b	e duplicated if a	additional space is r	needed.				
<b>1 (a)</b> Name and addr or govern		<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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 PALMET	TO BAY, FL 33157	59-3228899	501(C)(3)	27,500.				SUPPORT			
(2) EVERY CHILD VALUED								GENERAL SUPPORT			
175 JOHNSON AVE LAWRENCEVI	LLE, 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 20	915	81-2163243	501(C)(3)	12,500.				GENERAL SUPPORT			
(6) FDN. ACADEMY CHARTER S	CHOOL										
363 W STATE ST TRENTON, NJ	08618	20-4406909	501(C)(3)	10,000.				GENERAL SUPPORT			
(7) FDN. FIGHTING BLINDNES	S-NJ CHAPTER										
7168 COLUMBIA GTWY DR COLU	MBIA, MD 21046	23-7135845	501(C)(3)	10,000.				GENERAL SUPPORT			
(8) FDN. FOR ED. ADMINISTR	ATION										
12 CENTRE DR MONROE TOWNSH	IP, 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 PRINCETO	N, NJ 08542	22-3494366	501(C)(3)	13,800.				GENERAL SUPPORT			
(11) FRIENDS BOARDING HOME	OF BUCKS QUARTERLY ME	1									
50 S CONGRESS ST NEWTOWN,	PA 18940	23-1365330	501(C)(3)	50,000.				GENERAL SUPPORT			
(12) FRIENDS OF HOPEWELL VA	LLEY OPEN SPACE	4									
PO BOX 395 PENNINGTON, NJ			501(C)(3)	74,000.				GENERAL SUPPORT			
	section 501(c)(3) and	•	•								
3 Enter total number of	other organizations list	ed in the line	1 table				<u></u>				

SCHEDULE I (Form 990)			Assistance t ndividuals in	-	-	-	OMB No. 1545-0047			
	Complete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.					
Denertment of the Treesury		At	tach to Form 990.				Open to Public			
Department of the Treasury Internal Revenue Service	Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection			
Name of the organization						Employer identifica	tion number			
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234				
Part I General Information on Grant	s and Assistanc	9								
<ul> <li>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>										
Part II Grants and Other Assistance Part IV, line 21, for any recipie		-					/es" on Form 990,			
1 (a) Name and address of organization or government	<b>(b)</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	A 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	2.									
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 H	IUNG									
123 CHESTNUT ST PHILADELPHIA, PA 19106	26-2727680	501(C)(3)	10,000.				GENERAL SUPPORT			
(12) GREATER SOMERSET CTY. YMCA/PRINCETON YMC	CA									
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)										
3 Enter total number of other organization	ns listed in the line	1 table								

SCHEDULE I (Form 990)	Go	vernmei	nts, and Ir	Assistance t Idividuals in wered "Yes" on F	n the United	d States		20 <b>22</b> Open to Public
Department of the Treasury Internal Revenue Service		Got		tach to Form 990. Form990 for the la	test information			Inspection
Name of the organization		001	5 www.ii3.gov/i		test mormation.		Employer identificat	
PRINCETON AREA COMMUN	NTTY FOILING TION INC						52-1746234	
	nformation on Grants and	Assistanc	9				52 1/10251	
	zation maintain records to su			arante or assista	nce the grantees	' eligibility for the grant	or assistance and	
-	eria used to award the grant			-	-			Yes No
	IV the organization's proced							
	<b>.</b>					valata if the averagin		аа‼ ал Батта 000
	nd Other Assistance to D		-					es on Form 990,
Part IV, Iir	ne 21, for any recipient th	hat received	more than \$5	,000. Part II can t	e duplicated if a	•	eeded.	
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GREATER TRENTON,	INC.							
124 W STATE ST TRENTON	N, NJ 08608	26-1307260	501(C)(3)	50,000.				GENERAL SUPPORT
(2) GREATER WASHINGTON	N URBAN LEAGUE							
2901 14TH ST NW WASHIN	NGTON, DC 20009	53-0208981	501(C)(3)	10,000.				GENERAL SUPPORT
(3) GREENPEACE FUND, I	INC.							
702 H ST NW WASHINGTON	N, DC 20001	95-3313195	501(C)(3)	17,750.				GENERAL SUPPORT
(4) GROUNDS FOR SCULP	TURE							
80 SCULPTORS WAY HAMII	LTON, NJ 08619	22-3694371	501(C)(3)	66,750.				ANNUAL FUND
(5) GULFSHORE PLAYHOUS	SE							
2640 GOLDEN GATE PKWY	NAPLES, FL 34105	90-0178566	501(C)(3)	100,000.				GENERAL SUPPORT
(6) HABITAT FOR HUMAN	ITY OF BURLINGTON AND MERC							
530 ROUTE 38 E MAPLE S	SHADE, NJ 08052	22-2905055	501(C)(3)	56,100.				GENERAL SUPPORT
(7) HADPRE, INC.								
490 WFIELD RD CHARLOTT	TESVILLE, VA 22901	82-1121832	501(C)(3)	16,200.				GENERAL SUPPORT
(8) HAMILTON AREA YMCA	A							
1315 WH-MERCERVILLE RI	D HAMILTON, NJ 08619	21-0702879	501(C)(3)	25,000.				BALANCING INEQUITIES
(9) HAMILTON PARK MONT	TESSORI SCHOOL							
1 MCWILLIAMS PL JERSEN	Y 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 HILI	L, PA 19026	81-4668072	501(C)(3)	26,500.				GENERAL SUPPORT
(12) HEIFER PROJECT INT	T'L. DBA HEIFER INT'L.	_						
1 WORLD AVE LITTLE ROO		35-1019477	501(C)(3)	5,750.				GENERAL SUPPORT
	per of section 501(c)(3) and goer of other organizations list							

SCHEDULE I	Grants ai	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
		•	ndividuals ii				2022
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV,	, line 21 or 22.		-
Department of the Treasury			tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization						Employer identifica	tion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistanc	е					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	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 t		-					Yes" 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 ARTS
(12) HOUSING INITIATIVES OF PRINCETON CHARITABLE							
33 MERCER ST PRINCETON, NJ 08540	27-6983137	501(C)(3)	33,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government of	organizations lis	sted in the line 1 tak	ble			

SCHEDULE I (Form 990)	Go	vernmei	nts, and Ir	Assistance t Idividuals in Wered "Yes" on F	n the United	d States		20 <b>22</b>
Department of the Treasury		_		ach to Form 990.				Open to Public
Internal Revenue Service		Go te	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization							Employer identificat	on number
PRINCETON AREA COMMUN							52-1746234	
	nformation on Grants and							
the selection crit	zation maintain records to su eria used to award the grant IV the organization's proced	s or assistanc	e?					Yes No
Part II Grants ar	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organization	ation answered "Y	es" on Form 990,
Part IV, lir	ne 21, for any recipient th	nat received	more than \$5	,000. Part II can b	e duplicated if a	additional space is n	eeded.	
	d address of organization government	<b>(b)</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 WASHING	GTON, DC 20001	53-0204707	501(C)(3)	35,000.				GENERAL SUPPORT
(2) HUMANE SOCIETY OF	NAPLES							
370 AIRPORT-PULLING R		59-1033966	501(C)(3)	6,000.				SPONSORSHIP
(3) HUN SCHOOL OF PRI	NCETON							
176 EDGERSTOUNE RD PR	INCETON, NJ 08540	21-0639868	501(C)(3)	20,500.				RAIDER GIVING DAY -
(4) HURRICANE MARIA A	SSIST. & RELIEF INSTITUTIO							
270 CONVENT AVE NEW YO	ORK, 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 PRIV	ATE ASSOC. INC., DBA ABSEC							
31 S. RHODE ISLAND AV	Ε.	22-2937095	501(C)(3)	15,000.				INLET PUBLIC PRIVATE
(8) INNER CITY ENSEMB	LE							
32 VAN HOUTEN ST, #502		80-0582434	501(C)(3)	27,300.				INNER CITY ENSEMBLE
(9) INSPIRING S ASIAN	AMER. WOMEN	1						
407 MERRYWOOD DR EDIS	ON, NJ 08817	84-3666196	501(C)(3)	10,000.				GENERAL OPERATING SU
(10) INSTITUTE FOR ADV	ANCED STUDY	4						
1 EINSTEIN DR PRINCET	ON, NJ 08540	21-0634988	501(C)(3)	36,020.				GENERAL SUPPORT
(11) INSTITUTE OF MUSIC	C FOR CHILDREN INC	4						
780 SALEM AVE ELIZABE	TH, NJ 07208	02-0687805	501(C)(3)	50,000.				INSTITUTE OF MUSIC F
(12) INTERFAITH CAREGI	VERS OF GREATER MERCER CTY	4						
3635 QUAKERBRIDGE RD 1		22-3312846		25,000.				NEIGHBORS HELPING NE
	per of section 501(c)(3) and goes of other organizations list	0	0					

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	overnmen olete if the or	nts, and Ir ganization ans Att	Assistance t Idividuals in wered "Yes" on F tach to Form 990. Form990 for the la	orm 990, Part IV,	d States		2022 Open to Public Inspection
Name of the organization							Employer identificati	on number
PRINCETON AREA COMMUN	IITY FOUNDATION INC.						52-1746234	
Part I General Ir	nformation on Grants and	d Assistance	9					
1 Does the organiz	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
-	eria used to award the grant			-	-			Yes No
	IV the organization's proced							
Part II Grants an	d Other Assistance to D	omestic Ord	nanizations ar	d Domestic Gov	ernments Com	plete if the organiz	ation answered "Y	es" on Form 990
	ne 21, for any recipient the		-			•		
		1	1		•	•		
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INT'L. FUND FOR AN	IIMAL WELFARE							
290 SUMMER ST YARMOUTH	I PORT, MA 02675	31-1594197	501(C)(3)	6,600.				UKRAINE ASSIST.
(2) INT'L. RESCUE COMM	1ITTEE							
122 E 42ND ST NEW YORK	C, NY 10168	13-5660870	501(C)(3)	24,750.				GENERAL SUPPORT
(3) ISLES, INC.								
10 WOOD ST TRENTON, NJ	08618	22-2350832	501(C)(3)	226,100.				GENERAL SUPPORT
(4) IVY HILL VAILSBURG	G CTR FOR ARTS CULTURE AND							
23 MEAD ST NEWARK, NJ	07106	82-1568787	501(C)(3)	35,000.				GENERAL SUPPORT
(5) JAMES R HALSEY FOR	I. OF THE ARTS							
243 ANDOVER PL ROBBINS	SVILLE, NJ 08691	83-1144406	501(C)(3)	63,000.				STRENGTHENING BOARD
(6) JANE'S DUE PROCESS	3							
PO BOX 685137 AUSTIN,	TX 78768	75-2917844	501(C)(3)	33,333.				GENERAL OPERATING SU
(7) JAZZ ARTS PROJECT,	INC.							
77 PINCKNEY RD RED BAN	IK, NJ 07701	20-4767964	501(C)(3)	45,188.				JAZZ ARTS PROJECT, I
(8) JAZZ HOUSE KIDS IN	۶C.							
347 BLOOMFIELD AVE MON		56-2303577	501(C)(3)	50,000.				JAZZ HOUSE KIDS INC.
(9) JERSEY CITY ARTS C	COUNCIL							
201 MONTGOMERY ST JERS	SEY CITY, NJ 07302	81-4983879	501(C)(3)	15,000.				JERSEY CITY ARTS COU
(10) JERSEY CITY THEATE	ER CTR, INC.							
330 NEWARK AVE. JERSEY	2 CITY, NJ 07302	20-5151520	501(C)(3)	30,000.				JERSEY CITY THEATER
(11) JERSEY SHORE COMM.	CTR PROJECT							
1601 ASBURY AVE ASBURY	Y PARK, NJ 07712	20-2600125	501(C)(3)	10,000.				SUPPORT FOR THE QSPO
(12) JEWISH FAMILY & CH	HILDREN'S SVCS. OF GREATER	4						
707 ALEXANDER RD PRINC		21-0634563		60,600.				GENERAL SUPPORT
	er of section 501(c)(3) and							
3 Enter total numb	er of other organizations list	ed in the line	1 table					

			Assistance t ndividuals in			-	OMB No. 1545-0047 എ <b>ററ</b>
			wered "Yes" on F				2022
		-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service	Go t		Form990 for the la	test information.			Inspection
Name of the organization						Employer identificat	
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistanc	9				52 1710251	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's procession</li> </ol>	ts or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to D		-					′es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a		leeded.	-
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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 S
(7) JOYFUL HEART FDN.							
320 7TH AVE #161 BROOKLYN, NY 11215	72-1519537	501(C)(3)	20,000.				GENERAL OPERATING S
(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.							
	56-2635166	501(C)(3)	95,000.	1			GENERAL SUPPORT

(Form 990) GC	vernmei	n <b>ts, and Ir</b> rganization ans	Assistance t Idividuals in wered "Yes" on F rach to Form 990.	n the United	d States		20022 2022 Open to Public
Department of the Treasury Internal Revenue Service	Go te	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization						Employer identificati	on number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistanc	e					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant	s or assistanc	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	anizations ar	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990
Part IV, line 21, for any recipient the		-					
			1		•		
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) 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							
714-716 S. CLINTON AVE TRENTON, NJ 08611	20-2484231	501(C)(3)	153,550.				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.	4						
100 MENLO PARK DR. EDISON, NJ 08837	52-1146384	501(C)(3)	10,000.				LITERACY NJ MERCER C
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>							

Co	Governme	nts, and Ir	Assistance t Idividuals in wered "Yes" on F tach to Form 990.	n the United	d States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Got		Form990 for the la	test information.			Inspection
Name of the organization	001	5 mm		acot mormation.		Employer identificat	
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants	and Assistanc	e				52 1740254	
<ol> <li>Does the organization maintain records to the selection criteria used to award the gr</li> <li>Describe in Part IV the organization's pro</li> <li>Part II Grants and Other Assistance to</li> </ol>	ants or assistand cedures for mor	e? hitoring the use	of grant funds in the	e United States.			Yes No
Part IV, line 21, for any recipien		-					,
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							

(Form 990) GO	vernmei	nts, and Ir	Assistance t Idividuals in wered "Yes" on F each to Form 990.	n the United	d States		2022 2022 Open to Public
Department of the Treasury Internal Revenue Service	Go t		Form990 for the la	test information.			Inspection
Name of the organization		j				Employer identificat	-
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part   General Information on Grants and	Assistanc	9					
1 Does the organization maintain records to su			orants or assista	nce the grantees	' eligibility for the grant	s or assistance and	
the selection criteria used to award the grant			-	-			Yes No
2 Describe in Part IV the organization's proceed							
Part II Grants and Other Assistance to D		-	-		ploto if the organiz	ation answord "V	os" on Form 000
		-					es on ronn 990,
Part IV, line 21, for any recipient th	lat received	more man \$5	,000. Part li can t		•	leeded.	Ţ
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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		15,000.				GENERAL OPERATING SU
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations list</li></ul>	•	•					

(Form 990) Go	vernmei	nts, and Ir	Assistance t Idividuals in Wered "Yes" on F	n the United	d States		омв №. 1545-0047 20 <b>22</b>
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
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					
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant			-	-			Yes No
2 Describe in Part IV the organization's proceed							
Part II Grants and Other Assistance to D	omestic Or	anizations 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		-					
	1				•		
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
					c.i.i.c.iy		
(1) MOREHOUSE SCHOOL OF MEDICINE INC	-	501 (0) (0)	00.000				
720 WVIEW DR, SW ATLANTA, GA 30310	58-1438873	501(C)(3)	20,000.				GENERAL SUPPORT
(2) MOTHERS OUT FRONT		501 (0) (0)	10.000				
PO BOX 55071 BOSTON, MA 02205	46-5758600	501(C)(3)	10,000.				GENERAL SUPPORT
(3) MOUNT CARMEL GUILD OF TRENTON NJ		501(0)(2)	22.000				
73 N CLINTON AVE TRENTON, NJ 08609	21-0675183	501(C)(3)	22,000.				GENERAL SUPPORT
(4) MOVE OVER BRE CANCER	-	501(0)(2)	10,000.				
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 N
-	81-1205572	501(C)(3)	15,000.				MODGIRLS STODIOS A N
(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.	47-1493332	501(C)(3)	25,000.				GENERAL OPERATING SU
PO BOX 1121 FORT LEE, NJ 07024	22-2930684	501(C)(3)	50,000.				NAI-NI CHEN DANCE CC
(8) NAMI MERCER NJ	22 2930004	501(0)(5)	50,000.				WAT INT CHEN DANCE CO
1235 WH MERCERVILLE RD HAMILTON, NJ 08619	22-2587453	501(C)(3)	21,275.				NAMI MERCER STRATEGI
(9) NASSAU PRESEVERIAN CHURCH	22 2307433	501(0)(5)	21,275.				NAMI MERCER STRATEGI
61 NASSAU ST PRINCETON, NJ 08540	21-0634470	501(C)(3)	37,400.				MONTHLY HUNGER OFFER
(10) NATL. ALLNCE. FOR RESEARCH ON SCHIZOPHRENIA	21 0051170	501(0)(3)	57,100.				
747 THIRD AVE NEW YORK, NY 10017	31-1020010	501(C)(3)	14,000.				GENERAL OPERATING SU
(11) NATL. COMMITTEE FOR QUALITY ASSURANCE (NCQA	51 1020010	501(0)(3)	11,0001				
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			10,000.				
101 N. WACKER DR CHICAGO, IL 60606	36-3258696	501(C)(3)	15,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and				ple			
3 Enter total number of other organizations list							

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
			ndividuals i	-	•		2022
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		-
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization						Employer identifica	tion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants ar	nd Assistanc	e				·	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grar</li> <li>Describe in Part IV the organization's proce</li> </ol>	nts or assistance adures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to I		-					Yes" on Form 990,
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	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					otner)		
(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
					I		
(12) NEW JERSEY CTR FOR NON-PROFITS							

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990) G			ndividuals i				2022
Con	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.		
		-	tach to Form 990.	, , ,			Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization		U				Employer identifica	tion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants a	nd Assistanc	e					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proce</li> <li>Part II Grants and Other Assistance to</li> </ol>	nts or assistance adures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient		-					res 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) 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							
PO BOX 484 HOPEWELL, NJ 08525	22-3106012	501(C)(8)	10,000.				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							
17 ACADEMY ST NEWARK, NJ 07102	22-2412819	501(C)(3)	107,500.				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 HONOF
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			

Name of the organization         PRINCETON AREA COMMUNITY FOUNDATION INC.         Part1       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the at the selection criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monito         Part II       Grants and Other Assistance to Domestic Organization's procedures for monito         Part IV, line 21, for any recipient that received main and address of organization or government       (b) EIN         (1) NONPROFITCONNECT       (b) EIN         957 RTE. 33 HAMILTON TOWNSHIP, NJ 08690       22-3595586         (2) N AMER. STUDENTS OF COOPERATION       (c)         2150 S. CANALPORT AVE. CHICAGO, IL 60608       38-2219436         (c) NON CAROLINA JAZZ FESTIVAL AT WILMINGTON       (c)         P.O. BOX 7681 WILMINGTON, NC 28406       58-1400812         (c) ONE VET @ A TIME - PROJECT OVAT       (c)         P.O. BOX 548 PARRISH, FL 34219       83-4706216       50         (c) OPERATION TOY TRAIN INC.       (c)       (c)         146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777       50         (c) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN       1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (a) PARKER FAMILY HEALTH CTR       211 SHR	amount of the second se	of grant funds in the <b>nd Domestic Gov</b> ,000. Part II can b (d) Amount of cash grant 164,250. 25,000.	nce, the grantees' e United States. <b>/ernments.</b> Com	plete if the organiza	Employer identificati 52-1746234 s or assistance, and ation answered "Y	Yes No
Name of the organization         PRINCETON AREA COMMUNITY FOUNDATION INC.         Part1       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the at the selection criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monito         Part II       Grants and Other Assistance to Domestic Organization's procedures for monito         Part IV, line 21, for any recipient that received main and address of organization or government       (b) EIN         (1) NONPROFITCONNECT       957 RTE. 33 HAMILTON TOWNSHIP, NJ 08690       22-3595586         957 RTE. 33 HAMILTON TOWNSHIP, NJ 08690       22-3595586       50         (2) N AMER. STUDENTS OF COOPERATION       2150 S. CANALPORT AVE. CHICAGO, IL 60608       38-2219436       50         (3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON       P.O. BOX 7681 WILMINGTON, NC 28406       58-1400812       50         (4) NE ORGANIC FARMING ASSOC.       386 ROCK RD E LAMBERTVILLE, NJ 08530       22-3043823       50         (5) ONE VET @ A TIME - PROJECT OVAT       P.O. BOX 548 PARRISH, FL 34219       83-4706216       50         (6) OPERATION TOY TRAIN INC.       146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777       50         (7) order OF MALTA WORLDWIDE RELIEF MALTESER IN       1011 FIRST AVE NEW YORK, NY 10022       26-3701623	amount of the poring the use <b>inizations al</b> nore than \$5 (c) IRC section (if applicable)	e grants or assistant of grant funds in the <b>nd Domestic Gov</b> ,000. Part II can b (d) Amount of cash 164,250. 25,000.	nce, the grantees' e United States. vernments. Com be duplicated if a (e) Amount of	plete if the organiza	s or assistance, and ation answered "Y eeded. (g) Description of	Yes No es" on Form 990, (h) Purpose of grant or assistance NONPROFITCONNECT
Part I General Information on Grants and Assistance         1 Does the organization maintain records to substantiate the at the selection criteria used to award the grants or assistance?         2 Describe in Part IV the organization's procedures for monito         Part II Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received mathematical part IV, line 22, and 32,	(c) IRC section (if applicable)	of grant funds in the <b>nd Domestic Gov</b> ,000. Part II can b (d) Amount of cash grant 164,250. 25,000.	e United States. vernments. Com be duplicated if a (e) Amount of	plete if the organiza	s or assistance, and ation answered "Y eeded. (g) Description of	es" on Form 990, (h) Purpose of grant or assistance
1       Does the organization maintain records to substantiate the at the selection criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monito         Part II Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received mathematic or government         1       (a) Name and address of organization or government       (b) EIN         (1) NONPROFITCONNECT       (b) EIN       (c)         957 RTE. 33 HAMILTON TOWNSHIP, NJ 08690       22-3595586       50         (2) N AMER. STUDENTS OF COOPERATION       (c)       (a) N CAROLINA JAZZ FESTIVAL AT WILMINGTON         P.O. BOX 7681 WILMINGTON, NC 28406       58-1400812       50         (4) NE ORGANIC FARMING ASSOC.       38-4706216       50         (5) ONE VET @ A TIME - PROJECT OVAT       P.O. BOX 548 PARRISH, FL 34219       83-4706216       50         (6) OPERATION TOY TRAIN INC.       146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-377777       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN       1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (a) PARKER FAMILY HEALTH CTR       21       SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION       07701       22-3619518       50	(c) IRC section (if applicable)	of grant funds in the <b>nd Domestic Gov</b> ,000. Part II can b (d) Amount of cash grant 164,250. 25,000.	e United States. vernments. Com be duplicated if a (e) Amount of	plete if the organiza	ation answered "Y eeded. (g) Description of	es" on Form 990, (h) Purpose of grant or assistance
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monito Part II Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received mon 1 (a) Name and address of organization or government (b) EIN ( (1) NONPROFITCONNECT 957 RTE. 33 HAMILTON TOWNSHIP, NJ 08690 22-3595586 50 (2) N AMER. STUDENTS OF COOPERATION 2150 S. CANALPORT AVE. CHICAGO, IL 60608 38-2219436 50 (3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON P.O. BOX 7681 WILMINGTON, NC 28406 58-1400812 50 (4) NE ORGANIC FARMING ASSOC. 386 ROCK RD E LAMBERTVILLE, NJ 08530 22-3043823 50 (5) ONE VET @ A TIME - PROJECT OVAT P.O. BOX 548 PARRISH, FL 34219 83-4706216 50 (6) OPERATION TOY TRAIN INC. 146 HILLSIDE DR DINGMANS FERRY, PA 18328 82-3777777 50 (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN 1011 FIRST AVE NEW YORK, NY 10022 26-3701623 50 (8) PARKER FAMILY HEALTH CTR 211 SHREWSBURY AVE RED BANK, NJ 07701 22-3619518 50 (9) PARTNERSHIP TO END ADDICTION	(c) IRC section (if applicable)	of grant funds in the <b>nd Domestic Gov</b> ,000. Part II can b (d) Amount of cash grant 164,250. 25,000.	e United States. vernments. Com be duplicated if a (e) Amount of	plete if the organiza	ation answered "Y eeded. (g) Description of	es" on Form 990, (h) Purpose of grant or assistance
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monito Part II Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received mon 1 (a) Name and address of organization or government (b) EIN ( (1) NONPROFITCONNECT 957 RTE. 33 HAMILTON TOWNSHIP, NJ 08690 22-3595586 50 (2) N AMER. STUDENTS OF COOPERATION 2150 S. CANALPORT AVE. CHICAGO, IL 60608 38-2219436 50 (3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON P.O. BOX 7681 WILMINGTON, NC 28406 58-1400812 50 (4) NE ORGANIC FARMING ASSOC. 386 ROCK RD E LAMBERTVILLE, NJ 08530 22-3043823 50 (5) ONE VET @ A TIME - PROJECT OVAT P.O. BOX 548 PARRISH, FL 34219 83-4706216 50 (6) OPERATION TOY TRAIN INC. 146 HILLSIDE DR DINGMANS FERRY, PA 18328 82-3777777 50 (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN 1011 FIRST AVE NEW YORK, NY 10022 26-3701623 50 (8) PARKER FAMILY HEALTH CTR 211 SHREWSBURY AVE RED BANK, NJ 07701 22-3619518 50 (9) PARTNERSHIP TO END ADDICTION	(c) IRC section (if applicable)	of grant funds in the <b>nd Domestic Gov</b> ,000. Part II can b (d) Amount of cash grant 164,250. 25,000.	e United States. vernments. Com be duplicated if a (e) Amount of	plete if the organiza	ation answered "Y eeded. (g) Description of	es" on Form 990, (h) Purpose of grant or assistance
2 Describe in Part IV the organization's procedures for monito         Part II Grants and Other Assistance to Domestic Organ         Part IV, line 21, for any recipient that received monor government         1 (a) Name and address of organization or government       (b) EIN       (c)         (1) NONPROFITCONNECT       957 RTE. 33 HAMILTON TOWNSHIP, NJ 08690       22-3595586       50         (2) N AMER. STUDENTS OF COOPERATION       2150 S. CANALPORT AVE. CHICAGO, IL 60608       38-2219436       50         (3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON       9.0. BOX 7681 WILMINGTON, NC 28406       58-1400812       50         (4) NE ORGANIC FARMING ASSOC.       386 ROCK RD E LAMBERTVILLE, NJ 08530       22-3043823       50         (5) ONE VET @ A TIME - PROJECT OVAT       9.0. BOX 548 PARRISH, FL 34219       83-4706216       50         (6) OPERATION TOY TRAIN INC.       146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN       1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (8) PARKER FAMILY HEALTH CTR       211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION       22-3619518       50	oring the use anizations an nore than \$5 (c) IRC section (if applicable)	of grant funds in the <b>nd Domestic Gov</b> ,000. Part II can b (d) Amount of cash grant 164,250. 25,000.	e United States. vernments. Com be duplicated if a (e) Amount of	plete if the organiza additional space is n	eeded. (g) Description of	(h) Purpose of grant or assistance
Part II       Grants and Other Assistance to Domestic Organ         Part IV, line 21, for any recipient that received mails         1 (a) Name and address of organization or government       (b) EIN       (c)         (1) NONPROFITCONNECT       957 RTE. 33 HAMILTON TOWNSHIP, NJ 08690       22-3595586       50         (2) N AMER. STUDENTS OF COOPERATION       2150 S. CANALPORT AVE. CHICAGO, IL 60608       38-2219436       50         (3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON       P.O. BOX 7681 WILMINGTON, NC 28406       58-1400812       50         (4) NE ORGANIC FARMING ASSOC.       386 ROCK RD E LAMBERTVILLE, NJ 08530       22-3043823       50         (5) ONE VET @ A TIME - PROJECT OVAT       P.O. BOX 548 PARRISH, FL 34219       83-4706216       50         (6) OPERATION TOY TRAIN INC.       146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN       1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (8) PARKER FAMILY HEALTH CTR       211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION       22-3619518       50	nizations an nore than \$5 (c) IRC section (if applicable)	d Domestic Gov ,000. Part II can b (d) Amount of cash grant 164,250. 25,000.	vernments. Com be duplicated if a (e) Amount of	dditional space is n	eeded. (g) Description of	(h) Purpose of grant or assistance
Part IV, line 21, for any recipient that received main or government1 (a) Name and address of organization or government(b) EIN(1) NONPROFITCONNECT957 RTE. 33 HAMILTON TOWNSHIP, NJ 0869022-3595586957 RTE. 33 HAMILTON TOWNSHIP, NJ 0869022-359558650(2) N AMER. STUDENTS OF COOPERATION2150 S. CANALPORT AVE. CHICAGO, IL 6060838-22194362150 S. CANALPORT AVE. CHICAGO, IL 6060838-221943650(3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON9.0. BOX 7681 WILMINGTON, NC 2840658-1400812P.O. BOX 7681 WILMINGTON, NC 2840658-140081250(4) NE ORGANIC FARMING ASSOC.386 ROCK RD E LAMBERTVILLE, NJ 0853022-304382350(5) ONE VET @ A TIME - PROJECT OVAT9.0. BOX 548 PARRISH, FL 3421983-470621650(6) OPERATION TOY TRAIN INC.146 HILLSIDE DR DINGMANS FERRY, PA 1832882-377777750(7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN1011 FIRST AVE NEW YORK, NY 1002226-370162350(8) PARKER FAMILY HEALTH CTR211 SHREWSBURY AVE RED BANK, NJ 0770122-361951850(9) PARTNERSHIP TO END ADDICTION22-361951850	c) IRC section (if applicable)         .01(C)(3)	,000. Part II can b (d) Amount of cash grant 164,250. 25,000.	the duplicated if a	dditional space is n	eeded. (g) Description of	(h) Purpose of grant or assistance
1 (a) Name and address of organization or government(b) EIN(1) NONPROFITCONNECT957 RTE. 33 HAMILTON TOWNSHIP, NJ 0869022-35955862150 S. CANALPORT AVE. CHICAGO, IL 606082150 S. CANALPORT AVE. CHICAGO, IL 6060838-221943650(3) N CAROLINA JAZZ FESTIVAL AT WILMINGTONP.O. BOX 7681 WILMINGTON, NC 2840658-140081250(4) NE ORGANIC FARMING ASSOC.386 ROCK RD E LAMBERTVILLE, NJ 0853022-304382350(5) ONE VET @ A TIME - PROJECT OVATP.O. BOX 548 PARRISH, FL 3421983-470621650(6) OPERATION TOY TRAIN INC.146 HILLSIDE DR DINGMANS FERRY, PA 1832882-377777750(7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN1011 FIRST AVE NEW YORK, NY 1002226-3701623211 SHREWSBURY AVE RED BANK, NJ 0770122-361951850(9) PARTNERSHIP TO END ADDICTION	(c) IRC section (if applicable)	(d) Amount of cash grant 164,250. 25,000.	(e) Amount of	•	(g) Description of	NONPROFITCONNECT
or governmentIII(1) NONPROFITCONNECT957 RTE. 33 HAMILTON TOWNSHIP, NJ 0869022-3595586957 RTE. 33 HAMILTON TOWNSHIP, NJ 0869022-359558650(2) N AMER. STUDENTS OF COOPERATION2150 S. CANALPORT AVE. CHICAGO, IL 6060838-221943650(3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON9.0. BOX 7681 WILMINGTON, NC 2840658-140081250(4) NE ORGANIC FARMING ASSOC.386 ROCK RD E LAMBERTVILLE, NJ 0853022-304382350(5) ONE VET @ A TIME - PROJECT OVAT9.0. BOX 548 PARRISH, FL 3421983-470621650(6) OPERATION TOY TRAIN INC.146 HILLSIDE DR DINGMANS FERRY, PA 1832882-377777750(7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN1011 FIRST AVE NEW YORK, NY 1002226-370162350(8) PARKER FAMILY HEALTH CTR211 SHREWSBURY AVE RED BANK, NJ 0770122-361951850(9) PARTNERSHIP TO END ADDICTION22-361951850	(if applicable) 01(C)(3)	grant 164,250. 25,000.		(1) Method of valuation (book, FMV, appraisal, other)		NONPROFITCONNECT
957       RTE. 33 HAMILTON TOWNSHIP, NJ 08690       22-3595586       50         (2) N AMER. STUDENTS OF COOPERATION       2150 S. CANALPORT AVE. CHICAGO, IL 60608       38-2219436       50         (3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON       20. 88-2219436       50         (4) NE ORGANIC FARMING ASSOC.       386 ROCK RD E LAMBERTVILLE, NJ 08530       22-3043823       50         (5) ONE VET @ A TIME - PROJECT OVAT       83-4706216       50         (6) OPERATION TOY TRAIN INC.       146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN       1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (8) PARKER FAMILY HEALTH CTR       211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION       22-3619518       50	01(C)(3)	25,000.				
957       RTE. 33 HAMILTON TOWNSHIP, NJ 08690       22-3595586       50         (2) N AMER. STUDENTS OF COOPERATION       2150 S. CANALPORT AVE. CHICAGO, IL 60608       38-2219436       50         (3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON       20. 88-2219436       50         (4) NE ORGANIC FARMING ASSOC.       386 ROCK RD E LAMBERTVILLE, NJ 08530       22-3043823       50         (5) ONE VET @ A TIME - PROJECT OVAT       83-4706216       50         (6) OPERATION TOY TRAIN INC.       146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN       1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (8) PARKER FAMILY HEALTH CTR       211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION       22-3619518       50	01(C)(3)	25,000.				
2150 S. CANALPORT AVE. CHICAGO, IL 60608       38-2219436       50         (3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON           P.O. BOX 7681 WILMINGTON, NC 28406       58-1400812       50         (4) NE ORGANIC FARMING ASSOC.           386 ROCK RD E LAMBERTVILLE, NJ 08530       22-3043823       50         (5) ONE VET @ A TIME - PROJECT OVAT           P.O. BOX 548 PARRISH, FL 34219       83-4706216       50         (6) OPERATION TOY TRAIN INC.           146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN           1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (8) PARKER FAMILY HEALTH CTR            211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION						GENERAL SUPPORT
2150 S. CANALPORT AVE. CHICAGO, IL 60608       38-2219436       50         (3) N CAROLINA JAZZ FESTIVAL AT WILMINGTON           P.O. BOX 7681 WILMINGTON, NC 28406       58-1400812       50         (4) NE ORGANIC FARMING ASSOC.           386 ROCK RD E LAMBERTVILLE, NJ 08530       22-3043823       50         (5) ONE VET @ A TIME - PROJECT OVAT           P.O. BOX 548 PARRISH, FL 34219       83-4706216       50         (6) OPERATION TOY TRAIN INC.           146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN           1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (8) PARKER FAMILY HEALTH CTR            211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION						GENERAL SUPPORT
P.O. BOX 7681 WILMINGTON, NC 28406       58-1400812       50         (4) NE ORGANIC FARMING ASSOC.       386 ROCK RD E LAMBERTVILLE, NJ 08530       22-3043823       50         (5) ONE VET @ A TIME - PROJECT OVAT       83-4706216       50         (6) OPERATION TOY TRAIN INC.       83-4706216       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN       82-3777777       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN       1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (8) PARKER FAMILY HEALTH CTR       211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION       50       50	01(C)(3)					
(4) NE ORGANIC FARMING ASSOC.         386 ROCK RD E LAMBERTVILLE, NJ 08530       22-3043823         (5) ONE VET @ A TIME - PROJECT OVAT         P.O. BOX 548 PARRISH, FL 34219       83-4706216         (6) OPERATION TOY TRAIN INC.         146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN         1011 FIRST AVE NEW YORK, NY 10022       26-3701623         (8) PARKER FAMILY HEALTH CTR         211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518         (9) PARTNERSHIP TO END ADDICTION	01(C)(3)					
386 ROCK RD E LAMBERTVILLE, NJ 08530       22-3043823       50         (5) ONE VET @ A TIME - PROJECT OVAT       83-4706216       50         P.O. BOX 548 PARRISH, FL 34219       83-4706216       50         (6) OPERATION TOY TRAIN INC.       146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN       1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (8) PARKER FAMILY HEALTH CTR       211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION       20       26       50		6,000.				GENERAL SUPPORT
(5) ONE VET @ A TIME - PROJECT OVAT         83-4706216         50           P.O. BOX 548 PARRISH, FL 34219         83-4706216         50           (6) OPERATION TOY TRAIN INC.         82-3777777         50           146 HILLSIDE DR DINGMANS FERRY, PA 18328         82-3777777         50           (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN         1011 FIRST AVE NEW YORK, NY 10022         26-3701623         50           (8) PARKER FAMILY HEALTH CTR         211 SHREWSBURY AVE RED BANK, NJ 07701         22-3619518         50           (9) PARTNERSHIP TO END ADDICTION         700         700         700						
P.O. BOX 548 PARRISH, FL 34219       83-4706216       50         (6) OPERATION TOY TRAIN INC.       146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN       1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (8) PARKER FAMILY HEALTH CTR       211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION       0       0       0	01(C)(3)	20,200.				UNRESTRICTED SUPPORT
(6) OPERATION TOY TRAIN INC.146 HILLSIDE DR DINGMANS FERRY, PA 1832882-3777777(7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN1011 FIRST AVE NEW YORK, NY 1002226-3701623(8) PARKER FAMILY HEALTH CTR211 SHREWSBURY AVE RED BANK, NJ 0770122-3619518(9) PARTNERSHIP TO END ADDICTION						
146 HILLSIDE DR DINGMANS FERRY, PA 18328       82-3777777       50         (7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN       1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (8) PARKER FAMILY HEALTH CTR       211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION       1010       1010       1010	01(C)(3)	67,856.				GENERAL SUPPORT
(7) ORDER OF MALTA WORLDWIDE RELIEF MALTESER IN         1011 FIRST AVE NEW YORK, NY 10022       26-3701623       50         (8) PARKER FAMILY HEALTH CTR         211 SHREWSBURY AVE RED BANK, NJ 07701       22-3619518       50         (9) PARTNERSHIP TO END ADDICTION						
1011 FIRST AVE NEW YORK, NY 10022         26-3701623         50           (8) PARKER FAMILY HEALTH CTR         211 SHREWSBURY AVE RED BANK, NJ 07701         22-3619518         50           (9) PARTNERSHIP TO END ADDICTION         0         0         0         0	01(C)(3)	12,500.				GENERAL OPERATING SU
(8) PARKER FAMILY HEALTH CTR         211 SHREWSBURY AVE RED BANK, NJ 07701         22-3619518         (9) PARTNERSHIP TO END ADDICTION						
211 SHREWSBURY AVE RED BANK, NJ 07701     22-3619518     50       (9) PARTNERSHIP TO END ADDICTION     22-3619518     50	01(C)(3)	10,000.				GENERAL SUPPORT
(9) PARTNERSHIP TO END ADDICTION						
	01(C)(3)	20,000.				GENERAL SUPPORT
711 THIRD AVE. NEW YORK, NY 10017 52-1736502 50	01(C)(3)	15,000.				GENERAL OPERATING SU
(10) PASSAGE THEATRE CO.						
P.O. BOX 967 TRENTON, NJ 08605-0967 22-2679031 50	01(C)(3)	250,900.				GENERAL SUPPORT FROM
(11) PAUL ROBESON HOUSE						
112 WITHERSPOON ST PRINCETON, NJ 08542 46-0587094 50		144,250.				GENERAL SUPPORT
(12) PEACE ACTION EDUCATION FUND	01(C)(3)		1			
	01(C)(3)					1
<ul> <li>2 Enter total number of section 501(c)(3) and government org</li> <li>3 Enter total number of other organizations listed in the line 1 to</li> </ul>	01(C)(3)	17,200.				GENERAL SUPPORT

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
(Form 990)			ndividuals i				୶⋒ <b>ງງ</b>
	Complete if the or	,					2022
		-	tach to Form 990.	, ,			Open to Public
Department of the Treasury Internal Revenue Service	Go t		Form990 for the la	test information.			Inspection
Name of the organization						Employer identifica	tion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grant	ts and Assistanc	e					
<ol> <li>Does the organization maintain records the selection criteria used to award the</li> <li>Describe in Part IV the organization's p</li> <li>Part II Grants and Other Assistance</li> </ol>	grants or assistand procedures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipi		-					165 011 0111 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) 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 PHILANTHR		501(0)(5)	35,550.				ROENCI WIDE PROGRAM
408 OLD MAIN UNIVERSITY PARK, PA 16802	27-4628784	501(C)(3)	10,000.				GENERAL SUPPORT
(3) PEOPLE & STORIES/GENTE Y CUENTOS	27 1020701	501(0)(5)	10,000.				
295 EGGERTS CROSSING RD	22-3260895	501(C)(3)	13,850.				IN SUPPORT OF THE AN
(4) PEOPLE HELPING PEOPLE, INC.	22 3200033	501(0)(5)	13,030.				
1011 LEESVILLE AVE RAHWAY, NJ 07065	22-3641781	501(C)(3)	10,000.				PEOPLE HELPING PEOPI
(5) PERKINS CTR FOR THE ARTS		501(0)(5)	10,0001				
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 SCHOOI
(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 (PA	WS)						
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 AMERIC.	A						
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 government of	organizations lis	sted in the line 1 tal				
3 Enter total number of other organizatio	ns listed in the line	1 table					

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
			ndividuals i	-	•		2022
Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization						Employer identific	ation number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants and	d Assistanc	e					
<ol> <li>Does the organization maintain records to such the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's processing of the selection of the</li></ol>	ts or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient th		-					Yes" 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) 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		561(6)(5)	10072001				
345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501(C)(3)	45,000.				GENERAL OPERATING SU
(3) PLAYHOUSE ARTISTS							
12 W MECHANIC ST. NEW HOPE, PA 18938	47-5530437	501(C)(3)	18,000.				TEACHING ARTISTS EXE
(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 SU
(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
<ul> <li>P.O. BOX 1172 PRINCETON, NJ 08542</li> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations listications</li> </ul>	government	organizations lis	sted in the line 1 tal		 • • • • • • • • • • • • • • • • •	 ••••••••••••••••••••••••••••••••••••	GENERAL SUPPORT

SCHEDULE I	(	Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
(Form 990)			•	ndividuals in				2022
	Com	plete if the o	-	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury				tach to Form 990.				Open to Public
Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization							Employer identif	ication number
PRINCETON AREA COMMUN	NITY FOUNDATION INC.						52-1746234	
Part I General I	nformation on Grants and	d Assistanc	e					
the selection crit	zation maintain records to su eria used to award the grant IV the organization's proced	ts or assistand	æ?					nd . Yes No
	nd Other Assistance to D		-					"Yes" on Form 990,
Part IV, lir	ne 21, for any recipient th	hat received	more than \$5	,000. Part II can I	be duplicated if a		needed.	
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistanc	
(1) PRINCETON HEALTH	CARE SYSTEM FDN. INC.							
1 PLAINSBORO RD PLAINS	SBORO, NJ 08536-1913	22-2225911	501(C)(3)	57,700.				GENERAL SUPPORT
(2) PRINCETON JUNIOR S	SCHOOL							
90 FACKLER RD LAWRENCH	EVILLE, NJ 08648	22-2461852	501(C)(3)	27,000.				GENERAL SUPPORT
(3) PRINCETON MIDDLE S	SCHOOL							
217 WALNUT LN PRINCETO	ON, NJ 08540-0711	22-3600348	501(C)(3)	6,760.				GENERAL SUPPORT
(4) PRINCETON MOBILE 1	FOOD PANTRY							
13 NEWLIN RD PRINCETON	N, NJ 08540	85-4048417	501(C)(3)	26,500.				GENERAL SUPPORT
(5) PRINCETON NURSERY	SCHOOL							
78 LEIGH AVE PRINCETON	N, NJ 08540	21-0643024	501(C)(3)	87,000.				GENERAL SUPPORT
(6) PRINCETON SENIOR H	RESOURCE CTR							
101 POOR FARM RD PRING	CETON, NJ 08540	22-2228083	501(C)(3)	89,000.				GENERAL SUPPORT
(7) PRINCETON SYMPHON	Y ORCHESTRA INC							
PO BOX 250 PRINCETON,	NJ 08542	22-2327766	501(C)(3)	75,460.				GENERAL SUPPORT
(8) PRINCETON UNIVERS	ITY 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	N, 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 SI
(11) PROJECT K9 HERO								
309 BEAR PEN RD WHITW	ELL, TN 37397	81-1770909	501(C)(3)	11,000.				GENERAL SUPPORT
(12) PROTESTANT EPISCO	PAL CATHEDRAL FDN. OF THE							
3101 WISCONSIN AVE NW	WASHINGTON, DC 20016	53-0196604	501(C)(3)	25,000.				GENERAL SUPPORT
2 Enter total numb	er of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			•
3 Enter total numb	er of other organizations list	ted in the line	1 table					

			Assistance t				OMB No. 1545-0047
(Form 990) Go	overnmei	nts, and Ir	ndividuals ir	n the United	d States		2022
Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.		ZULL
		At	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service	Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization		_				Employer identificat	ion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistanc	e					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's procession</li> </ol>	ts or assistand dures for mor	e? hitoring 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 t		-					'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) 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							
40 WORTH ST NEW YORK, NY 10013	13-5669201	501(C)(3)	10,000.				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							
223 PERRY ST TRENTON, NJ 08629	22-2124503	501(C)(3)	50,000.				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							
6 COTTER DR NEW BRUNSWICK, NJ 08901	26-2725218	501(C)(3)	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 C
(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
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations lis</li> </ul>							

	overnme	nts, and Ir	Assistance t ndividuals in	n the United	d States		OMB No. 1545-0047
Co	mplete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		-
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	atest information.			Inspection
Name of the organization						Employer identificat	ion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants a	and Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's procession</li> </ol>	ants or assistand cedures for more	ce? nitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to	Domestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "\	'es" on Form 990,
Part IV, line 21, for any recipient	t that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	eeded.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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., IN
(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 MUS	3						
PO BOX 9 ROEBLING, NJ 08554	20-8357074	501(C)(3)	9,500.				ROEBLING MAIN GATE M
(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 - TO
(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		31,600.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) an							
3 Enter total number of other organizations	listed in the line	e 1 table					

SCHEDULE I	(	Grants a	nd Other A	Assistance t	o Organiza	tions.	L	OMB No. 1545-0047
(Form 990)	Go	overnme	nts, and Ir	ndividuals i	n the United	d States		2022
	Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		-
Department of the Treasury			At	tach to Form 990.				Open to Public
Internal Revenue Service		Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization							Employer identific	ation number
PRINCETON AREA COMMUN	IITY FOUNDATION INC.						52-1746234	
Part I General Ir	nformation on Grants and	d Assistanc	e					
the selection crite 2 Describe in Part	ation maintain records to see ria used to award the grant IV the organization's proce	ts or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No
	d Other Assistance to D ne 21, for any recipient th		-					Yes" on Form 990,
<b>1 (a)</b> Name and	address of organization government	<b>(b)</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 ROCHE	ELLE, NY 10801	80-0522035	501(C)(3)	10,000.				GENERAL SUPPORT
(4) SALVATION ARMY								
575 E. STATE ST TRENTC	DN, NJ 08609	13-5562351	501(C)(3)	37,650.				GENERAL SUPPORT
(5) SARAH'S DAUGHTERS	MINISTRIES, INC.							
9 WOODBINE AVE NEW ROC	CHELLE, NY 10801	45-4608121	501(C)(3)	20,000.				GENERAL OPERATING SU
(6) SAVE BARNEGAT BAY								
117 HAINES RD TOMS RIV	VER, NJ 08753	47-4130132	501(C)(3)	11,000.				GENERAL OPERATING SU
(7) SAVE THE CHILDREN	FEDERATION							
501 KINGS NWY E FAIRFI	ELD, CT 06825-4861	06-0726487	501(C)(3)	10,500.				GENERAL SUPPORT
(8) SAVE, A FRIEND TO	HOMELESS ANIMALS							
1010 ROUTE 601 SKILLMA	AN, NJ 08558	22-6082741	501(C)(3)	20,100.				GENERAL PURPOSE
(9) SERGEANTSVILLE VOL	JUNTEER FIRE CO.							
P.O. BOX 87 SERGEANTSV	/ILLE, 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 A	ACADEMY FOR THE PERFORMING							
14 S PARK ST 2ND FLOOR	R MONTCLAIR, NJ 07042	22-3484652	501(C)(3)	50,000.				GENERAL SUPPORT
(12) SHINE AND INSPIRE								
106 STRAUBE CTR BLVD F	PENNINGTON, NJ 08534	27-3410344	501(C)(3)	21,140.				SHINE AND INSPIRE CI
2 Enter total numb	er of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			
3 Enter total number	er of other organizations lis	ted in the line	1 table					

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047
(Form 990) Ge	overnme	nts, and Ir	ndividuals i	n the United	d States		2022
Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization						Employer identifica	tion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistanc	e					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient							res 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) 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 P
(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 EDU
(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
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations list</li> </ul>	0	0					

SCHEDULE I	Grants ai	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990) Go	overnme	nts, and Ir	ndividuals i	n the United	d States		2022
Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization						Employer identification	ation number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistanc	e				·	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's procession</li> </ol>	ts or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t		-					Yes" 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	(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 CHAMBI
(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 INSTI-
(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
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	le			

			Assistance t				OMB No. 1545-0047
(Form 990) GC	overnmei	nts, and Ir	ndividuals ii	n the United	d States		2022
Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	, line 21 or 22.		
Department of the Treasury	-	At	tach to Form 990.				Open to Public
Internal Revenue Service	Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization						Employer identificat	ion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistance	e					
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							Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to D					nlete if the organiz	ation answered "	/es" on Form 990
		-					165 011 0111 990,
Part IV, line 21, for any recipient t	nat received	more man 55	,000. Part il can t				
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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 O
(2) THE BLACK FAIRY GOD MOTHER FDN.							
472 BEARDSLEY AVE BLOOMFIELD, NJ 07003	86-1228717	501(C)(3)	50,000.				GENERAL OPERATING S
(3) THE CAT COLLABORATIVE							
201 ROUSE BLVD. PHILADELPHIA, PA 19112-1902	87-4344838	501(C)(3)	150,000.				CAPITAL EXPENSE FUN
(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

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,		OMB No. 1545-0047
(Form 990) G	overnme	nts, and Ir	ndividuals ii	n the United	d States		2022
Сог	nplete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV,	, line 21 or 22.		
	•	-	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization						Employer identifica	tion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants a	nd Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> </ol>	nts or assistand edures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-					Yes" 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) THE RD TO 120-EDUCATION EQUITY FOR YOUNG WC							
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							

SCHEDULE I	Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990) GC	overnmei	nts, and Ir	ndividuals i	n the United	d States		2022
Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		-
Department of the Treasury		Att	tach to Form 990.				Open to Public
Internal Revenue Service	Go te	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization						Employer identifica	tion number
PRINCETON AREA COMMUNITY FOUNDATION INC.						52-1746234	
Part I General Information on Grants an	d Assistanc	e					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> </ol>	ts or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to D		-					Yes" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	pe duplicated if a	additional space is r	needed.	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</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		10,000.				GENERAL SUPPORT
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations lis</li> </ul>	-	-					

Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047	
overnmei	nts, and Ir	ndividuals i	n the United	d States		2022	
plete if the or	rganization ans	wered "Yes" on F	orm 990, Part IV,	, line 21 or 22.			
						Open to Public	
Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection	
					Employer identificat	tion number	
					52-1746234		
d Assistanc	e						
s or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No	
	-					/es" on Form 990,	
<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	•	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
94-6036494	501(C)(3)	15,000.				ENDOWMENT	
22-2968673	501(C)(3)	7,000.				SQUEEZE PRODUCTION	
04-2535767	501(C)(3)	6,500.				SUPPORT FOR NUCLEAR	
13-1624238	501(C)(3)	50,000.				GENERAL SUPPORT	
21-0694751	501(C)(3)	7,900.				GENERAL SUPPORT	
45-3663891	501(C)(3)	15,000.				UNITED CHILDREN'S M	
47-1837509	501(C)(3)	11,750.				TO HELP THE PEOPLE (	
23-2215070	501(C)(3)	5,250.				MEDICAL ASSISTANCE	
						HISPA ROLE MODEL PRO	
52-1825305	501(C)(3)	15,000.				PROGRAM FOR ENGLISH	
						GENERAL OPERATING	
46-4156350	501(C)(3)	11,000.				SUPPORT	
84-4166710	501(C)(3)	35,000.				GENERAL OPERATING SU	
26 2205006	501(0)(2)	25,000.				GENERAL OPERATING SU	
	Overnme           plete if the or           Go t           d Assistanc           ubstantiate the           sor assistanc           obstantiate the           sor assistance           omestic Or           omestic Or           nat received           22-2968673           04-2535767           13-1624238           21-0694751           45-3663891           47-1837509           23-2215070           52-1825305           46-4156350           84-4166710	Overnments, and Ir           plete if the organization ans Attr Go to www.irs.gov/           d Assistance           ubstantiate the amount of the sor assistance?           dures for monitoring the use           comestic Organizations ar           nat received more than \$5           (b) EIN         (c) IRC section (if applicable)           94-6036494         501(c) (3)           22-2968673         501(c) (3)           04-2535767         501(c) (3)           13-1624238         501(c) (3)           21-0694751         501(c) (3)           45-3663891         501(c) (3)           47-1837509         501(c) (3)           23-2215070         501(c) (3)           46-4156350         501(c) (3)	Overnments, and Individuals in plete if the organization answered "Yes" on F Attach to Form 990. Go to www.irs.gov/Form990 for the lates of the organizations and point of the grants or assistance?           d Assistance           ubstantiate the amount of the grants or assistance?           ormestic Organizations and Domestic Governments of the spant funds in the comestic Organizations and Domestic Government of the spant funds in the comestic Organizations and Domestic Government (f applicable)           (b) EIN         (c) IRC section (f applicable)         (d) Amount of cash grant           94-6036494         501(C) (3)         15,000.           22-2968673         501(C) (3)         7,000.           94-6036494         501(C) (3)         50,000.           13-1624238         501(C) (3)         7,900.           45-3663891         501(C) (3)         15,000.           47-1837509         501(C) (3)         1,750.           52-1825305         501(C) (3)         15,000.           46-4156350         501(C) (3)         15,000.           44-4166710         501(C) (3)         15,000.	Overnments, and Individuals in the United plete if the organization answered "Yes" on Form 990, Part IV, Attach to Form 990.           Co to www.irs.gov/Form990 for the latest information.           d Assistance           ubstantiate the amount of the grants or assistance, the grantees is or assistance?           dures for monitoring the use of grant funds in the United States.           comestic Organizations and Domestic Governments. Com- that received more than \$5,000. Part II can be duplicated if at (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant         (e) Amount of noncash assistance           94-6036494         501(C) (3)         15,000.           22-2968673         501(C) (3)         7,000.           22-2968673         501(C) (3)         7,000.           13-1624238         501(C) (3)         7,900.           45-3663891         501(C) (3)         15,000.           47-1837509         501(C) (3)         1,750.           23-2215070         501(C) (3)         1,750.           46-4156350         501(C) (3)         15,000.           46-4156350         501(C) (3)         15,000.           46-4156350         501(C) (3)         1,000.           84-4166710         501(C) (3)         35,000.	Go to www.irs.gov/Form990 for the latest information.           dAssistance           ubstantiate the amount of the grants or assistance, the grantees' eligibility for the grant is or assistance?           comestic Organizations and Domestic Governments. Complete if the organizations and Domestic Governments. Complete if the organizations that received more than \$5,000. Part II can be duplicated if additional space is not received more than \$5,000. Part II can be duplicated if additional space is not received more than \$5,000. Part II can be duplicated if additional space is not spin to the plicable of spin terms of the plicable of the spin term of the plicable of term of term of the plicable of term of term of the plicable of term of the plicable of term of term of the plicable of term of t	Overnments, and Individuals in the United States           blete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.           Co to www.irs.gov/Form990 for the latest information.           Employer identificat 32-1746234           d Assistance           ubstantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and s or assistance?           dures for monitoring the use of grant funds in the United States.           competite Governments. Complete if the organization answered "Nat received more than \$5,000. Part II can be duplicated if additional space is needed.           (b) EIN         (c) IRC section (grant         (e) Amount of grant         (f) Method of valuation nonceash assistance         (g) Description of nonceash assistance           94-6036494         sol1(c)(3)         15,000.           2-2-266673         sol1(c)(3)         6,500.           15.000.           21-0694751         sol1(c)(3)         5,000.           15.000.           2-2-266673         Sol1(c)(3)         5.000.           2-2-266673         Sol1(c)(3)         5.000.           2-1-0694751         Sol1(c)(3) <td c<="" td=""></td>	

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SCHEDULE I (Form 990)	G	overnmei	nts, and Ir	Assistance t ndividuals in	n the United	d States	$\vdash$	OMB No. 1545-0047
	Con	nplete if the or	-	wered "Yes" on F	orm 990, Part IV,	, line 21 or 22.		
Department of the Treasury		_		tach to Form 990.				Open to Public
Internal Revenue Service		Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization							Employer identificat	on number
PRINCETON AREA COMMUN							52-1746234	
	nformation on Grants ar							
the selection crit 2 Describe in Part	zation maintain records to s eria used to award the gran IV the organization's proce	nts or assistand edures for mor	e? hitoring the use	of grant funds in the	e United States.			Yes No
	nd Other Assistance to		-					es" on Form 990,
Part IV, lir	ne 21, for any recipient	that received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	leeded.	
	d address of organization government	<b>(b)</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 I	FOUNDATION							
3201 C STREET, SUITE 3		92-0155067	501(C)(3)	25,000.				FUNDS TO SUPPORT THE
(2) AMERICAN HEART AS	SOCIATION, INC							
7272 GREENVILLE AVENUE				8,833.				GENERAL SUPPORT
(3) ARBOR RISING								
270 W. 39TH STREET - 5	SUITE 2000	27-4205023	501(C)(3)	60,000.				ARBOR RISING FOR ENG
(4) ARDELLA'S HOUSE								
2428 N. 33RD STREET PH	HILADELPHIA, PA 19132	27-2496591	501(C)(3)	20,000.				GENERAL OPERATING SU
(5) ART AGAINST RACIS	М							
208 LAUREL CIRCLE PRIM	NCETON, NJ 08540	85-1291324	501(C)(3)	20,000.				ART AGAINST RACISM,
(6) ART IN THE ATRIUM								
PO BOX 9158 MORRISTOW	N, NJ 07960-9158	22-3262907		12,938.				THE NEW JERSEY ARTS
_(7)		_						
(8)								
(9)								
(10)		_						
(11)		_						
(12)								
	per of section 501(c)(3) and per of other organizations list	-	-					·

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Schedule I (Form 990) 2022

#### PRINCETON AREA COMMUNITY FOUNDATION INC.

52-1746234

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>(b)</b> Number of recipients	<b>(c)</b> 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 th information.	e information re	equired in Part I,	line 2, Part III, o	column (b); and any c	ther additional

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.

Page 2

SCH	EDULE J	Compen	sation Information		MB No.	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എ	<b>7</b> 7	)
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 2:	3.	ZU		
	nent of the Treasury		Attach to Form 990. 90 for instructions and the latest information.		Open to		
	Revenue Service of the organization			Employer identification		ectio r	1
PRI	NCETON AREA	A COMMUNITY FOUNDATION INC.		52-174623	34		
Part		ns Regarding Compensation	·				
						Yes	No
1a			ovided any of the following to or for a pers				
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for	•			
		or companions	Payments for business use of perso				
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to			
	explain				1b		
2	-		to reimbursing or allowing expenses	-			
			D/Executive Director, regarding the items	checked on line			
_					2		
3	organization's	CEO/Executive Director. Check all the	on used to establish the compensation of at apply. Do not check any boxes for methor e CEO/Executive Director, but explain in P	ds used by a			
		isation committee	Written employment contract	art m.			
	· · ·	dent compensation consultant	X Compensation survey or study				
		00 of other organizations	X Approval by the board or compensation	tion committee			
4			Part VII, Section A, line 1a, with respect to				
-		or a related organization:					
а	Receive a sev	verance payment or change-of-control page	ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X
С			sed compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
-	-		rganizations must complete lines 5-9.				
5	-	isted on Form 990, Part VII, Section contingent on the revenues of:	ion A, line 1a, did the organization pa	ly of accrue any			
а	•	5			5a		х
b					5b		X
		e 5a or 5b, describe in Part III.					
6	For persons		ion A, line 1a, did the organization pa	ly or accrue any	'		
а					6a		х
b					6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov				
~			escribe in Part III		7	X	
8	-	•	paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? If	•			
		-	Regulations Section 53.4958-4(a)(3)?		8		x
9			low the rebuttable presumption proced				
5					9		
							L

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Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

52-1746234

Page 2

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

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

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

		(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 other deferred benefits rtable compensation		(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)								

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

#### Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7

THE ORGANIZATION PROVIDED INCENTIVE PAY TO PERSONS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A DURING THE YEAR ENDED DECEMBER 31, 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**

OMB No. 1545-0047

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

# PRINCETON AREA COMMUNITY FOUNDATION INC.

52-1746234

Par	Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	( Method of noncash contr		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		76	3,719,979.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ▶()						
27	Other ►()						
	<u>Other</u> ►()		· · · · · · · · ·				
29	Number of Forms 8283 received				29		
	which the organization completed I	-orm 8283,	Part V, Donee Acknowledge	ement	23	Yes	No
30-2	During the year, did the organizat	ion receive	by contribution any propo	rty reported in Part L line	e 1 through	165	
<b>3</b> 0a	28, that it must hold for at least the				- 1		
	to be used for exempt purposes for	-				30a	x
Ь	If "Yes," describe the arrangement i		oluling period?		•••••	30a	
31	Does the organization have a		tanco policy that require	e the review of any i	oonstandard		
51	contributions?					<b>31</b> X	
322	Does the organization hire or use						
Jźa	contributions?		-			32a	x
h	If "Yes," describe in Part II.				•••••		
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked		
	describe in Part II.	s.nount in t					
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule	M (Form 99	0) 2022

JSA

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

SCHEDULE M, PART I, LINE 31

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

A. REVIEW CLOSELY-HELD BUSINESS TRANSFERS THAT ARE SUBJECT TO

RESTRICTIONS OR BUY-SELL AGREEMENTS.

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

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

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

THE COMMUNITY FOUNDATION WILL ACCEPT UNRESTRICTED GIFTS AND GIFTS FOR SPECIFIC PROGRAMS AND PURPOSES; PROVIDED THAT SUCH GIFTS ARE CONSISTENT WITH THE COMMUNITY FOUNDATION'S MISSION, PURPOSES, AND PRIORITIES. THE COMMUNITY FOUNDATION WILL NOT ACCEPT A GIFT THAT IS TOO RESTRICTIVE IN PURPOSE OR DESIGN. GIFTS THAT ARE TOO RESTRICTIVE ARE THOSE THAT VIOLATE THE TERMS OF THE CORPORATE CHARTER, GIFTS THAT ARE TOO DIFFICULT TO ADMINISTER, OR GIFTS THAT ARE FOR PURPOSES OUTSIDE THE MISSION OF THE COMMUNITY FOUNDATION. **Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART 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.



Department of the Treasury Internal Revenue Service	<ul> <li>Information about Schedule O (Form 990 or 990-EZ) and its instructions i</li> </ul>	s at www.irs.gov/form990. Inspectio
Name of the organization		Employer identification number
PRINCETON AREA CON	MMUNITY FOUNDATION INC.	52-1746234

#### CORE FORM 990 RESPONSES

FORM 990, PART III, LINE 4A

GRANTS: THE COMMUNITY FOUNDATION IS AN ACTIVE GRANTMAKER THROUGH SEVERAL GRANT PROGRAMS INCLUDING GREATER MERCER GRANTS AND THE FUND FOR WOMEN & GIRLS) AND GRANTMAKING FROM DONOR-ADVISED, DESIGNATED, NONPROFIT, AND FIELD-OF-INTEREST FUNDS. THE COMMUNITY FOUNDATION'S STRATEGIC GRANTMAKING PROGRAM, ALL KIDS THRIVE, IS ADDRESSING HIGH RATES OF CHRONIC ABSENTEEISM IN LOCAL PUBLIC SCHOOLS. BECAUSE OUR SCHOOLS WERE REMOTE DURING MUCH OF THE 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

Department of the Treasury

## 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

Internal Revenue Service	s.gov/form990.	Inspection	
Name of the organization		Employer identif	ication number
PRINCETON AREA CON	MMUNITY FOUNDATION INC.	52-1746	5234

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.

Department of the Treasury

#### 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.



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir.	s.gov/torm990.	Inspection
Name of the organization		Employer identifi	cation number
PRINCETON AREA CON	MMUNITY FOUNDATION INC.	52-1746	234

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.



 

 Department of the Treasury Internal Revenue Service
 ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
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 Name of the organization
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 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.



 

 Department of the Treasury Internal Revenue Service
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 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 POSIITONS IN THE LOCAL CENTRAL NEW JERSEY MARKETPLACE. THE FORMS 990 OF OTHER NONPROFIT ORGANIZATIONS AND FORM 990-PF FOR PRIVATE FOUNDATIONS ARE ALSO CONSULTED FOR INFORMATION.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NETS ASSETS:

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

GRANT REFUNDS \$400,000.

TOTAL OF \$352,380

Schedule O (Form 990 or 990-EZ) 2022 Name of the organization		Page Employer identification number
PRINCETON AREA COMMUNITY FOUND	DATION INC.	52-1746234
FORM 990, PART X - PREPAID EXPENSES AND	DEFERRED CHARGS	
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
PREPAID EXPENSES	92,528.	132,664.
PREPAID EXPENSES TOTALS	92,528.	132,664.

91

Name of the organization		Employer	identification number
PRINCETON AREA COMMUNITY FOUND	DATION INC.	52-1	746234
ORM 990, PART X - INVESTMENTS - PUBLIC	CLY TRADED SECURITIES	5 =	
	DEGINALING		COCH
	BEGINNING	ENDING	COST
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV
OMESTIC EQUITY	47,242,782.	45,395,150.	FMV
IUTUAL FUNDS	20,760,299.	19,957,532.	FMV
OTALS			

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## **ESTIMATED TAX WORKSHEET FOR FORM 990-W**

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

## **Record of Estimated Tax Payments**

Payment number	(a) Date	(b) Amount	(c) 2022 overpayment	(d) Total amount paid and
			credit applied	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.