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Form **990** 

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c),	, 527, or 4947(a)(	1) of the Internal Revenue	e Code (except priv	vate foundations)
	,, (,(	.,	(	,

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

	Do not child	Social Scouli	ly mannoor	5 011 1115 10	 nuy be mu	ac public
- 1	Information		00		 	

2014 Open to Public

Intern	al Reven	ue Service	Informa	tion about Form 990 and its	instructions	s is at www.irs.go	ov/form99	0.		Inspection
Α	For the	e 2014 calenc	lar year, or tax year begi	inning	07-0	1 , 2014, and e	nding	C	06-30	, <b>20</b> 15
в	Check if a	applicable:	C Name of organization PRI	NCETON SENIOR RESOUR	RCE CENT	ER			D Empl	oyer identification no.
$\square$	Address change Doing business as								22-2	228083
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suit								hone number	
	Initial retu	-	45 STOCKTON ST				1 toom out			)924-7108
		rn/terminated			do				(00)	863,529
				e, country, and ZIP or foreign postal coo	ue				•	-
	Amended		PRINCETON, NJ				1		G Gross	s receipts\$
	Applicatio	on pending	F Name and address of princip	bal officer:			H(a) is	s this a group	return for	
		37						ubordinates?		
-			501(c)(3) 501(c) (	) (insert no.) 4947(a)(1	1) or 5	527	H(b) A	re all subordi. If "No," a	inates include ttach a list. (s	ed? <b>Yes No</b> see instructions)
J Website: WWW.PRINCETONSENIOR.ORG H(c) Group exemption number										
		organization: X		ssociation 🔛 Other 🏲	L	Year of formation: 1	.978	M State of I	egal domicile	: <b>NJ</b>
Pa	rt I	Summar	2							
	1	Briefly descr	ibe the organization's mis	sion or most significant activition	es: <u>THE</u>	MISSION OF :	THE ORG	ANIZAT	ION IS	TO EMPOWER
e		OLDER AD	ULTS IN THE DIVE	RSE PRINCETON COMMUN	NITY TO I	MAKE INFORME	D CHOI	CES ANI	) LIVE	HEALTHLY
anc		LIVES BY	OFFERING AFFORD	ABLE SERVICES, PROGE	RAMS AND	OPPORTUNITI	ES THA	T SUPPC	DRT, ED	UCATE AND
ĩ		ENGAGE O	LDER INDIVIDUALS	, THEIR FAMILY & CAP	REGIVERS					
ð	2	Check this b	ox 🕨 🗌 if the organizatio	on discontinued its operations of	or disposed of	of more than 25%	of its net a	issets.		
ڻ م	3	Number of v	oting members of the gov	erning body (Part VI, line 1a)				· · · .[_;	3	24
ŝ	4	Number of ir	ndependent voting member	ers of the governing body (Part	t VI, line 1b)				4	24
itie	5	Total numbe	r of individuals employed	in calendar year 2014 (Part V,	line 2a)			[ [	5	21
Activities & Governance	6	Total numbe	r of volunteers (estimate i	f necessary)					6	
Ā	7a	Total unrelat	ed business revenue from	Part VIII, column (C), line 12				7	7a	0
	b	Net unrelate	d business taxable incom	e from Form 990-T, line 34				7	7b	0
				,			Pric	or Year	-	Current Year
	8	Contribution	s and grants (Part VIII lin	e 1h) • • • • • • • • • • • • • • • • • • •				417,3	45	342,369
e	9		<b>-</b> ·	ne 2g) • • • • • • • • • • • • • •		-		79,5		92,866
ent	10	-	•	(A), lines 3, 4, and 7d)		-		2,0		153,726
Revenue	11			ines 5, 6d, 8c, 9c, 10c, and 11		-		120,8		195,231
Ľ.	12			(must equal Part VIII, column	,	-		-		
	13		•	(Indist equal 1 art vin, column IX, column (A), lines 1-3)	, , ,			619,7	90	784,192
				(), (),						0
	14			IX, column (A), line 4)					01	0
es	15			ee benefits (Part IX, column (A				440,0	81	557,877
Expenses				column (A), line 11e)						0
ad x			sing expenses (Part IX, co			123,413				
Ш	17		ses (Part IX, column (A),					119,3		169,513
	18	•	,	t equal Part IX, column (A), lin		-		559,4		727,390
	19	Revenue les	s expenses. Subtract line	e 18 from line 12 • • • • •	• • • • • •			60,3		56,802
Net Assets or	lce					Ļ		of Current Ye		End of Year
sets	20		,			· · · · · · · · · ·	2	2,779,6	51	2,770,362
tAs	21	Total liabilitie	s (Part X, line 26)			· · · · · · · · ·		43,7	16	43,510
				t line 21 from line 20 · · · ·			2	2,735,9	35	2,726,852
Pa	rt II	Signatu	ire Block							
				urn, including accompanying schedules ficer) is based on all information of whic			knowledge an	d belief, it is		
uuc, (	Joncol, a					any knowledge.				
<u>.</u>		SUSA	N HOSKINS							
Sig		Signatur	re of officer					C	Date	
Hei	re	SUSA	N HOSKINS, EXEC	DIR						
		Type or	print name and title							
		Print/Type pre	eparer's name	Preparer's signature		Date	Ch	neck X if	f PTIN	
Pai	d	MICHAEL	T REMUS			01-14-2016	se	lf-employed	P00	497819
Pre	parei		•	T REMUS CPA			Firm's EIN			
Use	e Only		-				Phone no.			
	•			N NJ 08690				609	-540-17	751
Mav	the IRS	S discuss this		shown above? (see instructions	s)					X Yes No
			on Act Notice, see the s	•	,					Form <b>990</b> (2014)

Form	1990 (2014) PRINCETON SENIOR RESOURCE CENTER	22-2228083	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🖸
1	Briefly describe the organization's mission:		
	THE MISSION OF THE ORGANIZATION IS TO EMPOWER OLDER ADULTS IN THE DIVERSE	PRINCETON COMM	UNITY
	TO MAKE INFORMED CHOICES AND LIVE HEALTHLY LIVES BY OFFERING AFFORDABLE SH	ERVICES, PROGRA	MS
	AND OPPORTUNITIES THAT SUPPORT, EDUCATE AND ENGAGE OLDER INDIVIDUALS, THE	IR FAMILY &	
	CAREGIVERS		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes [	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes [	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	s to others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$271,433 including grants of \$) (Rever	nue \$	)
	SENIOR PROGRAMS - FITNESS, EDUCATION AND ENRICHMENT CLASSES, EVERGREEN FOR	RUM LIFELONG	
	LEARNING, NEXT STEP: ENGAGED RETIREMENT AND ENCORE CAREERS, INFORMATIONAL	SEMINARS, PROG	RAMS
	PROMOTING WELLNESS, VOLUNTEER OPPORTUNITIES, GRANDPALS, AND RECREATIONAL A	AND SOCIAL EVEN	rs.
46	(Code: ) (Expenses \$ 160,117 including grants of \$ ) (Rever	aua (°	```
4b		· · · · · · · · · · · · · · · · · · ·	)
	SOCIAL SERVICES- INFORMATION AND REFERRAL, MAINTAINING RESOURCE DIRECTORING	-	
	BENEFIT APPLICATIONS, CASE MANAGEMENT, TRANSITIONS, CONSULTATIONS AND COUR		<b>L</b>
	GROUPS, CAREGIVER RESOURCE CENTER, UNITED AGING AND DISABILITY PARTNERSHIP VOLUNTEERS.	P, HOMEFRIENDS	
	VOLONIEERS.		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Rever	nue \$	)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 431,550		
		Eorn	000 (2014)

	Form 990 (2	
I	Part IV	

4) PRINCE		DHITOK	RESOURCE	CENTER			
Checklist of Required Schedules							

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Page 3

Yes No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	• 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III •••••••••••••••••••••••••••••••••	. 5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	• 5		X
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
•	complete Schedule D, Part III · · · · · · · · · · · · · · · · ·	. 8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	<b>o i i i i i i i i i</b>			
	complete Schedule D, Part VI	•11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			37
ام	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d	v	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ne	Λ	
		11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
		.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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	v	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	10		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	· 19 20a		X X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		27
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-	990 (2014) PRINCETON SENIOR RESOURCE CENTER 22-22280	83	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	· 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	- 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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,"			37
	complete Schedule N, Part II	- 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
• •	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			37
		. 34		X
35a	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	354		v
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
<b>0</b> 7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	• 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O       ••••••••••••••••••••••••••••••••••••		X	
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Form	990 (2014) PRINCETON SENIOR RESOURCE CENTER 22-2228	083	F	Page 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a		기		
b	· · · · · · · · · · · · · · · · · · ·	끽		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
2-	reportable gaming (gambling) winnings to prize winners?	- 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	- 23	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	x	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		X	
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		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
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
С	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?	• <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6		
7	Organizations that may receive deductible contributions under section 170(c).	- 6b		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	. 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	- 7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	• 14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2014) PRINCETON SENIOR RESOURCE CENTER 22-22280		P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>····· 1b 24</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	- 7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	- 7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	• 8a	X	
b	Each committee with authority to act on behalf of the governing body?	- 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		4.0	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	- 10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	
С		40.		
40	describe in Schedule O how this was done	12c	X	
13		13	X	
14	Die the organization have a written docanton recention and docated on policy.	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-		450	v	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	X	v
b		150		Х
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
TUa	with a taxable entity during the year?	- 16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		Λ
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed <b>NJ</b>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	$\boxed{X}$ Own website $\boxed{X}$ Another's website $\boxed{X}$ Upon request $$ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
19	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20				
	SUSAN HOSKINS (609)924-7108, GEORGE SCHOOL, NEWTOWN, PA 18940			0044

Form 990 (201		22-2228083	Page 7			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employe	es, and			
	Check if Schedule O contains a response or note to any line in this Part VII		🖸			
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
<b>1a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.						

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(C)									
(A)	(B)	(do r	hot ob		sition	han ana		(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per week (list any	offic	officer and a director/trustee)		compensation from	compensation from related	amount of other			
	hours for							the	organizations	compensation
	related organizations	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
·	below dotted	recto	Institutional trustee	ę,	empl	est c loyee	ler	(₩-2/1000-10100)		and related
	line)	frus	altru		oyee	omp				organizations
		tee	ıstee			ensa				
						ted				
(1) PAUL_GERARD	1.00									
PRESIDENT		X		Х				0	0	0
(2) LYNNE HIRAYAMA	1.00									
 TREASURER		X		Х				0	0	0
(3) NORMAN KLATH	1.00									
VICE PRESIDENT		X		Х				0	0	0
(4) NAKIA SMITH	1.00									
SECRETARY		X		X				0	0	0
(5) BRADLEY_BARTOLINO	1.00									
TRUSTEE		X						0	0	0
(6) DONALD BENJAMIN	1.00									
TRUSTEE		X						0	0	0
(7) RUTH_BRONZAN	1.00									
TRUSTEE		X						0	0	0
(8) HENDRICKS DAVIS	<u>1.00</u>									
TRUSTEE	1 00	X						0	0	0
(9) REBECCA ESMI	<u>1.00</u>	x						0	0	0
TRUSTEE (10)JANE GORE	1.00							0	0	0
TRUSTEE	<u>+</u>	x						0	0	0
(11)AUDREY HALLOWELL	1.00	- 21						0		<b>v</b>
TRUSTEE	<u>+</u> -	x						0	0	0
(12)ALLEN JACOBI	1.00							0		
TRUSTEE		x						0	0	0
(13)EDITH JEFFREY	1.00									
TRUSTEE		X						0	0	0
(14)MICHAEL KENNY	1.00									
TRUSTEE		X						0	0	0
										Form <b>990</b> (2014)

Page 8

Part VII Section A. Officers, Directors, Trustees,	Key Employ	vees, a	nd H	High	est	Comp	oens	ated Employees (	continued)			
				(0	;)							
(A)	(B)			Posi				(D)	(E)		(F)	
Name and title	Average	· ·				an one		Reportable	Reportable	E	stimated	
	hours per			•		both an trustee)		compensation	compensation from		mount of	
	week (list any					· ·		from	related		other	
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations		npensatio	on
	related	irec	Ĭ	cer	em	bloy	mer	organization	(W-2/1099-MISC)		from the	
	organizations	f al	ona		plo	ee		(W-2/1099-MISC)			ganizatio nd relateo	
	below dotted line)	rust	ť		yee	mpe					anization	
	- /	e	stee			insa						
						ted						
(15)JAY_KURIS	1.00											
TRUSTEE		X						0	0			0
(16)ROBERT LEVITT	1.00											
TRUSTEE		Х						0	0			0
(17)STEPHANIE LEWIS	1.00											
TRUSTEE	F	x						0	0			0
(18)HENRY OPATUT	1.00							¥				
	+- <b>±</b> -	x						0	0			•
								0	0			0
(19)DAVE_SALTZMAN	1.00											
TRUSTEE		X						0	0			0
(20)ALBERT STARK	1.00											
TRUSTEE		X						0	0			0
(21)MARGARET VAN DAGENS	1.00											
TRUSTEE		x						0	0			0
	1 00	- 23										
(22)FIONA VAN DYCK	<u>1.00</u> _	37										
TRUSTEE		X						0	0			0
(23)KEVIN WILKES	1.00											
TRUSTEE		Х						0	0			0
(24)RICHARD BIANCHETTI												
TRUSTEE	[	X						0	0			0
(25)SUSAN HOSKINS	40.00											
EXEC DIRECTOR					х			101,879	0			0
					21		_	101,079	0			
		• • •	• •	• •	• •	•••	•					
c Total from continuation sheets to Part VII, Section		• • •	• •	• •	• •	• • •	•					
d Total (add lines 1b and 1c)		• • •	• •	• •	• •			101,879	0			0
2 Total number of individuals (including but not limited	d to those list	ed abc	ve) v	who	rec	eived ı	more	e than \$100,000 of				
reportable compensation from the organization 🕨									1			
											Yes	No
3 Did the organization list any <b>former</b> officer, director	. or trustee. k	ev em	plove	ee. d	or hi	ahest	com	pensated				
employee on line 1a? If "Yes," complete Schedule		•				-				3		Х
4 For any individual listed on line 1a, is the sum of re										-		
-		•					•					
organization and related organizations greater than				•								
individual • • • • • • • • • • • • • • • • • • •										4		Х
5 Did any person listed on line 1a receive or accrue of	compensation	from	any ι	unre	late	d orga	niza	tion or individual				
for services rendered to the organization? If "Yes,"	complete Sch	nedule	J for	r sud	ch p	erson				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest compensat	ted independ	ent co	ntrac	ctors	tha	t recei	ved	more than \$100.00	00 of			
compensation from the organization. Report compe												
			nuai	i ycc		iung v	VILII	or within the organ				
year.									1			
(A)								(B)			(C)	
Name and business address								Description of	services	Com	pensatio	n
								1				

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

art	90 (20 VIII	14) PRINCETO Statement of Revenue		SOURCE CENTER	1		22-222808	3 Page
		Check if Schedule O contain		ote to any line in th	is Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its its	1a	Federated campaigns • • •	••••• 1a					
contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues • • • • •	1b					
٦Ĕ ۵	c	Fundraising events	· · · · · 1c					
ar	d	Related organizations • • •	1d	15,641				
ي. E	е	Government grants (contributi	ons) • • 1e	127,640				
L S	f	All other contributions, gifts, g	rants,					
the		and similar amounts not inclue	ded above 1f	199,088				
EO Ep	g	Noncash contributions include						
and	h	Total. Add lines 1a-1f • •		<u></u>	342,369			
n				Business Code				
enue	2a	PROGRAM SERVICE FEES		812900	92,866	92,866		
Rev	b							
vice	c							
Program Service Revenue	d							
ram	е							
Prog		All other program service rever						
	g	Total. Add lines 2a-2f · · ·		•••••	92,866			
	3	Investment income (including c	lividends, interest,					
		and other similar amounts)			143,717	143,717		
		Income from investment of tax-						
	5	Royalties • • • • • • • • • • • • • • • • • • •						
		One and the	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses • • • •						
		Rental income or (loss) • • • • Net rental income or (loss) • •			21.001	21 001		
		( ),			31,921	31,921		
	7a	Gross amount from sales of assets other than inventory	(i) Securities 10,009	(ii) Other				
	L .	•	10,009					
	a	Less: cost or other basis and sales expenses						
	c	Gain or (loss)	10,009					
		Net gain or (loss) • • • • •		<b>.</b> ▶	10,009	10,009		
ne		Gross income from fundraising						
Other Revenue		events (not including \$						
Re		of contributions reported on line	e 1c).					
ler		See Part IV, line 18 · · · ·	a	229,253				
ŧ	b	Less: direct expenses	b	79,337				
	с	Net income or (loss) from funde	aising events		149,916			149,9
	9a	Gross income from gaming act	ivities.					
		See Part IV, line 19 · · · ·						
		Less: direct expenses •••						
	c	Net income or (loss) from gami	ng activities ••	<u> </u>				
	10a	Gross sales of inventory, less						
		returns and allowances • • •						
		Less: cost of goods sold ••		L				
	C	Net income or (loss) from sales	of inventory • •					
		Miscellaneous Revenue		Business Code				
		OTHER REVENUE		812900	9,161	9,161		
	b	COMCAST RECEIPTS		812900	4,233	4,233		
	c							
	d	All other revenue			13,394			

## 4) PRINCETON SENIOR RESOURCE CENTER

	Check if Schedule O contains a response or note to an	y line in this Part IX		<u></u> .	
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<u>00, (</u> 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21 · · ·				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22 · · · · · · · · · · · ·				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
0	trustees, and key employees	101,880	61,128	35,658	5,094
6	Compensation not included above, to disqualified	101,880	01,120	35,050	5,09-
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages	368,842	256,059	22,344	90,439
, 8	Pension plan accruals and contributions (include	300,042	250,059	22,344	90,433
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	43,859	27 670	9,485	6 60
9 0	Payroll taxes		27,678		6,69
	Fees for services (non-employees):	43,296	27,969	6,581	8,74
1	Management				
a h					
b	Accounting	2 000		2 000	
C L		3,000		3,000	
d					
e r	Professional fundraising services. See Part IV, line 17	4.065	4.065		
f	Investment management fees	4,067	4,067		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	47,610	17,282	30,328	
2	Advertising and promotion	27,560	3,165	23,895	500
3	Office expenses	8,790	2,809	5,087	894
4	Information technology	23,174	820	21,672	682
5	Royalties · · · · · · · · · · · · · · · · · · ·				
6					
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0					
1	Payments to affiliates				
2	Depreciation, depletion, and amortization •••••	15,391	11,073	1,539	2,779
3	Insurance	6,422	5,137	643	642
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT AND MAINTENANCE	4,118	885	3,233	
b	BANK AND CREDIT CARD FEES	3,661	45	3,580	30
С	PROGRAM SUPPLIES AND EXPENSE	10,871	10,630	81	160
d	PROFESSIONAL DEVELOPMENT	7,476	1,173	5,301	1,002
е	All other expenses	7,373	1,630		5,743
5	Total functional expenses. Add lines 1 through 24e ·	727,390	431,550	172,427	123,41
6	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		PRINCETON	SENIOR	RES
Part X	Balance	Sheet		

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	432,562	1	
	2	Savings and temporary cash investments	432,302	2	241,948
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,177	4	10 452
	5	Loans and other receivables from current and former officers, directors,	13,177	-	10,453
	J	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	U	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	13,263	9	14,680
4	10a	Land, buildings, and equipment: cost or	13,203		14,000
	IVa	other basis. Complete Part VI of Schedule D • • • • 10a 99,449			
	b	Less: accumulated depreciation 10b 81,623	31,939	10c	17,826
	11	Investments - publicly traded securities	385,604	11	450,331
	12	Investments - other securities. See Part IV, line 11	505,004	12	430,331
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,903,106	15	2,035,124
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,779,651	16	2,770,362
	17	Accounts payable and accrued expenses	3,500	17	4,008
	18	Grants payable	57500	18	1,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abil		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	40,216	25	39,502
	26	Total liabilities. Add lines 17 through 25	43,716	26	43,510
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and	•		
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	722,465	27	641,025
3ali	28	Temporarily restricted net assets	109,814	28	151,003
Β	29	Permanently restricted net assets	1,903,656	29	1,934,824
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗌 and			
or		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ż	33	Total net assets or fund balances	2,735,935	33	2,726,852
	34	Total liabilities and net assets/fund balances	2,779,651	34	2,770,362
EEA			- •		Form <b>990</b> (2014)

Form	m 990 (2014) PRINCETON SENIOR RESOURCE CENTER			P	age <b>12</b>
Pa	rt 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	7	784,	192
2	Total expenses (must equal Part IX, column (A), line 25)	· 2	7	727,	390
3	Revenue less expenses. Subtract line 2 from line 1	- 3		56,8	802
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,7	735,9	935
5	Net unrealized gains (losses) on investments	- 5		93,8	836)
6	Donated services and use of facilities	6			
7	Investment expenses	- 7		(14,	355)
8	Prior period adjustments	- 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		42,	306
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	- 10	2,7	726,8	852
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • • •	• 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		• 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis X 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 oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			<b>F</b>	000 /	0044

#### (Form 990 or 990-EZ)

## Public Charity Status and Public Support

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

Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number PRINCETON SENIOR RESOURCE CENTER 22-2228083 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 L A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10  $\square$ 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e | | Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. **f** Enter the number of supported organizations Provide the following information about the supported organization(s). a (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

OMB No. 1545-0047

			RESOURCE CE			22-2228083	
Pa							
	(Complete only if you chec						y under
	Part III. If the organization	fails to qualify i	under the tests	listed below, p	lease complet	e Part III.)	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	234,826	198,209	344,248	503,382	492,285	1,772,950
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge • • • • •	47,451	47,451	47,451	60,564	60,564	263,481
4	Total. Add lines 1 through 3	282,277	245,660	391,699	563,946	552,849	2,036,431
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)						5,106
6	Public support. Subtract line 5 from line 4						2,031,325
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	282,277	245,660	391,699	563,946	552,849	2,036,431
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources	10,663	11,258	10,111	2,011	153,726	187,769
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4 01 0	4 550	4 600		4 000	00.161
		4,816	4,772	4,692	4,648	4,233	23,161
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						2,247,361
12	Gross receipts from related activities, etc. (s	ee instructions)				12	71,249
	First five years. If the Form 990 is for the o		accord third fourth	or fifth tax year a	$\sim 0.00000000000000000000000000000000000$		,1,215
13	organization, check this box and <b>stop here</b>						►□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2014 (line 6, o		-	(f))		14	90.39 %
15	Public support percentage from 2013 Scheo						93.00 %
16a	33 1/3% support test - 2014. If the organization	ation did not check	the box on line 13	and line 14 is 33 1	1/3% or more, cheo	ck this	
	box and stop here. The organization qualified	es as a publicly su	pported organizatio	n			· · · · ▶ 🛛
b	33 1/3% support test - 2013. If the organization	ation did not check	a box on line 13 o				
	check this box and stop here. The organization	tion qualifies as a	publicly supported	organization			🕨 🔲
17a	10%-facts-and-circumstances test - 2014	. If the organizatior	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	is	
	10% or more, and if the organization meets	the "facts-and-circ	umstances" test, cl	neck this box and <b>s</b>	stop here. Explain	in	
	Part VI how the organization meets the "fact	ts-and-circumstand	es" test. The organ	nization qualifies as	s a publicly suppor	ted	
	organization						🕨 🔲
b	10%-facts-and-circumstances test - 2013	. If the organizatior	n did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ne	
	15 is 10% or more, and if the organization m	neets the "facts-and	d-circumstances" te	est, check this box	and stop here.		
	Explain in Part VI how the organization mee	ts the "facts-and-c	ircumstances" test.	The organization of	qualifies as a publi	cly	_
	supported organization						► 📋
18	Private foundation. If the organization did r						. —
	instructions						🕨 📋

Schedule A (Form 990 or 990-EZ) 2014

Sche	dule A (Form 990 or 990-EZ) 2014 PRIN	CETON SENIO	R RESOURCE C	ENTER		22-22280	83 Page 3
Pa	rt III Support Schedule for Or	ganizations I	Described in S	Section 509(a)	(2)		
	(Complete only if you chec	ked the box o	on line 9 of Par	t I or if the orga	anization failed	to qualify unde	er Part II.
	If the organization fails to c						
Sec	ction A. Public Support			•	•	·	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 bus. under sec 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						
74	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
~	or 1% of the amount on line 13 for the year • • Add lines 7a and 7b • • • • • • • • • • • • • • • • • •						
_							
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support			-1		- i	-
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6 • • • • • • • • • • • • • • • • • •						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources • •						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on • • •						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or	ganization's first,	second, third, four	h, or fifth tax year	as a section 501(c)	)(3)	
_	organization, check this box and stop here						🕨 🗌
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2014 (line 8, c	.,	•			· 15	%
16 Sec	Public support percentage from 2013 Scheduction D. Computation of Investme					- 16	%
17	Investment income percentage for 2014 (line			column (f))		. 17	%
18	Investment income percentage for <b>2013</b> So		2			. 18	%
	33 1/3% support tests - 2014. If the organiz		-	4. and line 15 is m	ore than 33 1/3%	-	
	17 is not more than 33 1/3%, check this box	and <b>stop here.</b> T	he organization qu	alifies as a publicly	v supported organiz	zation • • • •	► 🗌
b	<b>33 1/3% support tests - 2013.</b> If the organiz line 18 is not more than 33 1/3%, check this						► 🗌
20	<b>Private foundation.</b> If the organization did n		-				• 🗖

SCHEDULE D Supplemental Financial Statements					OMB No. 1545-0047
(Foi	rm 990)	Complete if t	he organization answered "Yes," to Form 990	,	2014
		Part IV, line 6, 7	, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	2b.	
Depar	ment of the Treasury		Attach to Form 990.		Open to Public
	I Revenue Service	Information about Schedule D	(Form 990) and its instructions is at www.irs.	gov/form990.	Inspection
Name	of the organization			Employer identified	
	-	NIOR RESOURCE CENTE		22-222	8083
Pa			ed Funds or Other Similar Funds or Acc	counts.	
	Complete	if the organization answered "Ye	s" to Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and o	other accounts
1		d of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4 5		t end of year	a in writing that the apparts hold in depart advised		
5	-		is in writing that the assets held in donor advised unization's exclusive legal control?		🗌 Yes 🗌 No
6					
Ū	-	-	nor advisors in writing that grant funds can be use e donor or donor advisor, or for any other purpose		
					Yes 🗌 No
Pa		vation Easements.			
		e if the organization answered "Y	es" to Form 990, Part IV, line 7.		
1	•	servation easements held by the orga			
		f land for public use (e.g., recreation		cally important land a	rea
	Protection of n	atural habitat	Preservation of a certifie	ed historic structure	
	Preservation o	f open space			
2	Complete lines 2a	through 2d if the organization held a	qualified conservation contribution in the form of a	a conservation	
	easement on the la	ast day of the tax year.		Held at t	he End of the Tax Year
а	Total number of co	nservation easements • • • • • •		•••2a	
b	Total acreage restr	icted by conservation easements		2b	
С	Number of conserv	vation easements on a certified histori	c structure included in (a)	· · 2c	
d		vation easements included in (c) acqu			
		sted in the National Register • • •		· · · 2d	
3		vation easements modified, transferre	d, released, extinguished, or terminated by the or	rganization during the	
	tax year				
4		where property subject to conservation			
5	-	fion have a written policy regarding the	e periodic monitoring, inspection, handling of nts it holds?		
6	,				· · · 📋 Yes 📋 No
6		nours devoted to morntoring, inspect	ing, and enforcing conservation easements durin	ig the year	
7	Amount of expense	es incurred in monitoring inspecting	and enforcing conservation easements during the	vear	
•	► \$			, your	
8	·		above satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)				Yes 🗌 No
9	In Part XIII, describ	be how the organization reports conse	rvation easements in its revenue and expense st	atement, and	
	balance sheet, and	include, if applicable, the text of the	footnote to the organization's financial statements	s that describes the	
		ounting for conservation easements.			
Pa		-	ions of Art, Historical Treasures, or	Other Similar A	ssets.
	Complet	te if the organization answered "	Yes" to Form 990, Part IV, line 8.		
1a	-	•	6 (ASC 958), not to report in its revenue statemer		
			held for public exhibition, education, or research		
			te to its financial statements that describes these		
b	-	•	$\delta$ (ASC 958), to report in its revenue statement an		
			held for public exhibition, education, or research i	in furtherance of	
		vide the following amounts relating to			
2			al treasures, or other similar assets for financial g		
4	0	-	A freasures, of other similar assets for infancial g		
а	-			<b>)</b> ¢	
a h					
Eor I		on Act Notice see the Instructions		φ	Sahadula D. (Farm 000). 2014

-	ule D (Form 990) 2014 PRINCETON SENIO				22-2228		Page 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Historical Ti	reasures, or Ot	her Similar Ass	ets (co	ntinued)
3	Using the organization's acquisition, accession, a	and other records, c	heck any of the follo	wing that are a signif	icant use of its		
	collection items (check all that apply):						
а	Public exhibition	d 🗌 Loai	n or exchange progra	ams			
b	Scholarly research	e 🗌 Othe					
с	Preservation for future generations						
4	Provide a description of the organization's collect	ions and explain ho	w they further the or	ganization's exempt	purpose in Part		
•	XIII.			gam_atten e exempt	parpoor in r art		
5	During the year, did the organization solicit or rec	eive donations of a	rt historical treasure	s or other similar			
Ū	assets to be sold to raise funds rather than to be					🗆 🗤	∕es ∏ No
Pa	t IV Escrow and Custodial Arrang		or the organization of				
	Complete if the organization an		Form 990, Parl	IV. line 9. or rep	ported an amou	nt on Fo	orm
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian of	r other intermediary	for contributions or	other assets not			
Ia		-					res 🗌 No
b	If "Yes," explain the arrangement in Part XIII and					•••••••••••••••••••••••••••••••••••••••	
b		complete the lollow	ing lable.		٨٣	Supt	
_					Amo	Juni	
C	Boginning balance			<u> </u>			
d	, laandono aannig tho you			<u> </u>	-		
e				<u> </u>	-		
f	Ending balance						
2a	Did the organization include an amount on Form						∕es ∐ No
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if the expla	nation has been pro	vided in Part XIII			•••
Pa		owarad "Vaa" ta	Form 000 Dod	N/ line 10			
	Complete if the organization an	swered res lo	) Form 990, Pan		1		
	_	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fou	r years back
1a	Beginning of year balance	1,903,106	1,662,801	1,353,136	1,100,710	5	531,826
b	Contributions	101,700	46,550	200,100	244,733	4	475 <b>,</b> 215
С	Net investment earnings, gains, and						
	losses	44,673	208,930	118,727	14,393		98,608
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs		1,721				
f	Administrative expenses	14,355	13,454	9,162	6,700		4,939
g	End of year balance	2,035,124	1,903,106	1,662,801	1,353,136	1,1	L00 <b>,</b> 710
2	Provide the estimated percentage of the current	year end balance (li	ne 1g, column (a)) h	eld as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment <a>100.00</a> %						
с	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c should e	qual 100%.					
3a	Are there endowment funds not in the possessio	n of the organizatior	n that are held and a	dministered for the			
	organization by:						Yes No
	(i) unrelated organizations					- 3a(i)	Х
	(ii) related organizations					· 3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations list	ed as required on S	chedule R?			. 3b	
4	Describe in Part XIII the intended uses of the org	anization's endowm	ient funds.				
Pa	t VI Land, Buildings, and Equipm						
	Complete if the organization an		Form 990, Parl	IV, line 11a. Se	e Form 990, Pa	rt X, line	e 10.
	Description of property	(a) Cost or othe			Accumulated	(d) Boo	
	·····	(investme			depreciation	(=, 200	
1a	Land						
b	Buildings						
c	Leasehold improvements		507		507		
d	Equipment		8,571		18,496		75
			0,371				
e Total	Other			·)	62,620		<u>17,751</u> 17,826

Schedule D (Form 990) 2014

Schedule D (Form			RESOURCE CENTER	22-222	8083	Page 3
Part VII	Investments - Other Secur		"Yes" to Form 990 Pa	art IV, line 11b. See Form 990,	Part X lir	12 ar
	(a) Description of security or category		(b) Book value	(c) Method of valuation		
	(including name of security)		(b) DOOK Value	Cost or end-of-year market		
1) Financial d	lerivatives					
2) Closely-he	Id equity interests	· · · · ·				
3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)		-				
(G)		-				
(H)						
	) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments - Program Re Complete if the organization		"Yes" to Form 990, Pa	art IV, line 11c. See Form 990,	Part X, lir	18.
	(a) Description of investment		(b) Book value	(c) Method of valuation		
(4)				Cost or end-of-year market	value	
(1)						-
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8) (9)						
Part IX	) must equal Form 990, Part X, col. (B) line 13.) Other Assets.					
		answered	"Yes" to Form 990 Pa	art IV, line 11d. See Form 990,	Part X lir	15 בו
		(a) Des	cription		(b) Book	
	<u>MENT FUND</u> ARD JOHNSON SENIOR ASSIS'	тамат			<b>⊥</b> ,	,723,281 311,843
(3)	AND DOMISSIN SENIOR ASSIS	IANCE				511,045
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, co	I. (B) line 15.)			2.	,035,124
Part X	Other Liabilities.	. , , ,				
	Complete if the organizatior line 25.	n answered	"Yes" to Form 990, Pa	art IV, line 11e or 11f. See Forr	n 990, Pa	rt X,
1.	(a) Description of liability		(b) Book value			
(1) Federal	income taxes					
	CED RENT PAYMENT		8,562			
	ITY DEPOSIT PAYABLE		2,600			
	ED REVENUE		28,340			
(5)						
(6)						
(7)						
(8)						
(9)						
	) must equal Form 990, Part X, col. (B) line 25.)	•	39,502			
		rovide the text		ation's financial statements that report	s the	
				t of the footnote has been provided in		<u>x</u>

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Ра	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	690,356
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(93,836)
3	Subtract line <b>2e</b> from line <b>1</b>	3	784,192
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	5	784,192
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	727,390
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	727,390
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5	727,390
Pa	rt XIII Supplemental Information.		

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

## 01. Endowment funds intended uses (Part V, line 4)

#### ENDOWMENT FUND

#### 01. Endowment funds intended uses (Part V, line 4)

THE ENDOWMENT FUND IS PRESERVED IN PERPETUITY AND WILL BE USED TO SATISIFY THE NEEDS OF

THE ORGANIZATIONS OPERATING EXPENSES AND PROJECTS.

J SEWARD JOHNSON SR ASSISTANCE FUND

THE FUND WILL BE USED TO SUPPORT GRANTS TO HELP LOW AND MODERATE INCOME OLDER ADULTS IN

PRINCETON, NJ PAY FOR SERVICES TO REMEDIATE A PROBLEM THAT IS CREATING A RISK TO THEIR

LIVING INDEPENDENTLY IN THE COMMUNITY. USES OF THE FUNDS COULD INCLUDE:

1. PURCHASE OF NUTRITION SUPPLEMENTS

2. PURCHASE OF AN AIR CONDITIONER

3. INSTALL BATHROOM GRAB BARS

4. HIRING HOME CARE TO ASSIST WITH BATHING

THESE ACTIONS CAN MAKE A CRITICAL DIFFERENCE IN AN OLDER ADULTS ABILITY TO REMAIN AT

HOME

#### 02. Footnote for uncertain tax position under FIN 48 (Part X)

THE ORGANIZATION FOLLOWS THE PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN

TAX POSITIONS AT JUNE 30, 2013 AND 2012 AND THERE ARE NO OPEN TAX YEARS PRIOR TO JUNE 30,

2010. IN ADDITION, NO INCOME TAX RELATED PENALTIES OR INTEREST HAVE BEEN RECORDED FOR THE

YEARS ENDED JUNE 30, 2013 AND 2012.

SCHEDULE G	Supplement	al Informati	on Regar	ding Fun	draising or Gan	ning Ac	tivities	OMB No. 1545-0047	
Department of the Treasury		if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.					if the	2014	
							/form000	Open to Public	
Internal Revenue Service Name of the organization	Information a	about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer						Inspection entification number	
PRINCETON SENIOR	RESOURCE CEN	ITER					22-22	28083	
			the organ	ization an	swered "Yes" to	Form 99			
Form 990-E	Z filers are not	required to cor	mplete this	part.					
1 Indicate whether the	organization raise	d funds through	· _	-	vities. Check all that a				
a Mail solicitations e Solicitation of non-government grants									
<b>b</b> Internet and emai			f 📋		of government grants				
c Phone solicitation d In-person solicitat			g 🗀	Special lunc	draising events				
2a Did the organization		oral agreement v	vith any indiv	vidual (includ	ling officers, directors	, trustees			
or key employees lis	ted in Form 990, P	Part VII) or entity	in connectio	on with profe	ssional fundraising se	rvices?	🗌 Y	es 🗌 No	
b If "Yes," list the ten h	nighest paid individ	uals or entities (f	fundraisers)	pursuant to	agreements under wh	nich the fu	ndraiser is to	be	
compensated at leas	st \$5,000 by the or	ganization.							
			1	1		() (	ount noid to	1	
(i) Name and address		(ii) Activity	1	draiser have r control of	(iv) Gross receipts	(or re	ount paid to etained by)	(vi) Amount paid to (or retained by)	
or entity (fundra	aiser)	(II) Activity	contributions?		from activity	fundraiser listed in col. (i)		organization	
			Yes	No					
1									
2									
3									
3									
4									
5									
6									
7									
i i									
8									
9									
10									
			1						
Total									
3 List all states in which	n the organization i	s registered or li	censed to so	licit contribu	itions or has been not	tified it is e	exempt from	1	
registration or licensir	ng.								

Schedule G (	Form 990 or 990-EZ) 2014

PRINCETON SENIOR RESOURCE CENTER

22-2228083

Page 2

**Part II** Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000.

		gross receipts greater than	+-,			
			(a) Event #1 GALA (event type)	(b) Event #2 BRUNCH AT HO (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
e			())	(0.0.0.) (0.0)	(10111111111111111111111111111111111111	
Revenue	1	Gross receipts	192,675	15,211	21,367	229,253
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	192,675	15,211	21,367	229,253
			1927070		22,007	
	4	Cash prizes				
	5	Noncash prizes				
	5					
6	~	Dest/feeilituseete				
Direct Expenses	6	Rent/facility costs				
pen	_					
Ex	7	Food and beverages • • • • • •				
ect						
Dir	8	Entertainment				
	9	Other direct expenses	65,672	5,728	7,937	79,337
	10	Direct expense summary. Add lines	4 through 9 in column (d)			79,337
	11	Net income summary. Subtract line	10 from line 3, column (d)			149,916
Pa	rt II	Gaming. Complete if the c	rganization answered	"Yes" to Form 990, Part I	IV, line 19, or reported r	
					· · ·	
		1111 0 10,000 011 F0111 990	-EZ, III le ba.			
		than \$15,000 on Form 990	-EZ, III e oa.	(b) Dull taba/instant		(d) Total samina (add
anı		than \$15,000 on Form 990	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (c))
venue		than \$ 15,000 on Form 990		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	-			(c) Other gaming	
Revenue	1	Gross revenue			(c) Other gaming	
Revenue		Gross revenue			(c) Other gaming	
	1	-			(c) Other gaming	
	2	Gross revenue • • • • • • • • • • • • • • • • • • •			(c) Other gaming	
		Gross revenue			(c) Other gaming	
	2	Gross revenue			(c) Other gaming	
	2	Gross revenue • • • • • • • • • • • • • • • • • • •			(c) Other gaming	
Direct Expenses Revenue	2 3	Gross revenue			(c) Other gaming	
	2 3	Gross revenue			(c) Other gaming	
	2 3 4	Gross revenue			(c) Other gaming	
	2 3 4	Gross revenue	(a) Bingo	bingo/progressive bingo		
	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	%	
	2 3 4 5	Gross revenue	(a) Bingo (a) Bingo (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	bingo/progressive bingo	%	
	2 3 4 5	Gross revenue	(a) Bingo (a) Bingo (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	bingo/progressive bingo	%	
	2 3 4 5	Gross revenue	(a) Bingo 	bingo/progressive bingo	□ Yes% □ No	
	2 3 4 5 6 7	Gross revenue	(a) Bingo 	bingo/progressive bingo	□ Yes% □ No	
Direct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	
Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En 1s1	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En 1s1	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En 1s1	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
Britect Expenses	2 3 4 5 6 7 8 En 1 5 1 5	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes%	col. (a) through col. (c))
g b C Direct Expenses	2 3 4 5 6 7 8 En 15 1 9 1f"	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes%	col. (a) through col. (c))
Er as 6 Direct Expenses	2 3 4 5 6 7 8 En 15 1 9 1f"	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes%	col. (a) through col. (c))

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

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

2014 Open to Public

OMB No. 1545-0047

Employer identification number

22-2228083

PRINCETON SENIOR RESOURCE CENTER

## 01. Form 990 governing body review (Part VI, line 11)

ACCEPTED

#### 02. Conflict of interest policy compliance (Part VI, line 12c)

ALL BOARD MEMBERS, KEY EMPLOYEES AND STAFF MUST SIGN A STATEMENT EACH YEAR INDICATING THAT

THEY HAVE NO CONFLICTS OF INTEREST. ALSO THE EXECUTIVE DIRECTOR HOLDS AN IN HOUSE SEMINAR

FOR ALL STAFF AND BOARD MEMBERS EACH YEAR TO DISCUSS AND EDUCATE ALL ON THE ORGANIZATIONS

CONFLICTS OF INTERESTS POLICY AND AND WHAT INTERESTS WOULD GIVE RISE TO A CONFLICT SUCH

AS, THEIR INTERESTS AND THOSE OF FAMILY MEMBERS, SUBSTAINTIAL BUSINESS OR INVESTMENT

HOLDINGS, OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES OR OTHER ORGANIZATIONS AND

THOSE OF FAMILY MEMBERS.

THE BOARD OF TRUSTEES ALONG WITH THE EXECUTIVE DIRECTOR HAVE THE AUTHORITY TO DETERMINE

WHETHER A CONFLICT EXISTS.

NO SIGNIFICANT CONFLICTS OF INTEREST WERE IDENTIFIED DURING THE YEAR ENDED JUNE 30, 2013.

03. CEO, executive director, top management comp (Part VI, line 15a)

REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES USING COMPARABILITY DATA

#### 04. Governing documents, etc, available to public (Part VI, line 19)

WEBSITE, "BY REQUEST", AND ON GUIDESTAR

05. Explanation of other changes in net assets or fund balances (Part XI, line

NET ASSETS TEMPORARILY RESTRICTED FOR FUTURE USES \$ 86,290

Schedule O (Form 990 or 990-EZ) (2014)	Page
Name of the organization	Employer identification number
PRINCETON SENIOR RESOURCE CENTER	22-2228083
	·
NET ASSETS RELEASED FROM RESTRICTIONS \$ (43,984)	
NEI ASSEIS RELEASED FROM RESIRICIIONS \$ (45,964)	

990	Overflow Statement	<b>2014</b> Page 1
Name(s) as shown on return PRINCETON SEN	IOR RESOURCE CENTER	FEIN 22-2228083
CONTRIBUTIONS GRANTS	- INDIVIDUAL - CORPORATE - ENDOWMENT FUND Total:	Amount \$ 118,416 7,943 71,879 850 \$ 199,088
	PART 9 LINE 24E COLUMN B	
		Amount
_MISCELLANEOUS	Total:	\$ 1,630 \$ 1,630
	PART 9 LINE 24E COLUMN D	
DEVELOPMENT EX	XPENSES	<b>Amount</b> \$5,699
MISCELLANEOUS_		44
Description	FORM 990-T, PART I, LINE 12 - OTHER INCO	Amount
_COMCAST_RECEIN	PTSTotal:	\$ <u>4,233</u> \$ <b>4,233</b>

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors					2014		
		(Keep for yo	our records)					
							Employer identification number 22–2228083	
2% of the amount on Schedule A, part II, line 11,	column (f)						44,947	
Name	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	(g) Excess contributions	
							(col. (f) minus the 2% limit)	
DUNCAN MACMILLAN	7,000	7,000	7,500	7,500	7,500	36,500		
THE FRED C RUMMEL FOUNDATION	5,000	5,000	5,000	5,000	5,000	25,000		
CURTIS W MCGRAW FOUNDATION	5,000	10,000	10,000	10,000	10,000	45,000	53	
NORMAN KLATH			5,000	7,345	30,000	42,345		
BLOOMBERG CORPRORATE GIVING			10,000	10,000	15,000	35,000		
HORIZON FOUNDATION				15,000	15,000	30,000		

TOTAL

THE GEORGE GUND FOUNDATION

BETTY WOLD JOHNSON

NORDSON CORP

BRISTOL MYERS SQUIBB

STARK FOUNDATION FUND

5,106

5,053

50,000

25,000

5,000

5,000

27,250

50,000

25,000

5,000

5,000

=

27,250