Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015 Open to Public

•			e Service		Information	ion about Form	990 and its inst	ructions is	at www.irs.g	ov/forn	n990.			Inspection
Α	For	the 2	2015 calend	ar year, or ta	x year begir	nning		07-01	, 2015, and e	ending		06	5-30	,2016
в	Chec	k if ap	plicable:	C Name of orga	anization PRIN	ICETON SENIC	R RESOURCE	CENTER					D Empl	loyer identification no.
	Addre	ess ch	ange	Doing busine	ss as								22-2	228083
$\overline{\Box}$	Name		-	Number and	street (or P.O. bo	ox if mail is not delivere	d to street address)			Room	/suite			hone number
Ē	Initial		-		CKTON STI		,)924-7108
Ē			/terminated			, country, and ZIP or fo	preign postal code							701,468
П		ided r			TON, NJ								G Gross	s receipts\$
П			pending	F Name and ad								_	• 0.000	
			p = g							H(a	 Is this a gro subordinate 	oup re	turn for	Yes X No
	Тах-е	xemp	t status: 🛛	501(c)(3)	501(c) () 🗲 (insert no.)	4947(a)(1) or	527		H(t				= =
J	Webs	· · ·	-	.PRINCET		, , ,				H(c	If "No Group exer	," atta mptior	ch a list. (s n number	ed? Yes No see instructions)
к	Form	of org	_	Corporation		sociation Other	►	L Ye	ar of formation:	1978	M State			
Pa	art I		Summar								•	-		
		1 [Briefly descri	ibe the organi	zation's miss	ion or most signif	icant activities:	PSRC I	S THE GO-	TO RI	ESOURCE	WHI	ERE A	GING ADULTS
Ð		ž	AND THEI	R FAMILIE	S FIND S	UPPORT, GUI	DANCE, EDU	CATIONA	L AND SOC	IAL F	ROGRAMS	тс) HELF	NAVIGATE
anc						INUE TO BE								
Governance														
ove		2 (Check this be	ox 🕨 🗌 if the	e organizatior	n discontinued its	operations or dis	sposed of m	nore than 25%	of its n	et assets.			
Ū		3 1	Number of vo	oting member	s of the gove	erning body (Part	VI, line 1a) •					3		24
Activities &		4 1	Number of in	dependent vo	oting member	rs of the governin	g body (Part VI,	line 1b)				4		24
itie		5	Total number	r of individuals	s employed ir	n calendar year 2	015 (Part V, line	2a)				5		28
cti		6 -	Total number	r of volunteers	s (estimate if	necessary) .						6		407
۲		7a ⁻	Total unrelate	ed business r	evenue from	Part VIII, column	(C), line 12 .					7a		4,608
		bl	Net unrelated	d business ta:	xable income	from Form 990-1	r, line 34 ••					7b		1,666
Revenue											Prior Year			Current Year
		8 (Contributions	s and grants (Part VIII, line	1h) • • • • •					342	,36	9	343,109
		9 I	Program ser	vice revenue	(Part VIII, line	e 2g) • • • • •					92	,86	6	111,690
	1					A), lines 3, 4, and			t I		153	,72	6	(19,686)
Re	1					nes 5, 6d, 8c, 9c,			t t		195	-		171,783
	1				. ,	(must equal Part					784			606,896
	1	3 (Grants and s	imilar amoun	ts paid (Part	IX, column (A), lir	nes 1-3) • • •							0
	1	4 E	Benefits paid	I to or for mer	nbers (Part I)	X, column (A), line	e 4) • • • • •							0
	1	5 3	Salaries, oth	er compensat	tion, employe	e benefits (Part I	X, column (A), lir	nes 5-10)			557	,87	7	584,017
ses	1					column (A), line 1			t i i					0
Expenses		b ⁻	Total fundrais	sing expenses	s (Part IX, co	lumn (D), line 25)		70	0,108					
Ă	· 1	7 (Other expension	ses (Part IX, o	column (A), li	nes 11a-11d, 11f-	24e) • • • •				169	,51	3	127,178
	1	8 -	Total expens	es. Add lines	13-17 (must	equal Part IX, co	lumn (A), line 25	;)			727			711,195
	1		-			18 from line 12	. ,					,80		(104,299)
	ses									Beginn	ing of Current	-		End of Year
ets	<u>a</u> 2	0 -	Total assets	(Part X, line 1	6)						2,770	,36	2	2,636,419
Ass	Fund Balances	1 -	Total liabilitie	s (Part X, line	26)						43	,51	0	46,113
Net	윤 2	2 1	Net assets o	r fund balance	es. Subtract	line 21 from line 2	20				2,726	,85	2	2,590,306
Pa	art I		Signatu	re Block										
						n, including accompan cer) is based on all info				knowledg	ge and belief, it	is		
uue,	conec	i, and	a complete. Deci	aration of prepare		cer) is based on all line	ormation of which pre	parer nas arry i	kilowiedge.					
<u>.</u> .			SUSA	N HOSKINS	5									
Się	jn		Signatur	e of officer								Dat	te	
He	re		SUSA	N HOSKINS	, EXEC D	IR								
		,	Type or	print name and tit	le						1 -			
_	. -		Print/Type pre	parer's name		Preparer's signature		Da	ate		Check X	if	PTIN	
Pa			MICHAEL	T REMUS		MICHAEL T R	REMUS	12	-28-2016		self-employe	ed	P00)497819
	epa		Firm's name	•	MICHAEL	T REMUS CPA	A			Firm's	EIN 🕨			
Us	e O	nly	Firm's addres	s 🕨	PO BOX 2	2555				Phone	e no.			
						NJ 08690							540-1	
May	/ the	IRS	discuss this	return with th	e preparer sh	nown above? (see	e instructions)							🛛 Yes 🗌 No

Form	1990 (2015) PRINCETON SENIOR RESOURCE CENTER	22-2228083	Page 2
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:		
	PSRC IS THE GO-TO RESOURCE WHERE AGING ADULTS AND THEIR FAMILIES FIND SUPPORT,	GUIDANCE.	
	EDUCATIONAL AND SOCIAL PROGRAMS TO HELP NAVIGATE LIFE TRANSITIONS AND CONTINUE	-	
	HEALTHY AND ENGAGED IN THE COMMUNITY.		,
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.		K NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
J	services?		x No
	If "Yes," describe these changes on Schedule O.		
4		by	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any factors program convice reported.	315,	
	the total expenses, and revenue, if any, for each program service reported.		
			>
4a			5 ,973)
	SENIOR PROGRAMS - FITNESS, EDUCATION AND ENRICHMENT CLASSES, EVERGREEN FORUM L		
	LEARNING, RETIREMENT PROGRAMS: ENGAGED RETIREMENT AND ENCORE CAREERS, INFORMAT		
	PROGRAMS PROMOTING WELLNESS, VOLUNTEER OPPORTUNITIES, GRANDPALS, AND RECREATIO	NAL AND SO	CIAL
	EVENTS.		
4b	(Code:) (Expenses \$154,630 including grants of \$) (Revenue	\$34	,717)
	SOCIAL SERVICES- INFORMATION AND REFERRAL, MAINTAINING RESOURCE DIRECTORIES, A	SSISTANCE	WITH
	BENEFIT APPLICATIONS, CASE MANAGEMENT, TRANSITIONS, CONSULTATIONS AND COUNSELI	NG, SUPPOR	T
	GROUPS, CAREGIVER RESOURCE CENTER, UNITED AGING AND DISABILITY PARTNERSHIP, HO	MEFRIENDS	
	VOLUNTEERS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 438,228	,	
	· · · · · · · · · · · · · · · · · · ·	Eor	m 000 (2015)

EEA

	Form	990) (2	015
I	Par	t I\	/	

5)	PRINCETON	SENIOR	RESOURCE	CENTER
Checklist of	Required S	chedule	S	

			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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III •••••••••••••••••••••••••••••••••	- 5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	- 6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III • • • • • • • • • • • • • • • • •	- 8		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	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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	
12a	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
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		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II • • • • • • • • • • • • • • • • • •	18	Х	L
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		Х

Form 990 (2015)

Form 990 (2	2015)
Part IV	Cł

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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? If "Yes," complete Schedule I, Parts I and II	21		Х
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
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		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 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		Х
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		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV • • • • • • • • • • • • • • • • • •	. 28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	. 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •	. 34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
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	38	х	

-		22-2228083	F	Page 5
Pa	rt 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	<u></u>		\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ••••••• 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	v	
20	reportable gaming (gambling) winnings to prize winners?	· · · · · · · <u>1</u> c	X	
2a	Statements, filed for the calendar year ending with or within the year covered by this return ••••• 2a	28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		x	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have 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 in 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		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?			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	••••• <u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	••••• 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ŭ	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?			
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 require			Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	•••• 7h		Х
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		Х
9	Sponsoring organizations maintaining donor advised funds.			77
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?			X
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	••••••••••••••••••••••••••••••••••••••		Х
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
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?			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 (2015) PRINCETON SENIOR RESOURCE CENTER 22-22280		Р	age 6
Pai	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 ····· 1b 24			
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	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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,	401		
44.5	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	Х	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	
U C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Δ	
С		120	v	
12		12c	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14	X X	
14	Did the process for determining compensation of the following persons include a review and approval by	14	Λ	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15a	~~~~	Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	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			
	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			
17	List the states with which a copy of this Form 990 is required to be filed NJ			
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.			
	🛛 Own website 🕅 Another's website 🕅 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			
	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:			
	SUSAN HOSKINS (609)924-7108, 992 BROADVIEW AVE, LANGHORNE, PA 19047			
		-	000 //	

Form 990 (201	5) PRINCETON SENIOR RESOURCE CENTER	22-2228083	Page 7				
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp Independent Contractors	pensated 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						
	Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the ganization'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.

			pena	Sensaled any current of					lusiee.	
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average	· ·	(do not check more than one				Reportable	Reportable	Estimated	
	hours per		box, unless person is both an officer and a director/trustee)				compensation	compensation from	amount of	
	week (list any		,			,	from	related	other	
	hours for	• =	=		7	ΦT	П	the	organizations	compensation
	related organizations	Individual trustee or director	nstitu	Officer	Key employee	mpl	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
·	below dotted	ecto	er `		(and related			
	line)	1 T	ıal tı		loye	° mp				organizations
		stee	Institutional trustee		Ø	bens				
			ö			Highest compensated employee				
						_				
(1) NORMAN KLATH	1.00_									
PRESIDENT		X		X				0	0	0
(2) BRADLEY BARTOLINO	1.00_									
TREASURER		X		X				0	0	0
(3) DONALD BENJAMIN	1.00									
SECRETARY		X		Х				0	0	0
(4) REBECCA ESMI	1.00									
TRUSTEE		X						0	0	0
(5) JANE GORE	1.00									
TRUSTEE		X						o	0	0
(6) AUDREY HALLOWELL	1.00									
TRUSTEE		x						o	0	0
(7) ALLEN JACOBI	1.00									
TRUSTEE		X						o	0	0
(8) EDITH JEFFREY	1.00									
TRUSTEE		x						o	0	0
(9) MICHAEL KENNY	1.00									-
TRUSTEE		x						o	0	0
(40)	1.00									
TRUSTEE		x						o	0	0
(11)DAVE_SALTZMAN	1.00	<u> </u>							Ŭ	Ŭ
TRUSTEE		x						o	0	0
(12)ALBERT_STARK	1.00								5	5
TRUSTEE		x						о	0	0
(13)MARGARET_VAN_DAGENS	1.00								5	5
TRUSTEE		x						o	0	0
(4.4)	1.00_								5	5
(14)KEVIN_WILKES TRUSTEE		x						o	0	0
							I	0	U U	Eorm 990 (2015)

Form 990 (2015)

	90 (2015) PRINCETON SENIOR RI	ESOURCE	CENT	ER						22-22280	83	Pa	age 8
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	vees, a	Ind H	High	est	Comp	ens	ated Employees	(continued)			
	(A) Name and title	(B) Average hours per week (list any	box,	unless	s pers a dire	tion ore th on is	nan one both an 'trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	amo	(F) imated ount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	ensatio om the inizatior related nization	n 1
	CHARD BIANCHETTI		x						0	0			0
	JL_GERARDJSTEE	1.00	x						0	0			0
	re hall Jstee	1.00	x						o	0			0
	AINE JACOBY	1.00	x						C	0			0
	BERT LEVITT	<u>1.00</u>	x						C	0			0
	NA_LUSTENBERG	<u>1.00</u> _	X						C	0			0
	SEPH MAIDA	<u>1.00</u> _	x						C	0			0
	ID_MURRAY	<u>1.00</u>	X						C	0			0
	SAN_HOSKINS EC DIRECTOR	40.00				Х			98,316	0			0
(24)													
(25)													
1b c	Sub-total		 					-					
d 2	Total (add lines 1b and 1c)							more	98,316 e than \$100,000 of				0
3	Did the organization list any former officer, director,	or trustee		nlov		or hi	ahest	com	inensated		,	Yes	No
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep	for such ind	ividual		• •		• • •		••••••		3		X
	organization and related organizations greater than individual • • • • • • • • • • • • • • • • • • •					te S	chedu	ile J	for such		4		X
5	Did any person listed on line 1a receive or accrue c for services rendered to the organization? If "Yes," of	•					•		ition or individual		5		Х
Secti 1	on B. Independent Contractors Complete this table for your five highest compensat	ed independ	ent co	ntrac	ctors	tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report compe year.	nsation for th	ne cale	endai	r yea	ar er	nding v	vith	or within the organ	ization's tax			
	(A) Name and business address								(B) Description of	services	(C Compe	c) ensation	1
2	Total number of independent contractors (including	but not limite	d to th	090	liete	d al		who					
2	received more than \$100,000 of compensation from				iiste	u ai	0000)	VIIO					

received more than \$100,000 of compensation from the organization

Form 99		,		SOURCE CENTER	ł		22-22280	83 Page 9
Part V	VIII	Statement of Revenu	Ie					
		Check if Schedule O contair	is a response or n	ote to any line in th	is Part VIII ••			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a					
nun	b	Membership dues	1b					
D U U	c	Fundraising events	1c					
ifts ar A	d	Related organizations	1d					
, serie	е	Government grants (contributi	ons) • • 1e	132,700				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gr	ants,					
buti		and similar amounts not includ	ed above 1f	210,409				
doit	g	Noncash contributions include	d in lines 1a-1f: \$					
ang	h	Total. Add lines 1a-1f · ·			343,109			
				Business Code				
onue	2a	PROGRAM SERVICE FEES		812900	111,690	111,690		
Rev	b							
/ice	c							
Ser	d							
ram	е							
Program Service Revenue		All other program service rever						
		Total. Add lines 2a-2f			111,690			
	3	Investment income (including d						
		and other similar amounts)			79,876	79,876		
		Income from investment of tax-						
	5	Royalties • • • • • • • • • • •						
		Oracianta	(i) Real	(ii) Personal				
		Gross rents	35,250					
		Less: rental expenses • • • •	25 25					
		Rental income or (loss) • • • Net rental income or (loss) •	35,250		25.250	25 250		
			(i) Securities		35,250	35,250		
	/a	Gross amount from sales of assets other than inventory	(1) Securities (99,562	(ii) Other				
	h	Less: cost or other basis	()),502					
		and sales expenses						
	c	Gain or (loss)	(99,562	2)				
	d	Net gain or (loss)			(99,562) (99,562)	
ne	8a	Gross income from fundraising						
ven		events (not including \$						
Re		of contributions reported on line	e 1c).					
Other Revenue		See Part IV, line 18 · · · ·	a	227,571				
đ	b	Less: direct expenses • • •	b	94,572				
	c	Net income or (loss) from fundr	aising events •	<u> </u>	132,999			132,999
	9a	Gross income from gaming acti	vities.					
		See Part IV, line 19 · · · ·						
		Less: direct expenses • • •						
	c	Net income or (loss) from gami	ng activities ••	· · · · · · · •				
	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	<u> </u>	812900	(1,074			
		COMCAST RECEIPTS		812900	4,608		4,608	
	C d	All other revenue						
		Total. Add lines 11a-11d		L >	2 5 4			
		Total revenue. See instructions			3,534 606,896		4,608	132,999
					000,090	, <u></u> ,0	-,000	

5) PRINCETON SENIOR RESOURCE CENTER

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

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
,	bb, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	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				
	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,				
	trustees, and key employees	98,316	63,119	25,503	9,694
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	391,363	251,255	101,520	38,588
B	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
Э	Other employee benefits	36,924	23,705	9,578	3,643
0	Payroll taxes	57,414	36,877	14,927	5,61
1	Fees for services (non-employees):				
а	Management • • • • • • • • • • • • • • • • • • •				
b	Legal · · · · · · · · · · · · · · · · · · ·	475		475	
С	Accounting	3,500		3,500	
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees • • • • • • • • • • • • • • • • • •	4,355	4,355		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) • •	24,943	23,843	300	80
2	Advertising and promotion	27,446	2,439	25,007	
3	Office expenses	8,795	3,141	5,290	36
4	Information technology	3,982	300	3,682	
5	Royalties • • • • • • • • • • • • • • • • • • •				
6	Occupancy				
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 ••••••	15,875	11,073	2,023	2,77
3	Insurance	5,766	4,612	577	57
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	4,720	1,149	3,568	
b	BANK AND CREDIT CARD FEES	6,267		4,332	1,93
с	PROGRAM SUPPLIES AND EXPENSE	11,677	11,041	577	5
d	PROFESSIONAL DEVELOPMENT	3,340	1,319	1,593	42
е	All other expenses	6,037		407	5,63
5	Total functional expenses. Add lines 1 through 24e .	711,195	438,228	202,859	70,10
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)				

Page 11

art X	Balance Sheet		2-222	6063 Faye
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	241,948	1	128,184
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	10,453	4	24,27
5	Loans and other receivables from current and former officers, directors,			
	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			
	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	2,67
8	Inventories for sale or use		8	
8	Prepaid expenses and deferred charges	14,680	9	14,05
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 101,534			
b	Less: accumulated depreciation 10b 97,497	17,826	10c	4,03
11	Investments - publicly traded securities	450,331	11	439,59
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	2,035,124	15	2,023,60
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,770,362	16	2,636,41
17	Accounts payable and accrued expenses	4,008	17	7,87
18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L		22	
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	39,502	25	38,23
26	Total liabilities. Add lines 17 through 25	43,510	26	46,11
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🕅 and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	641,025	27	550,83
28	Temporarily restricted net assets	151,003	28	116,17
29	Permanently restricted net assets	1,934,824	29	1,923,30
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here 🛛 🕨 🗌 and			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,726,852	33	2,590,30
34	Total liabilities and net assets/fund balances	2,770,362	34	2,636,41

Form **990** (2015)

Form	m 990 (2015) PRINCETON SENIOR RESOURCE CENTER		3	Page 12	
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)		6	506,8	396
2	Total expenses (must equal Part IX, column (A), line 25)	• 2	5	/11 ,	195
3	Revenue less expenses. Subtract line 2 from line 1	- 3	(1	.04,2	299)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	• 4	2,3	2,726,852	
5	Net unrealized gains (losses) on investments	- 5		13,4	425
6	Donated services and use of facilities	6			
7	Investment expenses	- 7		14,2	245)
8	Prior period adjustments	- 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		31,4	<u>427)</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	- 10	2,5	590,	306
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 🛛 🔟 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	Х	
	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 🔯 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	Х	
	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 \cdots	<u>.</u> .	3b		
			Lorm	000 /	201E)

Form 990 (2015)

SCHEDULE A	
------------	--

1

2

3

4

5

6

7

8

9

10

11

(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 2015 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. **Open to Public** 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 hospital's name, city, and state: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. а **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 U 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 (see instructions)) document? instructions) instructions) Yes No

OMB No. 1545-0047

Total

(A)

(B)

(C)

(D)

(E)

-	ule A (Form 990 or 990-EZ) 2015 PRIN	CETON SENIOR	RESOURCE CE	NTER	////	22-2228083	
Pa							
	(Complete only if you check						y under
<u></u>	Part III. If the organization f	alls to quality i	under the tests	listed below, p	lease complet	e Part III.)	
	tion A. Public Support		(1) 00 (0		(1) 00 ()	() 00/7	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	100.000	244 242	500.000	400.005	486 100	0 014 000
	include any "unusual grants.") •••••	198,209	344,248	503,382	492,285	476,108	2,014,232
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	60,564	60,564	60,564	276,594
4	Total. Add lines 1 through 3	245,660	391,699	563,946	552,849	536,672	2,290,826
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)						16,063
6	Public support. Subtract line 5 from line 4 • •						2,274,763
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	245,660	391,699	563,946	552,849	536,672	2,290,826
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources	11,258	10,111	2,011	153,726	(19,686) 157,420
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,772	4,692	4,648	4,233	4,608	22,953
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) • • • • • • • • • •						
11	Total support. Add lines 7 through 10						2,471,199
12	Gross receipts from related activities, etc. (s	ee instructions)				12	105,425
13	First five years. If the Form 990 is for the or organization, check this box and stop here	•••••					_
Sec	tion C. Computation of Public Su		-				
14	Public support percentage for 2015 (line 6, o						92.05 %
15	Public support percentage from 2014 Sched						90.00 %
16a	33 1/3% support test - 2015. If the organization						
	box and stop here . The organization qualified						····▶ ⊠
b	33 1/3% support test - 2014. If the organiza						
	check this box and stop here . The organiza	•		•		••••	▶ []
17a	10%-facts-and-circumstances test - 2015	•					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact		-				
							· · · · · ► 📋
b	10%-facts-and-circumstances test - 2014	-				ne	
	15 is 10% or more, and if the organization m				-	-1-	
	Explain in Part VI how the organization mee			-			
40	supported organization						· · · · · - U
18	Private foundation. If the organization did r						
	instructions						· · · · · 🕨 📋

Schedule A (Form 990 or 990-EZ) 2015

SCH	SCHEDULE D Supplemental Financial Statements				OMB No. 1545-0047
(Fo	m 990)	Complete if t	he organization answered "Yes" on Form 990		2015
		Part IV, line 6, 7	, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	?b.	
	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.	-	
	of the organization `NC도ㅜ〇N_ 오도!	NIOR RESOURCE CENTH	ν P	· · ·	loyer identification number $2 - 2228083$
Pa			ed Funds or Other Similar Funds or Acc		2 2220005
		if the organization answered "Ye			
	•		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at en	d of year • • • • • • • • • • • • • • • • • • •			
2	Aggregate value of	f contributions to (during year) ·			
3	Aggregate value of	f grants from (during year) · ·			
4	Aggregate value at	tend of year • • • • • • • • • • • • • • • • • • •			
5	Did the organizatio	on inform all donors and donor advisor	s in writing that the assets held in donor advised		
	•	nization's property, subject to the orga	···· · · · · · · · · · · · · · · · · ·		· · · · · · · · · · Yes 📋 No
6	-		nor advisors in writing that grant funds can be use		
			e donor or donor advisor, or for any other purpose		— — — —
Da	U	•			Yes 📋 No
Pa		vation Easements.	as" on Form 000, Part IV line 7		
		e if the organization answered "Y			
1		servation easements held by the organ		olly import	ant land area
	Protection of n	of land for public use (e.g., recreation of the stural babitat	or education) Preservation of a historia		
	Preservation o				
2			qualified conservation contribution in the form of a	conservat	ion
-		ast day of the tax year.			Held at the End of the Tax Year
а		nservation easements		2a	
b				· · 2b	
c	-	vation easements on a certified histori	c structure included in (a)	· · 2c	
d	Number of conserv	vation easements included in (c) acqu	ired after 8/17/06, and not on a		
		.,		2d	
3	Number of conserv	vation easements modified, transferre	d, released, extinguished, or terminated by the or	ganization	during the
	tax year 🕨				
4	Number of states v	where property subject to conservation	easement is located		
5	Does the organizat	tion have a written policy regarding the	e periodic monitoring, inspection, handling of		
	violations, and enfo	orcement of the conservation easeme	nts it holds?		· · · · · · · · · Yes 🗌 No
6	Staff and volunteer	r hours devoted to monitoring, inspect	ing, handling of violations, and enforcing conserv	ation easer	ments during the year
	►				
7		es incurred in monitoring, inspecting,	nandling of violations, and enforcing conservation	easement	s during the year
_	▶\$				
8			above satisfy the requirements of section 170(h)		
•	and section 170(h)				
9	-	•	rvation easements in its revenue and expense st ootnote to the organization's financial statements	-	
		ounting for conservation easements.		linal descri	ibes the
Pa	t III Organi	zations Maintaining Collect	ions of Art, Historical Treasures, or	Other S	imilar Assets.
		-	Yes" on Form 990, Part IV, line 8.	•	
1a		· · · · ·	6 (ASC 958), not to report in its revenue statemer	t and balar	nce sheet
	-		held for public exhibition, education, or research		
			te to its financial statements that describes these		
b			6 (ASC 958), to report in its revenue statement ar		sheet
	-		held for public exhibition, education, or research		
		vide the following amounts relating to			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			· · ▶ \$
2	If the organization	received or held works of art, historica	al treasures, or other similar assets for financial g	ain, provide	e the
	•	• •	16 (ASC 958) relating to these items:		
а					
b	Assets included in	Form 990, Part X • • • • • • •	<u></u>		▶\$
For F	aperwork Reducti	on Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2015

For	Paperwork	Reduction	Act Notice,	see the	Instructions	TOF	FO

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization acceleration, and other records, check any of the following that are a significant use of its collection tems (check all that appy):		ule D (Form 990) 2015 PRINCETON SENIO				22-22			age 2	
collection tens (check all that apply): d Loan or exchange programs e Determine collection f Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill f Provide a description of the organization's collection receive donations of art, historical treasures, or other similar collection? reserved in the organization collection receive donations of art, historical treasures, or other similar collection? complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 20, or reported an amount on Form 990, Part X, line 10, include an Form 900, Part X, line 20, or explored an amount on Form 990, Part X, line 10, include an Form 900, Part X, line 20, or explored an amount on Form 990, Part X, line 10, include an Form 900, Part X, line 21, for escrow or custotial account liability? c If signing balance to d dot coll or divide an amount on Form 990, Part X, line 21, for escrow or custotial account liability? low e H'res, "explain the arrangement in Part XII. Check here if the explanation has been provide an Oral XIII line constraints in Part XII. Check here if the explanation has been provide an Oral XIII e H'res, "explain the arrangement in Part XII. Check here if the explanation has been provide an Oral XIII line constraints in Check here if the explanation has been provide an Oral XIII e H'res, "explain the arrangement in P	Pa	rt III Organizations Maintaining C	ollections of A	rt, Historical Ti	reasures, or	Other Similar A	issets (C	ontinu	ed)	
aPublic adhibition d Other	3	Using the organization's acquisition, accession,	and other records, cl	heck any of the follow	wing that are a si	ignificant use of its				
b Scholarly research • Cher c Prevention for thure generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid or area funds arather than to be maritained as part of the organization's collection? Ives Ne PartIV Exercement and collar Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. No 1a Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. No b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image:		collection items (check all that apply):								
c Preservation for thure generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be oddo raise funds rather than to be maintained as part of the organization's collection? Ives	а	Public exhibition	d 🗌 Loar	n or exchange progra	ams					
 Pervise description of the organization's collectons and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solitic or nexise donations of an, historical researces, or other similar assets to be an another to be maintained as part of the organization's collection?	b	Scholarly research	e 🗌 Othe	er						
XII. Suring the year, did the organization solid or receive donations of art. Natorical treasures, or other similar assess to be sold to raise finds rather than to be maintained as part of the organization's collection? Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent. Twistee. custodian or other intermediary for contributions or other assets not include on Form 990, Part X? Image: Complete if the organization and other intermediary for contributions or other assets not include on Form 990, Part X? Image: Complete if the organization and complete the following table: Image: Complete if the organization and other intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21, for escrow or custodial acount liability? Image: Complete if the organization and other intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21, for escrow or custodial acount liability? Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions 1,924,824 1,933,656 1,662,801 1,353,136 1,200,710 Contributions 1,924,824 1,933,656 1,662,801 1,4,393 4,662,801 1,4,393 Contributions 1,924,824 1,933,656 1,662,801 1,333,136 1,4,393 <t< td=""><td>С</td><td>Preservation for future generations</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	С	Preservation for future generations								
5 During the year, did the organization solid or roceive donalons of at, historical treasures, or other similar assets to be solid oraise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 900, Part X, line 700, Part X, line 700	4	Provide a description of the organization's collect	tions and explain ho	w they further the or	ganization's exe	mpt purpose in Part				
assets to be sold to risks funkt man to be maintained as part of the organization's collection? □ Yes □ No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. □ Yes □ No 1 Is the organization an agent, linear example on the intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Amount □ Amount 0 Beginning balance □ 1d		XIII.								
Part IV Escrow and Custodial Arrangements.	5	During the year, did the organization solicit or re-	ceive donations of ar	rt, historical treasure	s, or other simila	r				
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete in Part XIII and complete the following table: Amount c Beginning balance Image: Complete in Part XIII and complete the following table: Amount Image: Complete in Part XIII and complete the following table: Image: Complete in Part XIII and complete the following table: Image: Complete in Part XIII and complete the following table: Image: Complete in Part XIII and complete the following table: Image: Complete in Part XIII and complete the following table: Image: Complete in Part XIII and complete the following table: Image: Complete in Part XIII and complete the following table: Image: Complete in Part XIII and complete the following table: Image: Complete in Part XIII and complete the following table: Image: Complete in Part XIII and complete the following table: Image: Complete in Part XIII and complete table: Image: Complete in Part XII				of the organization's	collection?		· · · 🛛	Yes	🗌 No	
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Ives Ives </td <td>Pa</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Pa									
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Porm 990, Part X? No b If "Ves" explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 d Additions during the year 10 e Distributions during the year 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tability? Ves No Part VI Ending balance 11 11 11 11 2b the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tability? Ves No Part VI Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1,353,136 1,100,710 Combitations 950 46,550 200,100 244,733 c Rot newsment earnings, gains, and losses 1,232,305 1,34,824 1,923,655 1,662,801 1,353,136 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: 8 6,700 1,923,305 <			swered "Yes" or	n Form 990, Par	t IV, line 9, oi	r reported an am	ount on F	Form		
included on Form 990, Part X?										
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a						_		_	
c Beginning balance Amount 1c 1d 20 Additions during the year 1d 21 Ending balance 1d 22 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 22 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 23 Did the organization answered "Yes" on Form 990, Part IV, line 10. 24 Defative arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 25 Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 14 Beginning of year balance 1,934,824 1,903,656 1,662,801 1,353,136 1,100,710 15 Contributions 1,2,72 14,245 14,245 1,2,72 14,393 16 Grans or scholarships 1,923,305 1,934,824 1,903,656 1,662,801 1,353,136 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>••••</td> <td>Yes</td> <td> No</td>							••••	Yes	No	
c Beginning balance 1c 1d d Additions during the year 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1yes No bit 7%es; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table:		r r				
d Additions during the year Id 0 Distributions during the year Id 10 Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Construction of Constend Construction of Construction of Construction of Co						/	Amount			
Distributions during the year f Ending balance f Ending balance a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Enclowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1,934,824 1,903,656 1,934,824 1,903,656 1,934,824 1,903,656 1,934,824 1,903,656 1,934,824 1,903,656 1,622,801 1,353,136 1,100,710 Complete intorions a Beginning of year balance 1,934,824 1,903,656 1,934,824 1,903,656 1,622,801 1,353,136 1,00,710 Contributions a Caratria or scholarships a 1,171 of Grants or scholarships 1,923,305 1,934,824 1,903,656 1,662,801 1,353,136 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶	С	Dogining balance				1c				
f Ending balance 11 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d					· 1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. (a) Current year (b) Prory year (c) Two years back (e) Four years back (e) Four years back (f) Three years back (e) Four years back 1 Beginning of year balance 1,934,824 1,903,656 1,662,801 1,353,136 1,100,710 b Contributions 2,726 44,673 208,930 118,727 14,393 d Grants or scholarships 1,171	е					• 1e				
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back. (d) Three years back. (d) Three years back. (e) Four years back. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back. (d) Three years back. (e) Four years back. 1b Contributions 850 46,550 200,100 244,733 c Net investment armings, gains, and 2,726 44,673 208,930 118,727 14,393 d Grants or scholarships 1,171	f	-								
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (d) Three years back (d) Three years back (d) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (d) Three years back (d) Three years back (d) Four years back c Net investment earnings, gains, and losses 2,726 44,673 208,930 118,727 14,393 d Grants or scholarships 2,726 44,673 208,930 118,727 14,393 d Grants or scholarships 1,171 1,171 14,245 1,355 13,454 9,162 6,700 g End of year balance 1,923,305 1,934,824 1,903,656 1,662,801 1,353,136 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 100.00 % % 3a(i) X 3a(i) X 3a(i) X 3a(i) X 3a(i) X 3a(i) X 3a(i) X </td <td>2a</td> <td>-</td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td>	2a	-				•				
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) (b) Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Contributions (c) Two years back (d) Two years back (e) Four years back (f) Four years back four years back <td>-</td> <td></td> <td>eck here if the expla</td> <td>nation has been pro</td> <td>vided on Part XII</td> <td> </td> <td></td> <td></td> <td></td>	-		eck here if the expla	nation has been pro	vided on Part XII					
1a Beginning of year balance (a) Current year (b) Ptor year (c) Two years back (d) Three years back (d) Four years back 1a Beginning of year balance 1,934,824 1,903,656 1,662,801 1,353,136 1,100,710 b Contributions 850 46,550 200,100 244,733 c Net investment earnings, gains, and losses 2,726 44,673 208,930 118,727 14,393 d Grants or scholarships 2,726 14,245 1,171 programs 1,171 programs 1,171 programs 1,123,305 1,233,454 9,162 6,700 g End of year balance 1,1923,305 1,934,824 1,903,656 1,662,801 1,353,136 a Board designated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations (a) (1) urrelated organizations (a) (2x × No (i) Inteled organizations So So So So	Ра				+ N / Page 40					
1a Beginning of year balance 1,934,824 1,903,656 1,662,801 1,353,136 1,100,710 b Contributions 850 46,550 200,100 244,733 c Net investment earnings, gains, and losses 2,726 44,673 208,930 118,727 14,393 d Grants or scholarships 1,171 1 1 1 e Other expenditures for facilities and programs 1,125 13,454 9,162 6,700 g End of year balance 1,233,305 1,934,824 1,903,656 1,662,801 1,353,136 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 100.00 %		Complete if the organization an	swered "Yes" or	h Form 990, Par	t IV, line 10.	1	<u> </u>			
b Contributions 850 46,550 200,100 244,733 c Net investment earnings, gains, and losses 2,726 44,673 208,930 118,727 14,393 d Grants or scholarships 2,726 44,673 208,930 118,727 14,393 e Other expenditures for facilities and programs 1,171 14,393 1,171 f Administrative expenses 1,23,305 1,934,824 1,903,656 1,662,801 1,353,136 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations isted as required on Schedule R? 3a(i) X (i) unrelated organizations (ii) cost or other basis (ii) Accumulated (ii) Accumulated b If Yes" on 3a(ii), are the related organizations isted as required on Schedule R? (b) Cost or other							ick (e) Fo	ur years b	ack	
c Net investment earnings, gains, and losses 2,726 44,673 208,930 118,727 14,393 d Grants or scholarships	1a	·	1,934,824	1,903,656	1,662,80			100,7	/10	
losses 2,726 44,673 208,930 118,727 14,393 d Grants or scholarships	b	F		850	46,55	50 200,10	0	244,7	733	
d Grants or scholarships	С									
e Other expenditures for facilities and programs 1,171 f Administrative expenses 14,245 14,355 13,454 9,162 6,700 g End of year balance 1,923,305 1,934,824 1,903,656 1,662,801 1,353,136 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% memory by the organization by: % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations 3a(i) X (i) unrelated organizations 3a(i) X b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. The perceival of property (a) Cost or other basis (c) Accumulated depreciation 1a Land		F	2,726	44,673	208,93	30 118,72	27	14,3	393	
programs 1,171 f Administrative expenses 14,245 14,355 13,454 9,162 6,700 g End of year balance 1,923,305 1,934,824 1,903,656 1,662,801 1,353,136 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations 3a(i) X (i) unrelated organizations 3a(ii) X 3a(ii) X (ii) unrelated organizations 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 0 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 Land 18,571 18,571 18,571 4 20,507 4	d									
f Administrative expenses 14,245 14,355 12,454 9,162 6,700 g End of year balance 1,923,305 1,934,824 1,903,656 1,662,801 1,353,136 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% % % % c Temporarily restricted endowment ▶% % % 3a Are there endowment Imuse 2a, 2b, and 2c should equal 100%. %	е									
g End of year balance 1,923,305 1,934,824 1,903,655 1,662,801 1,353,136 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % % c Temporarily restricted endowment % mathematication by: % (i) unrelated organizations % b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		· -								
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations isted as required on Schedule R? (iii) at the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value 1a Land 1a 1a Land 1a 1a Land 1a 1a Land 507	f	' F	-							
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment hunds not in the possession of the organization that are held and administered for the organization by:	•					56 1,662,80)1 1,	,353,1	L36	
b Permanent endowment ▶	2	. –	-	ne 1g, column (a)) h	eld as:					
c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations issted as required on Schedule R? (ii) ad(ii) X (iii) are the related organizations listed as required on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value 1a Land (a) Cost or other basis (b) Cost or other basis (c) ther) (d) Book value (d) Book value (d) Book value b Buildings (a) Cost or other basis (b) Cost or other basis (c) ther) (d) Book value b Buildings (i) Resembertion (i) Resembertion (i) Resemberion (i) Resembertion	a		%							
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations are required on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (ob) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (other) (d) Book value (d) Book value (other) (d) Book value (e) Cost or other basis (other) (f) Cost or other basis (other) (f) Book value			24							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (other) (d) Book value (investment) (other) (other) (d) Book value (d) Book value (other) (other) (other) (other) (other) (other	С									
organization by: Yes No (i) unrelated organizations 3a(i) X 3a(i) X (ii) related organizations 3a(ii) X 3a(ii) X b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Image: the complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value (d) Book value Image: the complete of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings 507 507 507 c Leasehold improvements 507 507 18,571 e Other STMD1E- 82,456 78,419 4,037			•							
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X (iii) related organizations 3b (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 507 507 507 c Leasehold improvements 507 507 c Leasehold improvements 507 507 e Other STMDLE 82,456 78,419 4,037	3a	•	on of the organization	h that are held and a	dministered for ti	ne		No.	N	
(ii) related organizations 3a(ii) X b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 3b 3b 3b 3b 3c 3b 3c 3c <td< td=""><td></td><td>• •</td><td></td><td></td><td></td><td></td><td></td><td></td><td>NO</td></td<>		• •							NO	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 507 507 c Leasehold improvements 507 507 d Equipment 18,571 18,571 e Other 82,456 78,419 4,037								<u> </u>	37	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1a Leasehold improvements 507 507 c Leasehold improvements 507 507 18,571 e Other STMDLE 82,456 78,419 4,037								<u> </u>	X	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b	(<i>)</i> ,					· · 3b			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4			ent funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Pa			Eorm 000 Bor	+ IV/ line 11e	Soo Form 000	Dort V li	no 10		
Image: Non-String of the strength of the strengt of the strength of the strength of the strength of the										
1a Land		Description of property		.,			(d) Bo	ook value		
b Buildings c Leasehold improvements 507 507 d Equipment 18,571 18,571 e Other STMDLE 82,456 78,419 4,037		Level	(investme	() (
c Leasehold improvements 507 507 d Equipment 18,571 18,571 e Other STMDLE 82,456 78,419 4,037			· · ·				<u> </u>			
d Equipment 18,571 18,571 e Other		Ŭ	•••				───			
e Other		•	•••				───			
							 			
					<u> </u>	78,419	───			

Schedule D (Form			RESOURCE CENTER	22-22	28083 Pag
Part VII	Investments - Othe		"Ves" on Form 000 P	Part IV, line 11b. See Form 990) Part X line 12
	· · ·				
	 (a) Description of security or cate (including name of security) 		(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1) Financial	derivatives				
(2) Closely-he	eld equity interests	[
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	Investments - Prog				
Part VIII			"Yes" on Form 990. P	Part IV, line 11c. See Form 990	. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuati	
				Cost or end-of-year marke	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	nization answard	"Vee" on Form 000 F	Port IV/ line 11d See Form 000	Dort V line 15
	Complete il the orga			Part IV, line 11d. See Form 990	
(1) THEORY		(a) Des	cription		(b) Book value
	MENT FUND				1,714,5
(3)	ARD JOHNSON SENIOR	ASSISTANCE			309,0
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990,	Part X, col. (B) line 15.)			2,023,6
Part X	Other Liabilities.				
	Complete if the orga	anization answered	"Yes" on Form 990, P	Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.				
1.	(a) Description of liability		(b) Book value		
(1) Federal i	ncome taxes				
(2) ADVAN	CED RENT PAYMENT		5,875	5	
(3) SECUR	ITY DEPOSIT PAYABI	Æ	2,600	D	
(4) DEFER	ED REVENUE		29,761	1	
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 25.)	38,230	5	
2. Liability for	uncertain tax positions. In F	Part XIII, provide the text	of the footnote to the organi	zation's financial statements that repor	ts the
organization's	liability for uncertain tax pos	sitions under FIN 48 (AS	C 740). Check here if the tex	kt of the footnote has been provided in	Part XIII • • •

Scheo		2-2228083	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	606,076
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	13,425
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	592,651
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 14,245		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	14,245
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	606,896
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	711,195
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	711,195
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.) ••••••••••••••••••••••••••••••••••		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	711,195
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, 2016 AND 2015 AND THERE ARE NO OPEN TAX YEARS PRIOR TO JUNE 30,

2013. IN ADDITION, NO INCOME TAX RELATED PENALTIES OR INTEREST HAVE BEEN RECORDED FOR THE

YEARS ENDED JUNE 30, 2016 AND 2015.

SCHEDULE G	Supplement	tal Informatio	on Regar	ding Fun	draising or Gan	ning Ac	tivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if				90, Part IV, lines 17, 18 n Form 990-EZ, line 6a.	, or 19, or i	f the	2015
Department of the Treasury Internal Revenue Service	Information a	Ŭ ► At	tach to Form	990 or Form		ww.irs.aov	/form990	Open to Public Inspection
Name of the organization				550-EZ) and				entification number
PRINCETON SENIOR								28083
	•	•	-		swered "Yes" on	Form 9	90, Part IV	/, line 17.
	EZ filers are not	•		•	vities. Check all that a	nnly		
a Mail solicitations	organization raioe		· _	0	of non-government gr			
b Internet and ema	ail solicitations		f 🗌	Solicitation	of government grants			
c 🗌 Phone solicitatior			g 🗌	Special fund	draising events			
d In-person solicita		aral agraamant u	ith any indiv	idual (inclus	ling officers directors	tructooo		
2a Did the organization or key employees lis		-	-		ssional fundraising se		Пу	′es 🗌 No
b If "Yes," list the ten h		, ,		•	0			
compensated at leas	st \$5,000 by the or	ganization.			0			
			1					
(i) Name and address	s of individual			draiser have control of	(iv) Gross receipts		ount paid to etained by)	(vi) Amount paid to (or retained by)
or entity (fundra	aiser)	(ii) Activity		utions?	from activity		ser listed in col. (i)	organization
			Yes	No			, (I)	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3 List all states in which			censed to so	olicit contribu	Itions or has been not	ified it is e	exempt from	1
registration or licensi	0							
-	-							

PRINCETON SENIOR RESOURCE CENTER

22-2228083 Page 2

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	φ <u></u> 5,000.			
			(a) Event #1 GALA (event type)	(b) Event #2 <u>FALL CONFERE</u> (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	191,095	12,053	24,423	227,571
	2 3	Less: Contributions Gross income (line 1 minus line 2)	191,095	12,053	24,423	227,571
		m(c 2) · · · · · · · · · · · · · · · · · ·	191,095	12,055	21,123	227,371
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs • • • • • • •				
Direct Expenses	7	Food and beverages • • • • •				
Direct	8	Entertainment				
	9	Other direct expenses • • • • •	85,698	1,817	7,057	94,572
	10	Direct expense summary. Add lines				94,572
	11	Net income summary. Subtract line				132,999
Pa	rt II	Gaming. Complete if the c	organization answered '	'Yes" to Form 990, Part	IV, line 19, or reported r	more
		than \$15,000 on Form 990)-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)		· · · · · · · · · • •	
	8	Net gaming income summary. Subt	ract line 7 from line 1, colur	mn (d) • • • • • • • • • • •		
9 a b	ls t	ter the state(s) in which the organizat he organization licensed to conduct on No," explain:	tion conducts gaming activ	ties:		· · · ·] Yes] No
		·				
10a	We	ere any of the organization's gaming l	icenses revoked, suspend	ed or terminated during the	tax year?	Yes 🗌 No
b	lf "	Yes," explain:				

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.

2015 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

PRINCETON SENIOR RESOURCE CENTER

22-2228083

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, 2016.

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

REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES USING COMPARABILITY DATA

HIRED INDEPENDENT CONSULTANT TO REVIEW COMPENSATION.

THE ANALYSIS SHOWED THAT STAFF COMPENSATION IS WELL ALIGNED WITH THAT OF SIMILAR

ORGANIZATIONS IN THE REGION

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

WEBSITE, "BY REQUEST", AND ON GUIDESTAR

Schedule O (Form 990 or 990-EZ) (2015)	Page	2
Name of the organization	Employer identification number	
PRINCETON SENIOR RESOURCE CENTER	22-2228083	
		Î

05. Explanation of other changes in net assets or fund balances (Part XI, line 9)

NET ASSETS TEMPORARILY RESTRICTED FOR FUTURE USES \$ 500

NET ASSETS RELEASED FROM RESTRICTIONS \$ (31,927)

990	Overflow Statement	2015 Page 1
Name(s) as shown on return PRINCETON SEN	IOR RESOURCE CENTER	FEIN 22-2228083
Description PROGRAM SERVIO	<u>PAGE 2 PART 3 LINE 4A - REVENUE</u> CE FEES Total:	<u>Amount</u> \$ 76,973 \$ 76,973
Description PROGRAM SERVIO	CE FEES Total:	<u>Amount</u> \$ 34,717 \$ 34,717
Description CONTRIBUTIONS CONTRIBUTIONS GRANTS OTHER ORGANIZ	- CORPORATE	Amount \$ 110,281 13,195 70,102 16,831 \$ 210,409
Description MISCELLANEOUS	Total:	<u>Amount</u> \$ 407 \$ 407
	PART 9 LINE 24E COLUMN D	
Description DEVELOPMENT E	XPENSES Total:	Amount \$ 5,630 \$ 5,630
	FORM 990-T, PART I, LINE 12 - OTHER INCO	ME
Description COMCAST RECEI	PTS Total:	Amount \$ 4,608 \$ 4,608