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· 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Inten	nai Heven	nue Service The organization may have to use a copy of this fetum to sai			Inspection				
<u>A I</u>	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and	ending J	UN 30, 2010					
B	Check if applicable	use in S		D Employer identific	cation number				
	Addres change	label or print or PRINCETON PROSPECT FOUNDATION							
	Name change	Doing Business As		22-6	075964				
	Initial return		Room/suite	E Telephone number					
	Termin- ated	Specific Instruct 616 LAKEVIEW TERRACE		609-	<u> 258-1380 </u>				
	Amend return	ded tions City or town, state or country, and ZIP + 4		G Gross receipts \$	1,849,765.				
	Application	FRINCEION, NO 00340		H(a) Is this a group return					
	pendin	F Name and address of principal officer ROBERT HAINES		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No				
1.	Tax-exe	empt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		If "No," attach a	list. (see instructions)				
		e: N/A		H(c) Group exemptio	n number 🕨				
<u>K </u>	orm of	organization X Corporation Trust Association Other	L Year	of formation: 1959 N	State of legal domicile: NJ				
Pa	art I	Summary							
Activities & Governance	1 1	Briefly describe the organization's mission or most significant activities: EDUCA	ATIONA	L PURPOSES					
rna	2	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets				
Ş		Number of voting members of the governing body (Part VI, line 1a)		3	27				
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	27				
တ္		Total number of employees (Part V, line 2a)		5	1				
itie	j.	Total number of volunteers (estimate if necessary)		6	0				
Ę		Total gross unrelated business revenue from Part VIII, column (C), line 12	•	7a	0.				
⋖	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
ø.	8	Contributions and grants (Part VIII, line 1h)		2,189,253.	1,843,659.				
Revenue	1	Program service revenue (Part VIII, line 2g)			· · · · · · · · · · · · · · · · · · ·				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		49,402.	6,106.				
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	1,102.					
-	-	Total revenue - add lines 8 through 11 (must equal-Part-VIII, column (A), line 12)		2,239,757.	1,849,765.				
		Grants and similar amounts pate (Fart & Column A), lines 1-3)		1,300,738.	2,308,314.				
		Benefits paid to or for members (Part IX, column (A), line)4)							
ø	1	Salaries, other compensation, employee benefits (Part (X), column (A), lines 5-10)		4,271.					
nse	16a	Professional fundraising fees (Part IX, column (A), line (top)			•				
Expenses	b.	Total fundraising expenses (Part IX, column (D), line-25)							
ŭ	17	Other expenses (Part IX column (R) De Na-101,111-24)		12,045.	15,180.				
} \	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,312,783.	2,327,765.				
	19	Revenue less expenses Subtract line 18 from line 12		926,974.	<478,000.>				
Net Assets or	}		Be	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		3,944,359.	3,485,980.				
<u>چچ</u>	21	Total liabilities (Part X, line 26)		2,024.	1,444.				
) ŽĒ	22	Net assets or fund balances Subtract line 21 from line 20		3,942,335.	3,484,536.				
P	art II	Signature Block		•					
, —		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and complete Declaration of preparer (other than officer) is based on all information of which preparer has a		and to the best of my knowled	ge and belief, it is true, correct,				
•		and complete becausion of prepara time and incomplete because of an announce of which prepare has a	ary knowledge	, ,					
Sig	ın	100 MAan		11/5/2	7/1)				
He		Signature of øfficer		Date					
		ROBERT HAINES, CHAIRMAN							
		Type or print name and title							
Da:	4	Preparer's Date			er's identifying number structions)				
Pai		signature & Tudlow 10/2	slo sel	ployed ▶ ☐	P00153647				
	parer's	Firm's name (or KLATZKIN & COMPANY, LLP yours if		EIN ▶ 21-	0650289				
USE	Only	self-employed), 1670 WHITEHORSE HAM SO RD							
_		address, and ZIP + 4 HAMILTON, NJ 08690-3513		Phone no. ► (609)890-9189				
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
932	001 02-0	LHA For Privacy Act and Paperwork Reduction Act Notice, see the se	parate ins	tructions.	Form 990 (2009)				

Form 990 (2009) PRINCETON PR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			İ
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ĺ
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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_		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		_X_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable .	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI			
•	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.			
•	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			1
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		:	
- •	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? If "Yes," complete Schedule D, Part X.	ļ		İ
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		_X_
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1		
40	, , , , , , , , , , , , , , , , , , , ,	40		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14h		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	-	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
.0	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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Form 990 (2009) PRINCETON PROSPECT FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			1
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u> _
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 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			!
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			l
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	ļ		
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_ X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			1
	If "Yes," complete Schedule R, Part V, line 2	35		X
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990 ((2009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		,	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ŀ		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			İ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country: ▶	İ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			l
	Financial Accounts		'	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		37
	any contributions that were not tax deductible?	6a	 '	X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱.,		
	were not tax deductible?	<u>6b</u>		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			x
	provided to the payor?	7a 7b		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	<u> </u>	<u> </u>
C	to file Form 8282?	7c		x
	If "Yes," Indicate the number of Forms 8282 filed during the year	10	 	1
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
-	benefit contract?	7e		x
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	<u></u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	L	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter		1	
а	Gross income from members or shareholders . 11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	4		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 27			
b	Enter the number of voting members that are independent 1b 27			
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		X
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		<u>X</u> _
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a_		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Λ	
11A		40.		v
12a		12a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	406		
-	to conflicts?	12b		
C	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
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		_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		i	
	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 ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncıal	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:	_	
	GORDON HARRISON - 609-258-1380			
	616 LAKEVIEW TERRACE, PRINCETON, NJ 08540	Eorm	990	(2009)
		I OHI		(4003)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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.

(A)	(B)				>)			(D)	(E)	(F)		
Name and Title	Average hours	(cl		Pos		า app	M	Reportable compensation	Reportable compensation	Estimated amount of		
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
HERBERT A. DAVIS												
TRUSTEE	1.00	X			ļ			0.	0.	0.		
ROBERT B. HAINES												
CHAIRMAN	1.00	X		X	<u> </u>	L	<u> </u>	0.	0.	0.		
ANDREA G. RABITZ				Ì				,				
SECRETARY	1.00	X	_	X	_	<u> </u>	_	0.	0.	0.		
DAVID A. WILLARD												
ASST. TREASURER	1.00	X		X		-	<u> </u>	0.	- 0.	- 0-		
GORDON R. HARRISON	1000	l										
TREASURER	10.00	X	-	X		├	├—	0.	0.	0.		
GEORGE MCCARTER	1 00											
TRUSTEE	1.00	X	_		_	-	<u> </u>	0.	0.	0.		
JOHN BRUESTLE	1 00	37							_ '			
TRUSTEE TIMOTHY BURMAN	1.00	^	-	_	-	 	-	0.	0.	0.		
TRUSTEE	1.00	v					1	0.	0.	0.		
WARREN CRANE	1.00	A	-	-		一				0.		
TRUSTEE	1.00	v		l				0.	0.	0.		
MARY TOBIN EKLUND	1.00	1								<u> </u>		
TRUSTEE	1.00	x	ļ	ļ				0.	0.	0.		
MICHAEL ERDMAN									<u> </u>			
TRUSTEE	1.00	$ _{\mathbf{X}}$					1	0.	0.	0.		
MARIA FLORES-MILLS												
TRUSTEE	1.00	X					ŀ	0.	0.	0.		
HOWARD HELMS					Γ							
TRUSTEE	1.00	X						0.	0.	0.		
ROBERT HORNBY												
TRUSTEE	1.00	X						0.	0.	0.		
ROBERT HUGIN												
TRUSTEE	1.00	X			<u> </u>			0.	0.	0.		
DAVID GENETTI						1						
TRUSTEE	1.00	X			<u> </u>	_	<u> </u>	0.	0.	0.		
JOSEPH STUDHOLME							1					
TRUSTEE	1.00	X	<u> </u>	<u> </u>	<u>L</u>	\perp		0.	0.	0 ·		

932007 02-04-10

Form **990** (2009)

Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd l	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average			Posi	-	ı		Reportable	Reportable	Estimated		
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation		amount	of
	per	ä						from	from related	ļ	other	
	week	diect						the	organizations	Ł	compensa	
		0 0	stee			sate		organization	(W-2/1099-MISC)		from the	
		tast	a te		yee.	E		(W-2/1099-MISC)			organizat	
		Individual trustee or director	Institutional trustee		Key employee	estco	E				and relat	
		ig M	Instit	Officer	Key	Highest compensated employee	Former				organizati	UIIS
JESSICA GOSKI		\vdash	\vdash							+-		
TRUSTEE	1.00	x						0.	C			0.
EDWARD BROMLEY	1.00		<u> </u>			-	_			1		
TRUSTEE	1.00	v			ŀ		ļ	0.	(, I		0.
CHRISTOPHER RUGGIERO	1.00	~						0.		-		
	1 00	x						0.	C	,		0.
TRUSTEE	1.00	≏	-	-		_		U •		' •		<u> </u>
TANIA SHINKAWA	1 1 00		ļ					0.	C	,		Λ
TRUSTEE	1.00	A	1			-		U		' • -		0.
JOHN SIENKIEWICZ	1 00											^
TRUSTEE	1.00	X			<u> </u>	├	┝	0.		' • -	_	0.
WARREN SIMMONS												_
TRUSTEE	1.00	X	_			<u> </u>	_	0.	(! -		_0.
WILLIAM SWORD							1					_
TRUSTEE	1.00	X	<u> </u>			<u> </u>		0.	() <u>. </u>		0.
H. KIRK UNRUH								_				
TRUSTEE	1.00	X	_		_	<u> </u>	_	0.	().		0.
DAVID WOFFINDIN	l .		-		1			_				_
TRUSTEE	1.00	X				_	<u> </u>	0.	().		0.
PATRICK YUN	1				ļ							
TRUSTEE	1.00	X						0.).		0.
1b Total	<u> </u>							0.	().		0.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	,000 in reportable			
compensation from the organization												0
										_	Yes	No
3 Did the organization list any former officer,	director or tru	stee	e, ke	y en	olqr	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	auch individual	'						• •		<u> </u>	3	<u> </u>
4 For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atior	n an	d ot	her compensation from	the organization	ŀ		
and related organizations greater than \$15	0,000? If "Yes	," cc	mpl	ete S	Sch	edul	e J f	for such ındivıdual			4	X
5 Did any person listed on line 1a receive or	accrue compe	nsat	tion 1	from	any	y uni	relat	ted organization for serv	ices rendered to			
the organization? If "Yes," complete Sched	lule J for such	per	son								5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensat	ion from	
the organization NONE												
(A)								(B)		C	(C)	
Name and business	address						_	Description of s	services	Col	mpensatio	ori
									İ			
											_	
2 Total number of independent contractors		not l	ımıte	ed to		_	stec	d above) who received r	nore than			
\$100,000 in compensation from the organ	zation					0					orm 990	(0000)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,308,314.	2,308,314.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	4,271.	4,271.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	3,500.		3,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	. ,			
13	Office expenses	5,159.		5,159.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23	Insurance	6,521.		6,521.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	· '				
ь					
c					
d			_		
e					
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,327,765.	2,312,585.	15,180.	0.
26	Joint costs. Check here	, ,			
_0	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

pearing Fary cash investments Freceivable, net Freceivable, net Freceivable in the state of the	(A) Beginning of year 428,699. 3,515,660.	1	(B) End of year
rary cash investments receivable, net		1	
receivable, net	3,515,660.		354,886.
e, net	[2	3,131,094.
e, net		3	
		4	
nest compensated employees Complete Part II			
		5	
her disqualified persons (as defined under section			
ons described in section 4958(c)(3)(B) Complete			
-		6	
eivable, net		7	
or use		8	
nd deferred charges		9	
I equipment: cost or other			-
rt VI of Schedule D 10a 271,934.			
depreciation 10b 271,934.	0.	10c	0.
sly traded securities		11	
securities. See Part IV, line 11		12	
am-related See Part IV, line 11		13	
,		14	<u> </u>
art IV, line 11		15	
nes 1 through 15 (must equal line 34)	3,944,359.	16	3,485,980.
nd accrued expenses		17	
		18	
		19	
abilities		20	
account liability. Complete Part IV of Schedule D	·	21	· · · ·
and former officers, directors, trustees, key employees,			
ed employees, and disqualified persons. Complete Part II			
		22	
and notes payable to unrelated third parties		23	
nd loans payable to unrelated third parties		24	
nplete Part X of Schedule D	2,024.	25	1,444.
d lines 17 through 25	2,024.	26	1,444.
follow SFAS 117, check here X and complete			
sets	3,904,226.	27	3,484,536.
ed net assets	38,109.	28	0.
ted net assets		29	
do not follow SFAS 117, check here			
through 34.			
st principal, or current funds		30	
		31	
		32	
fund halanene	3,942,335.	33_	3,484,536.
			3,485,980.
9, a set ed tec dethr st p rpl	and lines 33 and 34. Its net assets Id net assets Id net assets In one tollow SFAS 117, check here In one tollo	and lines 33 and 34. ts	and lines 33 and 34. Its

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

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Inspection

Name of the organization

Employer identification number

			ON PROSPECT						22	<u>-6075</u>	<u>964</u>	
Part I	Reason t	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
he organ			because it is: (For lines 1									
1 🔲			s, or association of churc					•				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
3 🗔			tal service organization of		n section	170(b)(1)(A)(iii).					
4	A medical res	search organization of	operated in conjunction	with a hos	ortal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	s nam	e,
	city, and state		,	•			·			,		
5 🔲	•		benefit of a college or un	niversity ov	vned or op	erated by	a governr	nental unr	t describe	ed in		
	_	(b)(1)(A)(iv). (Comple		•	•	•	Ū					
6 🔲			ent or governmental unit	described	l in sectio	n 170(h)(1	YAYV).					
7 🗔		· -	eives a substantial part of					r from the	general n	ublic desci	nbed ii	n
,		b)(1)(A)(vi). (Comple		o. No cupp		90.0			34 P			•
8 <u></u>			ection 170(b)(1)(A)(vi). (Complete	Part II)							
9 🗓	•		eives: (1) more than 33 1			om contri	butions m	embershi	o fees an	d aross red	eints i	from
9 1	-	-	nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete	•	1011 0 11 142	A, 110111 DO	5111000000	.oqaoa b	,o o.ga	ao a		0, 107	.
10 🔲			perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	η.				
11	_	•	perated exclusively for th	-	-		* * * *	=	v out the i	ourposes o	f one o	or
	•	•	ations described in section									
			organization and comple		•		., 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 /(0 /: 0 /: 0			
	a Type I	- * · · · · · - - · ·	¬ *		e III - Func		egrated		d 🗌	Type III - C	Other	
			t the organization is not			-	_	more disc				n
•	-	· ·	han one or more publicly									
f		•	ten determination from t		_				(-)(-)		(/(/	
•	•	rganization, check th		_	_	, ., ., p.	., ., .,				-	-
-			rganization accepted ar	ny aift or ca	ontribution	from any	of the follo	owing pers	sons?	•		
g	•	•	rectly controls, either al			-					Yes	No
			upported organization?	c. tog		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		() = (,,	11g(i)		
	•	• •	n described in (i) above?						•	11g(ii)		
		·	person described in (i) of		e?				•	11g(iii)		-
h	• •	•	about the supported org					•	•		L.,	
••		••g		J	(-).							
(:) Nome	of ourported	(::\ EIN	(iii) Type of	(iv) Is the c	organization	(v) Did voi	ı notify the	(vi) ls	the	(vii) An	ount o	f
	of supported anization	(ii) EIN	organization		sted in your			organization (i) organiz	on in col. I		port	'
OI g	umeunon		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	Ü.S	.?	007	, , ,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
*									1			
									1			
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			-									
							j					
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							[
Fotal												

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

	edule A (Form 990 or 990 EZ) 2009	- 					Page 2		
Pa	rt II Support Schedule for	•)(b)(1)(A)(iv) an	d 170(b)(1)(A)(/i)		
_	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I)						
	ction A. Public Support				,				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants.")					ļ			
2	Tax revenues levied for the organ-								
	ızatıon's benefit and either paid to								
	or expended on its behalf					ļ			
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3						<u> </u>		
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				ļ				
	amount shown on line 11,								
	column (f)					<u> </u>			
	Public support. Subtract line 5 from line 4		<u> </u>			<u> </u>			
	ction B. Total Support		 -	<u> </u>	T	Υ	r		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4			-		ļ			
8	Gross income from interest,								
	dividends, payments received on								
	secunties loans, rents, royalties		1		ļ				
	and income from similar sources			 		 -			
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on					 			
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)			<u> </u>	 	 			
11	Total support. Add lines 7 through 10	L	l	<u> </u>	<u> </u>	 			
12	Gross receipts from related activities					12			
13	First five years. If the Form 990 is fo	_	s first, second, thi	rd, fourth, or fifth 1	tax year as a section	on 501(c)(3)	. —		
Se	organization, check this box and stor ction C. Computation of Publ		rcentage						
14				column (fl)		T44			
14	Public support percentage for 2009 (Public support percentage from 2008)		-	Column (1))		15	<u>%</u>		
15	a 33 1/3% support test - 2009. If the c			 n line 12 and line	1/ in 22 1/20/ or n	·			
102	stop here. The organization qualifies	•			14 18 33 1/376 07 11	nore, check this bo	x and ⊾□		
	33 1/3% support test - 2008. If the o	, , , , , ,	•		l line 15 ie 33 1/3%	or more check th	. P		
•	• •	•			1 line 13 13 33 1737	o of more, check to	IIS DOX		
17-	and stop here. The organization qua 10% -facts-and-circumstances tes	•	· ·		e 13 16a or 16b	and line 14 is 1004	or more		
176	and if the organization meets the "fac	•							
	meets the "facts-and-circumstances"					are in inow the organ	InZation		
		•	•			17a and line 15 in	₽		
	10% -facts-and-circumstances tes more, and if the organization meets t	-							
							·		
10	organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.								
-10	rate roundation. If the organization	on dio not officer a	SON OFFICE TO, IC	-α, 100, 17 <u>α, 01 17</u>		edule A (Form 990			

General year for itsell year beginning in General year for itsell year beginning in General year for itsell year beginning in General year for itsell year beginning in General year for itsell year beginning in General year for itsell year of		Support Schedule for C	Organizations	Described in S	Section 509(a)	(2) (Complete only I	f you checked the bo	x on line 9 of Part I.)
Griss receipts from admissions and memberships beer received (file not include any "unusual grants.") 2. Griss receipts from admission. See the comparation of a leaflest survives that is related to the organization's tax-exempt purpose 3. Griss receipts from admission. See the comparation of a leaflest survives that is related to the organization's tax-exempt purpose 3. Griss receipts from admission of the comparation of a leaflest survivies that are not an unrelated trade of the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities. Mumbelled to the organization will out charge to the organization will out charge to the organization will out charge to the organization will out charge to the organization will out charge to the organization will out charge to the organization will out charge to the organization will out charge to the organization of the trade to the organization will out charge to the organization of the trade to the organization will out charge to the organization of the trade to the organization of the trade to the organization of the trade to the organization of the trade to the trade to the organization of the trade to the organization of the trade to the organization of the trade to the organization of the organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization. In th								
Manufacture Manufacture	Calendar	year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(പ്) 2008	(e) 2009	(f) Total
BO3, 867. 970, 630. 1407584. 2189253. 1843659. 7214993.	-							
2 Gross receipts from admissions, merchandes od or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization or benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished in a section 513 7a Amounts included on lines 1 through 5 7a Amounts included on lines 1 1.2, and 3 received from disqualified persons but a considerable to the organization without charge 6 7a Amounts included on lines 1.2, and 3 received from disqualified persons but a considerable the section of the sectio		*						
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's take-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 1. Tax revenues level for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on the behalf of the organization without change of the organization to the organization without change of the organization to the organization of the behalf of the organization of the behalf of the organization of the organization of the behalf of the organization organization organizatio	includ	de any "unusual grants.")	803,867.	970,630.	1407584.	2189253.	1843659	<u>7214993.</u>
are not an unrelated trade or bus- mess under section 513 4 Tax reverues levied for the organ- zation's benefit and either pad to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualitied persons b Amounts included on lines 1, 2, and 3 received from disqualitied persons b Amounts included on lines 2, and 3 received from disqualitied persons to sense of the six of the layer c Add lines 1 to the layer and to the six of the layer and to the six of the layer beginning to the six of the layer and to the six of the layer beginning to the six of the layer and the six of the	mercl forme any a	handise sold or services per- ed, or facilities furnished in activity that is related to the						
1	3 Gross	s receipts from activities that						
training to the organization without charge for Total. Add lines 1 through 5 Total Add lines 1 through 5 Total Add lines 1 through 5 Total Add lines 1 through 5 Total Add lines 1 through 5 Total Add lines 1 through 5 Total Add lines 2 through 5 Total Add lines 2 through 5 Total Add lines 3 through 5 Total Add lines 3 through 5 Total Add lines 3 through 5 Total Add lines 3 through 5 Total Add lines 3 through 5 Total Support Calendar year (or total year beginning in) Section B. Total Support Calendar year (or total year beginning in) Solons in Come from interest, dividends, payments received on securities loans, erists, royalnes and income from similar sources b Unrelated business and income from similar sources b Unrelated business activities not included in line 10b, whether or not the business is regularly carried on sources activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is regularly carried on 10 through 10 thr								
turnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the grader of \$0.00 or the throughout of the throughout of the part of \$0.00 or the part	ızatıo	on's benefit and either paid to						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on line 1 and 7 received from other than disqualified persons that exceed the graiter of \$5,000 × 1 fee of the memount or line 1 fee the year count or line 2 fee the year count or line 2 fee the year count or line 2 fee the year count or line 2 fee the year count or line 2 fee the year count or line 2 fee the year count or line 2 fee the year count or line 2 fee the year count or line 2 fee the year count or line 3 feet the year count or line 3 feet the year count or line 3 feet the year count or line 3 feet the year count o	furnis	shed by a governmental unit to						
3 received from disqualified persons by Announts included on lines 2 and 3 received from other than disqualifier persons but some other persons but some other than disqualifier persons but some other persons bu		-	803,867.	970,630.	1407584.	2189253.	1843659.	7214993.
Section Described described persons that exceed the general of \$0.00 or 1% of the samount on line 15 for the year c. Add lines 7 a and 7 b 344, 243. 366, 906. 671, 145. 860, 066. 425, 522. 2667882. 8 Public support [spharetim / framilet §) 4547111.								0.
arount on line 13 for the year c Add lines 7a and 7b	from of	ther than disqualified persons that						
8 Public support (Subtraction 7 Chamillaces) 4547111. Section B. Total Support 7 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (d) 2008 (d) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (d) 2008 (e) 2009 (f) Total (f) 2008 (f) 2008 (f) 2009 (f) Total (f) 2008 (f) 2009 (f) Total (f) 2009 (f) Total (f) 2008 (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (f) Total (f) 2009 (- :						
Section B. Total Support Calendar year (or Iscal year beginning in)	c Add	lines 7a and 7b	344,243.	366,906.	671,145.	860,066.	425,522.	
Amounts from line 6 803 , 867 . 970 , 630 . 1407584 . 2189253 . 1843659 . 7214993 .								4547111.
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 17 4.25 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization D Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
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	20 Priva	ate toundation. It the organization	on ala not check a	box on line 14, 19	a, or 190, check th			0 or 990-E7\ 2000

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number PRINCETON PROSPECT FOUNDATION 22-6075964 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year ... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements b Number of conservation easements on a certified historic structure included in (a) 2¢ Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 PRIN	CETON PROSPEC	T FOUNDATION	22-	-6075964 Page 3
Part VII Investments - Other Se	curities. See Form 990,	Part X, line 12.		
(a) Description of security or cate (including name of security)	gory (b) Boo	ok value	(c) Method of valua Cost or end-of-year mark	
Financial derivatives			·	
Closely-held equity interests	••			
Other	-			
				
				
				
			· •	
Total (Col.(b) must squal Form 000 Port V sol.(i	2) line 12) •			
Total. (Col (b) must equal Form 990, Part X, col (l Part VIII Investments - Program	Polated Cas Farm 000	Dort V. Iron 12		
		, Part X, line 13	(c) Method of valua	tion:
(a) Description of investment ty	oe (b) Boo	ok value	Cost or end-of-year mark	
			·	
		·	·	
				
			<u>-</u>	
Total (Col (b) must equal Form 990, Part X, col (3) line 13.) 🕨	<u>_</u>		
Part IX Other Assets. See Form 9				
	(a) Description			(b) Book value
				
				
·				
	,			
	· · · · · · · · · · · · · · · · · · ·			
	<u> </u>			
Total. (Column (b) must equal Form 990, Pa				<u> </u>
Part X Other Liabilities. See For				
1. (a) Description of	liability	(b) Amount		
Federal income taxes				
PAYROLL TAXES PAYABLE		1,44	4.	
			 	
Total. (Column (b) must equal Form 990, Pa	at V cal (D) in a 25)	▶ 1,44		

Schedule D (Form 990) 2009

_	t YI Personalisation of Change in Net Assets from Foundation	sial Stat		964 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan		ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Pnor period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	nue per l	Return	_
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments			
b	Donated services and use of facilities 2b		1	
c	Recoveries of prior year grants 2c		7 (
d	Other (Describe in Part XIV)		7	
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
A	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
4 a	Investment expenses not included on Form 990, Part VIII, line 7b			
_	Other (Describe in Part XIV)		1	
b	•		↑ 4a	
_	Add lines 4a and 4b Total revenue Add lines 2 and 4a (This must equal Form 800, Part I, line 13.)		4c 5	
Pa	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses ne		
	Total expenses and losses per audited financial statements		1	7
1	·		-	-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 2a		1	
D	Prior year adjustments 2b		1 1	
C	Other losses 2c		-{	
d	Other (Describe in Part XIV) 2d		∃~_ I	
е	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1		3	-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIV.)		-	
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	
_	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa			
X, lır	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro	vide any ac	dditional inform	ation.
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			_ 	
			 _	
		<u></u>		
		-		
			Cohodula D	(Farm 000) 0000
			ochequie D	(Form 990) 2009

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

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Open to Public Inspection

. ထ , **Employer identification number** ž 22-6075964 (h) Purpose of grant EDUCATIONAL PURPOSES EDUCATIONAL PURPOSES EDUCATIONAL PURPOSES EDUCATIONAL PURPOSES EDUCATIONAL PURPOSES EDUCATIONAL PURPOSES or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 Ö o Ö Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 170,047 87,088 1,561,506 20,000 141,716 8,500 (d) Amount of cash grant FOUNDATION (c) IRC section if applicable 501(C)(7) 501(C)(7) 501(C)(7) 501(C)(3) 501(C)(7) Enter total number of section 501(c)(3) and government organizations 501(C)(7) PRINCETON PROSPECT 21-0420130 22-1944189 21-0483630 21-0429130 21-0540730 31-1698832 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization or government PRINCETON NJ 08544 PRINCETON NJ 08544 PRINCETON NJ 08544 PRINCETON NJ 08544 PRINCETON, NJ 08544 45 COLUMBUS AVENUE NEW YORK, NY 10023 LET'S GET READY! PROSPECT AVENUE CAP & GOWN CLUB PROSPECT AVENUE PROSPECT AVENUE QUADRANGLE CLUB PROSPECT AVENUE PROSPECT AVENUE COLONIAL CLUB TERRACE CLUB IVY CLUB Part Part N

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

Schedule I (Form 990) 2009

22-6075964 Schedule I (Form 990) 2009 PRINCETON PROSPECT FOUNDATION

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I:1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
		,			
		-			
		-			
		-			
Part IV Supplemental Information. Complete this part to provide the	de the information	n required in Part I,	line 2, and any other	information required in Part I, line 2, and any other additional information.	
SCHEDULE I, PART I, LINE 2: TO RECEIVE GRANT FUNDS,	EIVE GRA		THE ORGANI	THE ORGANIZATIONS MUST	
SUBMIT PAPERWORK DETAILING THE USE OF		THE FUNDS. TH	THE FOUNDATION THEN	ON THEN	
DETERMINES WHICH ORGANIZATIONS WILL BE AWARDED FUNDS.	L BE AWAI	RDED FUNDS	•		

932102 02-02-10

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

Open to Public Inspection

PRINCETON PROSPECT FOUNDATION

Employer identification number 22-6075964

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par	t)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIGER INN PROSPECT AVENUE PRINCETON, NJ 08540	21-0579250	501(C)(7)	297,931.	0			EDUCATIONAL PURPOSES
TOWER CLUB PROSPECT AVENUE PRINCETON, NJ 08540	21-0730244	501(C)(7)	20,000	0			EDUCATIONAL PURPOSES
			_				
			-				
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice	e, see the Instructions	for Form 990.				Schedule I-1 (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions With Interested Persons

► Complete if the organization answered

OMB No 1545-0047

Open To Public Inspection

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Employer identification number								
22-60759	22-6075964							
art V, line 40b.	_							
	(c) Corr	ected?						
1	V	NI a						

PRIPRI	NCETON	PR	OSPE	CT	FOUNDA	<u>[T/</u>	ON			2	2-60	<u>7596</u>	4	
Part I Excess Benefit	Transacti	ons (section	501(c	:)(3) and sec	tion	501(c)(4)	organızatıo	ns only)					
Complete if the organ	nzation ansv	vered '	"Yes" oı	For	n 990, Part I	IV, III	ne 25a or	25b, or For	m 990-E	Z, Part	V, line 40	0b		
1 (a) Name of disc	undified per	non.					(h) [Description (of tranca	otion			(c) Corr	ected?
(a) Name of disc	uailleu pers							———					Yes	No_
					-									
					+									
2 Enter the amount of tax impo	sed on the o	organız	ation m	anage	ers or disqua	alıfie	d persons	s during the	year und					
section 4958										• •	. 🕨 \$			
3 Enter the amount of tax, if an	y, on line 2,	above,	, reimbu	rsed	by the orgar	nizat	ion			•	. 🕨 🕏			
Part II Loans to and/or	From Int	arasi	ted Pe	rsor	18									
						N / J.	06 or	Farm 000 F	7 Dort \/	line 20	20			
Complete if the organ (a) Name of interested	1		ľ						2, Fait v		(f) Api	proved	(g) W	ntten
person and purpose			gınal prıncıp amount	^a	(a) Dala	ance due	defa		by bo	ard or	agreer			
	То	Fro	nm						Yes		Yes	No	Yes	No
	10		/			T				.,,,	1.55	1110		
			<u> </u>					_	-					
						Î		•						
								_						
											<u> </u>			
Total						\$					-			
Part III Grants or Assis	tance Bei	nefiti	ng Int	eres	ted Perso	ons	•							
Complete if the organ	nization ansv	wered	"Yes" o	1 For	m 990, Part	IV, lı	ne 2 <u>7</u>			_				
(a) Name of interested p	erson		(t) Rela	ationship be				and			ount an		f
					tne	org	anization			_		assistan		-
										_				
			! 					<u>.</u> .		-				
				•							-			
Part IV Business Trans	actions Ir	volvi	ina Ini	oras	sted Pers	ons	<u> </u>			-				
								0h or 28a						
Complete if the orga		wered	T		ship betwee			(c) Amo	ount of	(4)	Descrip	tion of		aring of
(a) Name of interested (Delson				and the orga			transa		(4)	transact			ration's nues?
			,		_								Yes	No
CAP & GOWN CLUB	-		BOAF	n I	MEMBER	II	N COM	1,561	.506	. EDI	JCATI	ONAL		X
IVY CLUB						II			,000					X
COLONIAL CLUB							N COM		,716					X
QUADRANGLE CLUB			+			I			,047					Х
TERRACE CLUB	., .				MEMBER				,088					X
TIGER INN			_		MEMBER				,931					X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Schedule L (Form 990 or 990-EZ) 2009

Instructions for Form 990 or 990-EZ.

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

Pa		Types of Property	OSPECT	FOUNDATI	ON		0/5	904	
rai	. 1	Types of Property	(a)	(b)	(c)	(d)			
			Check if applicable	Number of contributions	Revenues reported on Form 990, Part VIII, line 1g	Method of do	etermin	ing	
1	Art -	Works of art			··· <u>-</u>				
2	Art -	Historical treasures .							
3	Art -	Fractional interests .							
4	Book	s and publications							
5	Cloth	ning and household goods							
6	Cars	and other vehicles							
7	Boat	s and planes							
8	Intell	ectual property .							
9	Secu	ıntıes - Publicly traded .	Х	7	62,438.	FAIR MARKET	'VA	<u>LUE</u>	
10	Secu	ıntıes - Closely held stock	<u>-</u>						
11	Secu	unties - Partnership, LLC, or			<u> </u>				
	trust	ınterests							
12	Secu	unties - Miscellaneous							
13	Qual	ified conservation contribution -							
		onc structures .							
14		ified conservation contribution - Other				-			
15		estate - Residential						-	
16		estate - Commercial							
17		estate - Other .		- -					
18		ectibles							
19		d inventory							
20	_	s and medical supplies	<u> </u>						
21		dermy .				-			
22		oncal artifacts							
23		ntific specimens							
24		eological artifacts							
25		er 🕨 ()							
26	Othe	· · · · · · · · · · · · · · · · · · ·							
27	Othe	·							
<u>28</u>	Othe					<u>i</u>			
29		ber of Forms 8283 received by the organic	-		1 1				
	tor w	which the organization completed Form 82	63, Part IV, L	Jonee Acknowled	gment 29			Yes	No
20-	Dur	ng the year, did the organization receive b	v contributio	in any proposty so	norted in Part I. lines 1.20 th	at it must hold for		162	140
Sua		ast three years from the date of the initial	•	• • • •					ĺ
		entire holding period?	continuution,	and which is not	required to be used for exer	npt purposes for	30a		x
		es," describe the arrangement in Part II		•			30a		
31		es, describe the arrangement in Part ii s the organization have a gift acceptance i	policy that re	equires the review	of any non-standard contrib	utions?	31		x
		s the organization have a gift acceptance is the organization hire or use third parties					31		
JZd		inbutions?	or related Of	941124110113 10 301	ion, process, or sen noncast	•	32a		х
h		es," describe in Part II.		•	•	•	J.Z.a		
33		es, describe in rait ii. e organization did not report revenues in c	column (c) for	r a type of proper	v for which column (a) is che	ecked.			
		cribe in Part II.	(0) 101	a type of propert	, is milon solutin lay is one				
LHA		or Privacy Act and Paperwork Reduction	Act Notice	, see the Instruct	tions for Form 990.	Schedule	M (For	n 990	2009

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

► Attach to Form 990. Internal Revenue Service **Employer identification number** Name of the organization 22-6075964 PRINCETON PROSPECT FOUNDATION FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER REVIEWS THE 990 WITH THE BOARD BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12: WHILE NOT CURRENTLY IN PLACE, THE CONFLICT OF INTEREST, WHISTLEBLOWER AND DOCUMENT RETENTION POLICIES ARE POLICIES THAT THE ORGANIZATION PLANS TO ADOPT FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 2C THE ORGANIZATION'S TREASURER OVERSEES THE COMPILATION. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: CAP & GOWN CLUB (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER IN COMMON (D) DESCRIPTION OF TRANSACTION: EDUCATIONAL GRANTS (A) NAME OF PERSON: IVY CLUB (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER IN COMMON (D) DESCRIPTION OF TRANSACTION: EDUCATIONAL GRANTS

(A) NAME OF PERSON: COLONIAL CLUB

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

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Form 990 or to provide any additional information.

Attach to Form 990.

Employer identification number 22-6075964

PRINCETON PROSPECT FOUNDATION	22-6075964
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
BOARD MEMBER IN COMMON	
(D) DESCRIPTION OF TRANSACTION: EDUCATIONAL GRANTS	
(A) NAME OF PERSON: QUADRANGLE CLUB	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
BOARD MEMBER IN COMMON	
(D) DESCRIPTION OF TRANSACTION: EDUCATIONAL GRANTS	
(A) NAME OF PERSON: TERRACE CLUB	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
BOARD MEMBER IN COMMON	
(D) DESCRIPTION OF TRANSACTION: EDUCATIONAL GRANTS	
(A) NAME OF PERSON: TIGER INN	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
BOARD MEMBER IN COMMON	
(D) DESCRIPTION OF TRANSACTION: EDUCATIONAL GRANTS	
(A) NAME OF PERSON: TOWER CLUB	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ION:
BOARD MEMBER IN COMMON	
(C) AMOUNT OF TRANSACTION \$ 20000.	
(D) DESCRIPTION OF TRANSACTION: EDUCATIONAL GRANTS	,
(E) SHARING OF ORGANIZATION REVENUES? = NO	

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

Schedule O (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization PRINCETON PROSPECT FOUNDATION	Employer identification number $22-6075964$
FORM 990, PART VI, LINE 15A AND 15B	
THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICERS AND HAS	NO KEY
EMPLOYEES.	