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**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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

132001 01-23-12

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

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning	and	ending					
Bc	heck if	C Name of organization			D Employer identific	cation number			
	]Addre:	PRINCETON OUTREACH PRO	JECTS, INC.		,	*.			
<u> </u>	Name chang		oleto, inc.		22-3198464				
F	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number				
<u> </u>	Termin		ivorod to street address;	1100myound		924-0103			
<u> </u>	Jated Amend Ireturn	City or town, state or country, and ZIP + 4		l	G Gross receipts \$ 2,094,044				
F	Application		502		H(a) Is this a group re				
	beugi	F Name and address of principal officer:DAV			for affiliates?	Yes X No			
		same as C above	ID DAVIS		H(b) Are all affiliates inc				
LT	34.64		◀ (insert no.)	or 527	1 ' '	list. (see instructions)			
		e: N/A	(msert no.) 4947(a)(1)	01 327	H(c) Group exemption	•			
			ssociation Other	1 Vaar		State of legal domicile: NJ			
	rt I	Summary	SSOCIATION CITIES P	L I bai	Ul IUIMation. 1777 IV	State of legal dofficile. 240			
		Briefly describe the organization's mission or most	configurate activities: COMM	עיידוווד	OUTTREACH				
ည	٠.	Sheriy describe the organization's mission of most	significant activities. COMM	OTATTT	OUTREACH				
Activities & Governance	2	Chook this how I dishe arrangement and disease	main and the engineer or disper	and of more	than 0504 of its not as	ecots.			
ě		Check this box   L If the organization disco  Number of voting members of the governing body	· · · · · · · · · · · · · · · · · · ·	isea oi more	3	7			
යි		·	• • • • • • • • • • • • • • • • • • • •			$ \frac{1}{7}$			
<u>مح</u>		Number of independent voting members of the go		n	5	30			
E	5	Total number of individuals employed in calendar y	year 2011 Party The 4av	<del>"</del> "∵\	6	490			
Ę		Total number of volunteers (estimate if necessary)	unlanda in an	<u>i</u>		0.			
₹		Total unrelated business revenue from Part VIII, co		2 00		0.			
-	<u> </u>	Net unrelated business taxable income from Form	(4)	141					
		O-4-6-4-6-4-6-4-6-4-6-4-6-4-6-4-6-4-6-4-	·   W		Prior Year 2,190,128.	2,034,769.			
ē		Contributions and grants (Part VIII, line 1h)	OGDEN	<u> </u>					
Revenue		Program service revenue (Part VIII, line 2g)	The state of the s		77,648.	10,798.			
æ		Investment income (Part VIII, column (A), lines 3, 4		⊢	35,016.	39,986.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d		·	0.	0.			
-		Total revenue - add lines 8 through 11 (must equa		·	2,302,792.	2,085,553.			
		Grants and similar amounts paid (Part IX, column	•		569,991.	719,338.			
		Benefits paid to or for members (Part IX, column (		· ··· ·	0.	500.075			
Ses		Salaries, other compensation, employee benefits	, , , , , , , , , , , , , , , , , , , ,	· ····	834,045.	<u>598,875.</u>			
Expenses		Professional fundraising fees (Part IX, column (A),			0.	0.			
X		Total fundraising expenses (Part IX, column (D), Irr		74.	<b>不是是</b>	1451 - 1870 14 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16			
		Other expenses (Part IX, column (A), lines 11a-11c			392,237.	318,313.			
		Total expenses Add lines 13-17 (must equal Part	• • • • • • • • • • • • • • • • • • • •	·  -	1,796,273.	1,636,526.			
_ v		Revenue less expenses Subtract line 18 from line		<del></del>	506,519.	449,027.			
ts or				Be	ginning of Current Year	End of Year			
Ssets		Total assets (Part X, line 16)		_	2,557,674.	2,644,243.			
etA		Total liabilities (Part X, line 26)			0.	0.			
		Net assets or fund balances. Subtract line 21 from	n line 20	<del></del>	2,557,674.	2,644,243.			
	int II	Signature Block							
		Ities of perjury, I declare that I have examined this return				y knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than offic	er) is based on all information of w	hich prepare	r has any knowledge.				
د		0			Deta-				
) _Sigr	1	Signature of officer	W	201	Date	7			
2Her	e	GERALD DELK, TREASURER	1 June 1	Wr	10/27/13	<u> </u>			
Type or print name and title  Preparer's signature  Preparer's signature  THOMAS MARTIN  Preparer's signature  Thomas many  Firm's name  KLATZKIN & COMPANY, LLP  Firm's EIN  21-0650289									
7		Print/Type preparer's name	Preparer's signature		Date Check	PTIN			
Paid		THOMAS MARTIN	Thomas mortis		10/25/12 sett-employ				
Prep	arer	Firm's name KLATZKIN & COMPA			Firm's EIN	21-0650289			
i)se	Only	Firm's address > 1670 WHITEHORSE							
		HAMILTON, NJ 086	90-3513		Phone no. (	<u>609)890-9189                                   </u>			
Mav	the II	RS discuss this return with the preparer shown ab	ove? (see instructions)			X Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

	90 (2011) PRINCETON OUTREACH PROJECTS, INC. 22-3198464 Page 2
Pa	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission  See Schedule O
2	old the organization undertake any significant program services during the year which were not listed on
_	he prior Form 990 or 990-EZ?  [ Yes X No f "Yes," describe these new services on Schedule O.
3	old the organization cease conducting, or make significant changes in how it conducts, any program services?  X Yes No
	f "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported  (Code ) (Expenses \$ 1,194,267. Including grants of \$ 621,304.) (Revenue \$ 854.)
4a	Code)(Expenses \$\frac{1,194,267.}{1,194,267.} including grants of \$\frac{621,304.}{1,304.} \text{ (Revenue s 854.})  The Crisis Ministries partners with our community to achieve food,
	nousing, and employment stability for our neighbors in need. Approx
	1400 families served per month.
	Code ) (Expenses \$ 111,724 . including grants of \$ 87,270 . ) (Revenue \$ 5,285 . )
4b	
	The Trenton After School Program provides academic enrichment, social interaction and problem solving skills for students in grades K thru 8.
	The program operates each day of the school year. During 2011, the
	organization supported the program through grants. The Boys and Girls
	Club, however, took over the day to day operations of the program.
	club, nowever, cook over the day to day operations or the program.
4c	Code) (Expenses \$ 93,883. including grants of \$ 10,764. ) (Revenue \$ 4,659.)
	The Trenton Children's Chorus provides cultural enrichment and
	self-development opportunities to under-served children and youth in
	kindergarten through 12th grade in Trenton, NJ, and surrounding area,
	through traditional choral music education and performance
	opportunities including rehearsal, music theory and enrichment,
	tutoring, homework assistance and a generous healthy snack. 70 students
	assisted. 11 current students/or graduates received scholarship support
	for tutoring, music lessons, private secondary schools and college. 36
	Students were placed in summer music and academic enrichment programs.
	Other program services (Describe in Schedule O)
40	
<u>ــــ</u>	Expenses \$ including grants of \$ ) (Revenue \$ )  [otal program service expenses > 1,399,874.
	Form 990 (2011)
13200	·

			Yes	No
	Is the assessment of december of a contract E01/a)/2) or 4047/a)/4) /other than a provide foundation)?		162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-21_	
3	public office? If "Yes," complete Schedule C, Part I	3		x
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4		4		х
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
_	Did the organization receive or hold a conservation easement, including easements to preserve open space,	J		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
3	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 temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X	
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	District Control of the Art of th			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	<u> </u>
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		<b>.</b>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4.5		х
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		х
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
18	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,"		<u> </u>	
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Ī	
			ggn	2011)

PRINCETON OUTREACH PROJECTS, INC. 22-3198464 Page 4 Form 990 (2011) Part IV Checklist of Required Schedules (continued) Yes Νo Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a 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 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 X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N. Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of X 35b section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36

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37

X

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Par	Statements Regarding Other IRS Filings and Tax Compilance			
	. Check if Schedule O contains a response to any question in this Part V	I		<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a	1		
	Litter the humber of Forms with mile to Litter of the approach			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	x	
_	(9	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 30	1		
	, , ,	2b	х	
р	, at 1940; 910 to 1940; 1940 and 1940 a	20	-21	
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	Х
		3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
4a		4a		Х
h	If "Yes," enter the name of the foreign country.	70		
D	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Ja		6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u></u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_	<u> </u>
8	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		<del></del>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
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			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)  11b  2. The standard of the properties filips Form 200 in liquid Form 10412	12a		
12a	, , , , , , , , , , , , , , , , , , , ,	120_		
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O	.ua_		
L	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			1
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1
			990	(2011)

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.

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{x}$
Sec	tion A. Governing Body and Management			
			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
10	If there are material differences in voting rights among members of the governing body, or if the governing	Ì		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
L-	Enter the number of voting members included in line 1a, above, who are independent  1b 7			
ь	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		X
_	officer, director, trustee, or key employee?	-		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		x
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			17
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Ţ,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
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		X
<u>Sec</u>	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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a_	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b_		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review 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	<u> </u>
b	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," 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			
<u> 17</u>	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 (Section 501(c)(3)s only)	availab	le	
-	for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion 🕨	•	
	CAROLYN BIONDI, NASSAU PRESBYTERIAN CHURCH - 609-924-0103	-		
	61 NASSAU STREET, PRINCETON, NJ 08542-4502			
	<u> </u>			_

Form 990 (2011)	PRINCETON	OUTREACH	PROJECTS.	TNC.	
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22-3198464

Page 7

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

Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 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

Check this box if pather the organization per any related organization compansated any current officer, director, or trustee

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's 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 n									<del></del>		
(A)	(B) (C)							(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				han tee)	compensation	compensation	amount of	
	week					17003		from	from related	other	
	(describe hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	0.00	tee			satec		(W-2/1099-MISC)	(44-27 1099-141130)	organization	
	organizations	Tuste	텵		8	E E		(** 27 1000 111100)		and related	
	ın Schedule	dual	Institutional trustee	_	Key employee	yee yee	ıa			organizations	
	O)	Mpul	Instit	Officer	Keye	Highest compensated employee	Former				
(1) DAVID DAVIS											
PRESIDENT	5.00	X		X		<u> </u>		0.	0.	0.	
(2) PAUL JEANES III	}							}			
VICE PRES & SECRETARY	5.00	X		X				0.	0.	0.	
(3) LINDA GILMORE											
TREASURER	5.00	X		X	L	<u> </u>		0.	0.	0.	
(4) RUTH THURMOND SCOTT								_	_	_	
MEMBER, HIP	1.00	X						0.	0.	0.	
(5) DAVID PETTIT									_	_	
MEMBER_	1.00	X			ļ	ļ		0.	0.	0.	
(6) WILLIAM CREAGER											
MEMBER	1.00	X	_		ļ	<u> </u>		0.	0.	0.	
(7) THALIA MINGO	1				-	}					
MEMBER	1.00	<u>X</u>		_		-		0.	0.	0.	
(8) WALTER JARRETT KERBEL (JANUARY)	40.00							4 500		1 667	
EXECUTIVE DIRECTOR, CM	40.00			X	-	+	<u> </u>	4,583.	0.	1,667.	
(9) MAUREEN LLORT	20.00					1		0 100	0	F 003	
PROGRAM MANAGER- TCC	20.00	<u> </u>		X	├	┼─		9,100.	0.	5,003.	
(10) MARY CAROLYN BIONDI (FEB - DEC)	40.00			X				75,333.	0.	0.	
EXECUTIVE DIRECTOR, CM	40.00	-	-	Λ		$\vdash$	-	15,333.	0•	- · ·	
	<del> </del>					╁╌				<del></del>	
	]						}				
	<del></del>						_		<del>-</del>		
<del></del>		-	-		-	<del>                                     </del>					
				i							
	<del>                                     </del>			_	$\vdash$						
<del></del>						+-	<del></del>				
	<del></del>	<del>                                     </del>				1	$\vdash$	<u> </u>		-	
	<del></del>				•			·	<del></del>	Form 990 (2011)	

Form 990 (2011)

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Form 990 (2011)

\$100,000 of compensation from the organization

٠					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
		Federated campaigns Membership dues	1a 1b	2,223.				
] ]		Fundraising events	1c	52,220.				
		Related organizations	1d	91,018.				
		Government grants (contribut		579,382.				
		All other contributions, gifts, gran		373,302.				
•		similar amounts not included abo		309,926.				
	_			13,125.				
9	_	Noncash contributions included in lines	112-11 3		2,034,769.			
<u> </u>	<u>n</u>	Total. Add lines 1a-1f			2,034,103.			
1		MIIT MT ON		Business Code	E 020	E 030		
2 8		TUITION		611600	5,838.	5,838.		
į t	b	OTHER	<u>-</u> _	900099	4,960.	4,960.		
•	С							
2 6	d							
•	е							<del></del>
1		All other program service reve	enue		10 700			
		Total. Add lines 2a-2f		<u>.                                    </u>	10,798.			
3		Investment income (including	dividends, intere	est, and	40.000			40 22
		other similar amounts)			40,220.			40,22
4		Income from investment of ta	x-exempt bond p	roceeds			_	
5		Royalties		<u> </u>				
			(i) Real	(II) Personal				
6 8	а	Gross rents						
1	b	Less rental expenses						
(	С	Rental income or (loss)						
(	d	Net rental income or (loss)		<b></b>				
7 8	а	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1,626.					
ı	b	Less. cost or other basis						
		and sales expenses	0.					
	С	Gain or (loss)	1,626.	-1,860.				
(	d	Net gain or (loss)			-234.			-23
8 8	а	Gross income from fundraisin	g events (not					
		including \$ 52,2	220 of					
		contributions reported on line						
		Part IV, line 18	a	6,631.				
	b	Less direct expenses	b	C C 0 4				
		Net income or (loss) from fund	draising events	<b>•</b>	0.			
1		Gross income from gaming ac	•					
´`		Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gan		<b>•</b>				
1		Gross sales of inventory, less	_					
	-	and allowances	а					
,	b	Less cost of goods sold	b					
1		Net income or (loss) from sale		<b></b>				
<del>  '</del>	<u> </u>	Miscellaneous Revenu		Business Code				
11.	_			Dusiness Code				
11 8						-		
<b>'</b>	b			<del></del>				
'	ت ب	All other revenue						
1	-	All other revenue						<del>-</del>
	-	Total. Add lines 11a-11d			2 005 552	10 700	0.	39,98
12		Total revenue. See instructions.			<u>2,085,553.</u>	10,798.	U.	Form <b>990</b> (20

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	- Total experiess	expenses	general expenses	expenses
1	Grants and other assistance to governments and		0.5.050		
	organizations in the United States. See Part IV, line 21	87,270.	87,270.		
2	Grants and other assistance to individuals in	500 050	620 060		
	the United States See Part IV, line 22	632,068.	632,068.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				····
5	Compensation of current officers, directors,	05 606	56 540	16 060	2 070
	trustees, and key employees	95,686.	76,548.	16,268.	2,870
6	Compensation not included above, to disqualified			İ	
	persons (as defined under section 4958(f)(1)) and		i		
	persons described in section 4958(c)(3)(B)	222 242	242 275		11 770
7	Other salaries and wages	392,343.	313,875.	66,698.	11,770
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)		50 516	40.600	0.040
9	Other employee benefits	74,644.	59,716.	12,688.	2,240
10	Payroll taxes	36,202.	28,962.	6,154.	1,086
11	Fees for services (non-employees):				
а	Management				
b	Legal	8,994.		8,994.	
С	Accounting	24,676.		24,676.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .				
g	Other				
12	Advertising and promotion				
13	Office expenses	45,037.	36,030.	7,656.	1,351
14	Information technology				
15	Royalties				
16	Occupancy	99,818.	79,854.	16,969.	2,995
17	Travel	10,481.	8,385.	1,782.	314
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,123.	2,498.	531.	94
20	Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,760.	19,808.	4,209.	743
23	Insurance	31,198.	24,958.	5,304.	936
24	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 0.)				
2	ADMINISTRATIVE EXPENSES	14,781.		14,781.	
b	CA CITAT MIL T OCC	12,975.		12,975.	
C	CAMP EXPENSE	11,784.	11,784.		-
d	WITH THE THE PARTY OF THE PARTY	10,882.	8,706.	1,850.	326
	All other expenses	19,804.	9,412.	5,043.	5,349
е 25	Total functional expenses. Add lines 1 through 24e	1,636,526.	1,399,874.	206,578.	30,074
<u>25                                    </u>	Joint costs Complete this line only if the organization	1,000,020.	<u> </u>		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here from it following SQP 98-2 (ASC 958-720)	i			

Part X	-Balance Sheet	(A)	T	(B)
		Beginning of year		End of year
1	Cash · non-interest-bearing	805,177.	1	864,169.
2	Savings and temporary cash investments .	295,239.	2	10,434.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		i i	
l	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
S 7	Notes and loans receivable, net		7	
Stesser 7	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
1	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 258,919.			
Ь	Less. accumulated depreciation 10b 113,550.		10c	145,369.
11	Investments - publicly traded securities .	1,333,703.	11	1,371,029.
12	Investments other securities See Part IV, line 11		12	247,695.
13	Investments - program-related. See Part IV, line 11		13	<u> </u>
14	Intangible assets		14	
15	Other assets See Part IV, line 11	5,440.	15	5,547
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,557,674.	16	2,644,243
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	Payables to current and former officers, directors, trustees, key employees,		T- T	
	highest compensated employees, and disqualified persons Complete Part II			
	of Schedule L		22	
00	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
24	Other liabilities (including federal income tax, payables to related third			
25	parties, and other liabilities not included on lines 17-24) Complete Part X of	ļ		
İ	Schedule D		25	
000		0.	26	0.
26_	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here			
.	·			
Net Assets or Fund Balances 2	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	2,478,291.	27	2,595,006
27	•	79,383.		49,237
ē   28	Temporarily restricted net assets	15,505	29	<u> </u>
P 29	Permanently restricted net assets		25	
[	Organizations that do not follow SFAS 117, check here			
5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	2 557 674	32	2 6/4 2/2
33	Total net assets or fund balances	2,557,674.		2,644,243
34	Total liabilities and net assets/fund balances	2,557,674.	34	2,644,243.

Form **990** (2011)

Form **990** (2011)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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

2011

Open to Public Inspection

Name of t	he organizati	ion						E	mployer i	dentification number
<del></del>			ON OUTREACH						22	-3198464
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part	t.) See inst	ructions.		
Part I The organ 1	A church, co A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170( A community An organizati activities rela income and to See section	for Public Char a private foundation invention of churches cribed in section 17 a cooperative hospi search organization of the ito)(1)(A)(iv). (Complete ate, or local governm ion that normally rec (b)(1)(A)(vi). (Complete ate to its exempt fur unrelated business to 509(a)(2). (Complete	because it is (For lines of some of church of because it is (For lines of some of church of betal service organization of church of some of church of service organization of church of service organization of church of service organization of church of service organization of church of service organization of church of service organization of service organization of service organization of service of serv	through the ches described with a hoseniversity of the supple (Complete 1/3% of its ain exception 511 tags and through the chest of the chest of the supple the chest of the c	st complet 11, check or ribed in section pital descrivened or ope of in section ort from a  Part II) support froms, and (2 xx) from bus	e this part only one b ction 170 170(b)(1)( libed in se perated by n 170(b)(1)( government or contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the	(A)(iii). ction 170 a governr i)(A)(v). ental unit of than 33 1 acquired b	tr from the nembershifty of its y the organization.	ii). Enter the describe e general principles, and support f	ne hospital's name, d in ublic described in d gross receipts from from gross investment
11	An organizate more publicly describes the a Type By checking foundation many foundation for the organization of the organizati	ion organized and organized type of supporting this box, I certify the nanagers and other tration received a writing riganization, check the 17, 2006, has the control organization and other the 17, 2006, has the control organization.	perated exclusively for the strong described in sections described in section and completing the organization and completit the organization is not than one or more publicly ten determination from the box organization accepted and accepted accepted and accepted and accepted and accepted accepted and accepted ac	ne benefit ( ion 509(a)( lete lines 1 c	of, to perfo 1) or sectio 1e through e III - Func I directly or d organiza at it is a Ty	orm the fui on 509(a)(2 a 11h. tionally int r indirectly itions desc pe I, Type	nctions of, 2) See sec segrated by one or cribed in s II, or Type of the follo	or to carr ction 509( r more dis ection 50' e III . cowing per	d	ck the box that  Type III - Other ersons other than ection 509(a)(2).
h	the gove (ii) A family (iii) A 35%	erning body of the si member of a persor controlled entity of a	irectly controls, either al upported organization? In described in (i) above? person described in (i) of about the supported or	or (ii) above	e?	persons o	described	n (ii) and i	(III) below,	Yes No 11g(i) 11g(ii) 11g(iii)
	of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	organizat	ion in col.	(vi) la organizati (i) organiz U.S	on in col.   zed in the	(vii) Amount of support
			(see instructions))	Yes	No	Yes	No	Yes	No	<del></del>
Total LHA For P	aperwork Re	eduction Act Notice	. see the Instructions f	for				Schedu	le A (Form	1 990 or 990-EZ) 201

132021 01-24-12

Form 990 or 990-EZ.

# Schedule A (Form 990 or 990 EZ) 2011 PRINCETON OUTREACH PROJECTS, INC. 22-3198464 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")	1338863.	1803835.	1712914.	2190128.	2034769.	9080509.			
2	Tax revenues levied for the organ-									
	ızatıon'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									
4	Total. Add lines 1 through 3	1338863.	1803835.	1712914.	2190128.	2034769.	9080509.			
	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)				•		403,180.			
6	Public support. Subtract line 5 from line 4						8677329.			
	ction B. Total Support					•				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Amounts from line 4	1338863.	1803835.	1712914.	2190128.	2034769.	9080509.			
8	Gross income from interest,		-							
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	41,604.	36,682.	27,149.	35,016.	40,220.	180,671.			
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)									
11	Total support. Add lines 7 through 10						9261180.			
12	Gross receipts from related activities,	etc (see instructi	ons)			12	548,246.			
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
	organization, check this box and stop		<u></u>				<b>▶</b> □			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2011 (I	ine 6, column (f) d	ıvıded by lıne 11, c	olumn (f))		14	93.70 %			
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	92.88 %			
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright$ [X]			
b	33 1/3% support test - 2010. If the o	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			▶Ш			
17a	10% -facts-and-circumstances tes	t - 2011. If the org	janization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	i <b>ere.</b> Explain in Pai	rt IV how the orgar	nization			
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization	•	. ▶□			
b	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or			
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explain	in Part IV how the	·			
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anization	▶□			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s 🕨			
					Sche	dule A (Form 990	or 990-EZ) 2011			

## Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization failed	s to
and the state of t	

Gection A. Public Support	iow, piease com	piete Part II )	-		·	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 20	011 (f) Total
1 Gifts, grants, contributions, and					<u> </u>	
membership fees received (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,		_				
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
· · · · F			-	-		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-				Ì		
ization's benefit and either paid to						
or expended on its behalf					ļ	
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 disqualified persons					<u> </u>	
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)					<u> </u>	
Section B. Total Support					<del> </del>	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 20	011 <b>(f)</b> Total
9 Amounts from line 6			(0) = 000	14		
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
		<del> </del>		<del>                                     </del>	-	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975		<del> </del>	<u> </u>		<del> </del>	
c Add lines 10a and 10b				+	<del> </del>	
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on					_	
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)			<u> </u>			
13 Total support (Add lines 9, 10c, 11, and 12)			l			
14 First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3	) organization,
check this box and stop here						
Section C. Computation of Public	c Support Pe	ercentage		•		
15 Public support percentage for 2011 (lir	ne 8, column (f) c	divided by line 13,	column (f))		15	
16 Public support percentage from 2010	Schedule A, Part	t III, line 15		.=	16	
Section D. Computation of Inves						
17 Investment income percentage for 201			•		17	
18 Investment income percentage from 2	•	• • • • • • • • • • • • • • • • • • • •			18	
19a 33 1/3% support tests - 2011. If the o			on line 14, and lin	e 15 is more than		and line 17 is not
more than 33 1/3%, check this box an						▶
	=					. ► ∟ 3.1/3% and
b 33 1/3% support tests - 2010. If the c	=					. —
line 18 is not more than 33 1/3%, chec		•				IIIZAUUII
20 Private foundation. If the organization	i dia not check a	1 DOX ON line 14, 19	ra, or 190, check t	nis dox and see in	ISTRUCTIONS	<u>P</u>

### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	PRINCETON OUTREACH	PROJECTS, INC.	22-3198464
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
•	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
Do	t III Organizations Maintaining Collections or	f Art Historical Treasures or (	Other Similar Assets
rai	Complete if the organization answered "Yes" to Form		ottlei olilliai Assets.
			ment and helpnes shoot works of art
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		nt and halance shoot works of art. historical
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		<b>~</b> c
	(i) Revenues included in Form 990, Part VIII, line 1	•	\$
_	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre		iai gaili, provide
_	the following amounts required to be reported under SFAS 1	TO (AGO 300) relating to these items.	<b>L</b> \$
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
D	Assets included in Form 990, Part X		¥

Schedule D (Form 990) 2011

		ON OUTREAC					<u>-319846</u>		
Par	t III   Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	are a sig	gnificant use	of its collection	n item	s
	(check all that apply):								
а	Public exhibition	d		hange progra	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						n Part XIV.		
5	During the year, did the organization solicit of				er sımılar	assets		_	ר
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "	Yes" to F	Form 990, Pa	rt IV, line 9, or		
	reported an amount on Form 990, Par		<del> </del>		<del></del>				
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other ass	sets not i	ncluded			٦
	on Form 990, Part X?						└── Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table						
						4-	Amoun	<u> </u>	
	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
1	Ending balance	orm 000 Dort V line	010			1f	Yes		No
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIV.		21,				163	L	J 140
Par			swered "Yes" to Fo	rm 990. Part	IV. line 10	).			
		(a) Current year	(b) Prior year	(c) Two years		d) Three years	back (e) Four	r vears	hack
1a	Beginning of year balance	250,000.	(b) / Hol you.	(O) I WO JOUR			(0)	7	
h	Contributions	230,000.	250,000.						
	Net investment earnings, gains, and losses	-2,305.							
4	Grants or scholarships		· · · · · · · · · · · · · · · · · · ·						
о Р	Other expenditures for facilities								
·	and programs								
f	Administrative expenses	·							
a	·	247 695.	250 000.						
2	g End of year balance 247,695, 250,000, 250,000 250,00								
а	Board designated or quasi-endowment	•	%						
ь	Permanent endowment ► 100.00	%	<del>-</del>						
С	Temporarily restricted endowment ▶	<del></del>							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	red for th	ne organizatio	on		
	by <sup>.</sup>							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						. 3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		
_4	Describe in Part XIV the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	nent. See Form 990	), Part X, line 10.						
	Description of property	(a) Cost or o basis (investr	1	or other (other)		cumulated reciation	( <b>d</b> ) Boo	k valu	e
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment		25	8,919.	1	<u>.13,550</u>	. 14	<u>5,3</u>	<u>69.</u>
e	Other						<b>_</b>		
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)			·   14	<u>5,3</u>	<u>69.</u>

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 PRINCETON OUTREACH PROJECTS	3, I	NC.	-:-101-1	<u> 22-</u>	3198464 Page 4
Par	t XI. Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial State	ment	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		2,085,553.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,636,526.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		449,027.
4	Net unrealized gains (losses) on investments		-	4		<u>-5,210.</u>
5	Donated services and use of facilities			5	_	
6	Investment expenses			6		·
7	Prior penod adjustments .			7	_	
8	Other (Describe in Part XIV)			8		-357,248.
9	Total adjustments (net). Add lines 4 through 8			9		-362,458.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	ith Days	10	oturn	86,569.
	t XII Reconciliation of Revenue per Audited Financial Stateme	III AA	iui neve	liue per n	T 1	2,086,974.
1	Total revenue, gains, and other support per audited financial statements				1	2,000,314.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 0-	l _	5,210.		
a	Net unrealized gains on investments	2a		<u>J,210.</u>		
b	Donated services and use of facilities	2b	_		1 1	
C	Recoveries of prior year grants	2c	_	6,631.	1	
d	Other (Describe in Part XIV.)	2d	<u> </u>	0,031.		1,421.
е	Add lines 2a through 2d				2e 3	2,085,553.
3	Subtract line 2e from line 1				-3-	<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1 1	
þ	Other (Describe in Part XIV.)	4b			1	0.
С	Add lines 4a and 4b		•		4c	2,085,553.
5 Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XIII Reconciliation of Expenses per Audited Financial Statement	ents V	With Expe	enses per		
	Total expenses and losses per audited financial statements				1	1,643,157.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				<u> </u>	
	Donated services and use of facilities	2a	1			
a	Prior year adjustments	2b			1	
b	Other losses	2c		<del></del>	1 ]	
ب 2	Other (Describe in Part XIV)	2d		6,631.	1 1	
d	Add lines 2a through 2d			07001.	2e	6,631.
e	Subtract line 2e from line 1			•	3	1,636,526.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1	•				
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1		]	
d L	Other (Describe in Part XIV.)	4b			1	
	· · · · · · · · · · · · · · · · · · ·	_ +10			4c	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			• •	5	1,636,526.
	rt XIV Supplemental Information				<u> </u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	l, lines	1a and 4. P	art IV, lines 1	b and 2	2b; Part V, line 4; Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp					
	ct V, line 4: The intended use of the organ					
is	the support of staffing costs.					
D	at V Time 2. Who Organization is subject	+~ ~	outine	::Ai+	a h	v
<u>Pal</u>	ct X, Line 2: The Organization is subject	<u> </u>	Outline	audic	. S D	<u> </u>
tax	king jurisdictions. There are currently n	o su	ch aud	dits fo	r a	ny tax
per	riods in progress. The Organization belie	ves	it is	no lor	iger	subject to
		^ ^				
1no	come tax examination for years prior to 20	υ <b>9</b> .		·		
				<del> </del>	<del> </del>	<del></del>

Schedule D (Form 990) 2011 PRINCETON OUTREACH PROJECTS, INC. 22-3198464 Page 5 Part XIV Supplemental Information (continued)
•
The Organization's policy is to classify income tax related interest and
penalties in interest expense and miscellaneous operating costs,
respectively.
Part XI, Line 8 - Other Adjustments:
NET ASSETS DISTRIBUTED TO NON-PROFIT ENTITIES - SEE
SCHEDULE 0 -357,248.
Part XII, Line 2d - Other Adjustments:
Special event expenses, netted against income on page one
of form 990 6,631.
Part XIII, Line 2d - Other Adjustments:
Special event expenses, netted against income on page one
of form 990 6,631.

### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► See separate instructions **Employer identification number** Name of the organization PRINCETON OUTREACH PROJECTS, INC. 22-3198464 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations h Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

or licensing

Sch <b>Pa</b>	edu i <b>rt</b> l	le G (Form 990 or 990-EZ) 2011 PRINCET  II . Fundraising Events. Complete if the	ne organization answered	l "Yes" to Form 990, Part	IV, line 18, or reported	
	•	of fundraising event contributions and gr	·			its greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			n 11 n		None	(add col (a) through
			Fall Benefit	(event type)	(total number)	col ( <b>c</b> ))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .	37,230.	19,621.	***	56,851.
	2	Less Charitable contributions	30,599.	19,621.		50,220.
	3	Gross income (line 1 minus line 2)	6,631.			6,631.
	4	Cash prizes				
ses	5	Noncash prizes				
Expen	6	Rent/facility costs	250.			250.
Direct Expenses	7	Food and beverages	2,433.			2,433.
	8	Entertainment				
	9	Other direct expenses	3,948.			3,948.
	10	·			. •	( 6,631)
	11	Net income summary. Combine line 3, colum	in (d), and line 10	•		0.
Pa	ırt I	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		· ·		
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(=) =3 =	bingo/progressive bingo		col (a) through col (c))
Rev						
	1	Gross revenue	<u></u>		<del></del>	
ses	2	Cash prizes				
Expenses	3	Noncash prizes			<del></del>	
Direct	4	Rent/facility costs				
_						
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	☐ Yes % ☐ No	
	7	Direct expense summary Add lines 2 throug			<b>&gt;</b>	( )
	8	Net gaming income summary Combine line	1 column d and line 7		•	
		The second secon	in a contract of the contract			
9	En	ter the state(s) in which the organization opera	ates gaming activities.			
		the organization licensed to operate gaming a				Yes No
b	lf "	No," explain				
	_					
		ere any of the organization's gaming licenses r	·		/ear?	Yes No
b	If "	Yes," explain:				
	_					
320	32 0	1-23-12	<del></del>		Schedule G (Fo	rm 990 or 990-EZ) 2011

	equile G (Form 990 or 990-EZ) 2011 PRINCETON OUTREACH PROJECTS, INC. 22-3  Does the organization operate gaming activities with nonmembers?	3198464 Yes	Page 3
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
12	to administer charitable gaming? Indicate the percentage of gaming activity operated in:	Yes	∟ No
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<del></del>	
	Name		
	Address ▶	<del> </del>	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	lf "Yes," enter name and address of the third party:		
	Name		
	Address >		<del></del>
16	Garning manager information:		
	Name	· · · · · · · · · · · · · · · · · · ·	
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
<b>L</b>	retain the state gaming license?	L Yes	L No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
			<del></del>
			<del></del>

132083 01-23-12

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2011 Open to Public Inspection
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OMB No 1545-0047

Employer identification number 22-3198464 INC. PRINCETON OUTREACH PROJECTS, Name of the organization

constraint Annual to reitemate large   1 to 0	A Applications	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
<b>⊣</b> წ	to substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	v for the grants or ass	istance, and the selection	uo
criteria used to award the grants or assistance?	stance?				)		X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II 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	Governments and	Organizations in the	e United States. C	omplete if the org	anization answered ")	es" to Form 990, Part I	/, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Check this	box if no one recipien	nt received more th	an \$5,000. Part II	can be duplicated if	additional space is need	<b>▲</b> pe
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRENTON &						P O	TO ASSIST THE BOYS AND GIRLS CLUB IN RUNNING THE
MERCER COUNTY - 212 CENTRE STREET	21_0634556	501/07/37	020 230	c		F #	TRENTON AFTER SCHOOL
			4				
	:						
	and government or	ganizations listed in th	ne line 1 table		·		
3 Enter total number of other organizations listed in the line 1 table	Is listed in the line	1 table					•

Schedule I (Form 990) (2011)

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

INC. PRINCETON OUTREACH PROJECTS,

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Page 2

22-3198464

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2011) PartIII

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD	23474	0	.606,08	80,909,fair market value	non-perishable foods as well as fresh produce and other grocery items
RENT	896	0	337,621,	fair market value	housing assistance
MORTGAGE	99	0	30,112,	30,112,fair market value	housing assistance
SECURITY DEPOSITS	278	0	102,470.	102,470,fair market value	housing assistance
UTILITIES	521	oʻ	63.542.	63.542,fair market value	ntilities assistance
Supplemental Information. Complete this	de the information	n required in Part I,	line 2, and any other	additional information.	
Part I, Line 2: The	organization 1	on monitor		of the	
assistance provided to individuals by same assistance is provided directly to the	1 7 T	raing only	by providing only non-cash as the educational institution	assistance.	
npany or dire	client	in the for	m of food.	This	
non-cash assistance policy helps e	ensure th	that the ass	sistance pr	assistance provided by the	
organization is used for the purpose	for	which it was	as intended	•	

The organization monitors the use of assistance provided to the Boys &

The Boys and Girls Club through quarterly narrative and financial reports.

132102 01-27-12

22-3198464 Page 2		(f) Description of non-cash assistance ,	miscellaneous other assistance	tuition payments directly to schools or music teachers				Schedule I (Form 990)
		(e) Method of valuation (book, FMV, appraisal, other)	fair market value	10,764,£air market value				
	I (Form 990), Part I	(d) Amount of non- cash assistance	6,650,	10,764,				
PROJECTS, INC.	d States (Schedule	(c) Amount of cash grant	•0	0				:
EACH PROJ	duals in the Unite	(b) Number of recipients	100*	11.				
Schedule I (Form 990) PRINCETON OUTREACH	Part III   Continuation of Grants and Other Assistance to Individuals in the United States (Schedule   (Form 990), Part III)	(a) Type of grant or assistance	MISCELLANEOUS OTHER	EDUCATIONAL ASSISTANCE- FROM TRENTON CHILDREN'S CHORUS				

Schedule I (Form 990) 2011 Part IV Supplemental Info	PRINCETON ( ormation	OUTREACH	PROJECTS,	INC.	22-3198464 Page 2
Girls Club provide	d quarterly	narrativ	ve and fin	ancial repo	rts regarding the
operation of the a	fter-school	program	at Kilmer	Elementary	. These were
reviewed by the or	ganization's	s represe	entatives	as well as :	representatives
of Nassau Presbyte	rian Church	•			
	<del>-</del>	,			
	···				
Part IV   Supplemental Information  Girls Club provided quarterly narrative and financial operation of the after-school program at Kilmer Elemental Information					
Part IV   Supplemental Information  Girls Club provided quarterly narrative and financial reports regardi  operation of the after-school program at Kilmer Elementary. These we reviewed by the organization's representatives as well as representat					
	<del></del>				
	··				
			<del></del>		
<u> </u>					
	· · · · · · · · · · · · · · · · · · ·		-· -· ·		
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Schedule I (Form 990) 2011

### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

➤ Complete if the organization answered
"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.

28b, or 28c, Open To

2011
Open To Public

OMB No 1545-0047

Inspection Employer identification number Name of the organization 22-3198464 PRINCETON OUTREACH PROJECTS, INC. Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved (a) Name of interested (c) Original principal (g) Written (b) Loan to or from (e) In (d) Balance due by board or the organization? default? agreement? amount person and purpose committee? Yes Yes No Yes No To From No **Total Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance Taylor is the daughter of TCC Tuition to Mercer Taylor Picket-Stokes Kiana Simpson Kiana is the daughter of TCC b Tuition to Norfolk Jordan is the daughter of TCC Tuition to Trenton Jordan Meaurie Pickett

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

See Part V for Continuations

Kiana is the daughter of TCC board member Linda Wyatt-Simpson
(c) Amount of Grant \$ 1,000.
(c) Type of Assistance: Tuition to Norfolk State University
(a) Name of Person: Jordan Meaurie Pickett

(b) Relationship Between Interested Person and Organization:

Jordan is the daughter of TCC board member Regina Pickett

(c) Amount of Grant \$ 350.

(c) Type of Assistance: Tuition to Trenton Catholic Academy

Schedule L (Form 990 or 990-EZ) 2011

### **SCHEDULE O** (Form 990 br 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number

PRINCETON OUTREACH PROJECTS, INC. 22-3198464
Form 990, Part III, Line 1, Description of Organization Mission:
The corporation shall be operated for the purpose of reaching out with
short term assistance to people with emergency or unmet needs while
long range solutions to their problems are sought. Furthermore, the
corporation shall provide an educational enrichment program for
children from the neediest families from Trenton, New Jersey, Mercer
County and surrounding region. The corporation may undertake
additional outreach projects which the Board of Trustees deems
appropriate.
Form 990, Part III, Line 3, Changes in Program Services:
In 2011, Princeton Outreach Projects ceased conducting some of their
programs.
The Trenton After School Program was transitioned to the Boys and Girls
Club. During 2011 the Boys and Girls Club ran the program, with
Princeton Outreach Projects providing some financial support.
The Trenton Children's Chorus was part of Princeton Outreach Projects
for the first seven months of the year. On August 1, 2011 the Trenton
Children's Chorus seperated from Princeton Outreach Projects, forming
their own 501(c)(3).
The Housing Initiatives of Princeton program seperated from Princeton
Outreach Projects on January 1, 2011. HIP formed their own 501(c)(3)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

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<u>documents, conflict of interest policy, and financial statements are made</u>

132212 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Open to Public Inspection

OMB No 1545-0047

▼ See separate instructions.

Employer identification number 22-3198464

INC ► Attach to Form 990. PRINCETON OUTREACH PROJECTS Name of the organization

Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total income 0 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(g) Section 512(b)(13) controlled 8 × × entity? Yes Direct controlling status (if section Public charity 501(c)(3)) JINE 1 - A INE 1 - A CHURCH CHURCH Exempt Code section 501(C)(3) 501(C)(3) € Legal domicile (state or foreign country) New Jersey New Jersey OURSELVES & OTHERS TO LIVE 5 F THE GOSPEL & TO GROW IN NPC EXISTS TO WORSHIP, KNOW, AND TO SERVE GOD Primary activity EDUCATE & NOURISH THROUGH CHRIST NASSAU PRESBYTERIAN CHURCH - 21-0634470 TRINTY EPISCOPAL CHURCH - 21-0647707 Name, address, and EIN of related organization 08542 08540 61 NASSAU STREET 33 MERCER STREET PRINCETON, NJ N PRINCETON

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

Schedule R (Form 990) 2011

See Part VII for Continuations38

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22-3198464

Page 2

Schedule R (Form 990) 2011 PRINCETON OUTREACH PROJECTS, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) ₹ Ξ Yes No Share of end-of-year assets <u>6</u> Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of total income ate allocations? Yes No Disproportion-Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> Direct controlling entity Share of total income ত্ত Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ပ</u> (e 39 Primary activity (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 132162 01-23-12 Part IV

# Schedule R (Form 990) 2011 PRINCETON OUTREACH PROJECTS, INC.

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	٤
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II-IV?		ĺ
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				4	×
c Gift, grant, or capital contribution from related organization(s)				1c X	
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)			٠	1e	×
f Sale of assets to related organization(s)				#	×
g Purchase of assets from related organization(s)				19	×
h Exchange of assets with related organization(s)				Ŧ	×
i Lease of facilities, equipment, or other assets to related organization(s)				;=	×
j Lease of facilities, equipment, or other assets from related organization(s)				1j	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			*	×
l Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			<b>~</b>	- [
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1m X	[
n Sharing of paid employees with related organization(s)				t	×
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				ot X	
p Reimbursement paid by related organization(s) for expenses				d d	×
<ul> <li>Qther transfer of cash or property to related organization(s)</li> </ul>				10	×
r Other transfer of cash or property from related organization(s)	1			1-	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds		-
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		-
(1)					
(2)		ļ			
(4)					
(5)					
(9)					
132163 01-23-12	40		Schedu	Schedule R (Form 990) 2011	2011

Schedule R (Form 990) 2011 PRINCETON OUTREACH PROJECTS, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d)	(q)	(0)	(g)	(e)	<b>(£)</b>	(b)	Ξ	0	(1)	3
Name, address, and EIN of entity	Primary activity	micile oreign	t income related, om tax 512-51	Are all Are all 501(c)(3) orgs?	Share of total income	Share of end-of-year assets	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage bloade amount in box 20 managing ownership oscillation (Form 1065) See No.	General or managing partner?	Percentage ownership
				2			3			
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								Schedule	R (For	Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 PRINCETON OUTREACH PROJECT	S, INC.	22-319	8464 Page 5
Part VII. Supplemental Information	an Cabadala Dila		
Complete this part to provide additional information for responses to questions	on Schedule R (Se	ee instructions)	
Part II, Identification of Related Tax-Exempt	Organizat	ions:	
Name of Related Organization:			
TOTAL TOTAL CONTROL			
TRINTY EPISCOPAL CHURCH			
Primary Activity: EDUCATE & NOURISH OURSELVES	& OTHERS	TO LIVE THE	GOSPEL
c mo chori the father			
& TO GROW IN FAITH			
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### 'Form 8868

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			<u> </u>	
-	re filing for an Additional (Not Automatic) 3-Month Ext			this form).			
•	•		tic 3-month extension on a previous		m 8868.		
	c filing (e-file). You can electronically file Form 8868 if y					corporation	
	o file Form 990-T), or an additional (not automatic) 3-mor						
	file any of the forms listed in Part I or Part II with the exc						
Personal E	Benefit Contracts, which must be sent to the IRS in pap	er format (	see instructions). For more details of	on the elec	tronic filing of	this form,	
visıt www.	irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).			
A corporat	tion required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and	complete			
Part I only				-		<b>&gt;</b>	
	orporations (including 1120-C filers), partnerships, REM	ICs, and tr	usts must use Form 7004 to reques	t an exten	sion of time		
o file inco	me tax returns.						
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employer	ıdentıfication	number (EIN) or	
print		7 737	_	(TET)	22 210	0.4.6.4	
ile by the	PRINCETON OUTREACH PROJECTS			X 22-3198464			
due date for filing your return. See 1 NASSAU STREET  Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number						(SSN)	
nstructions	City, town or post office, state, and ZIP code. For a for PRINCETON, NJ 08542-4502	oreign add	ress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		•	0 1	
Application	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form <u>99</u> 0	-BL	02	Form 1041-A			08	
Form 990	-EZ	01	Form 4720			09	
Form 990	PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form <u>990</u>	T (trust other than above)	06	Form 8870			12	
			AU PRESBYTERIAN		_		
	ooks are in the care of $\blacktriangleright$ 61 NASSAU STREI	ET - 1	PRINCETON, NJ 0854	2-450	2		
-	one No. ► 609-924-0103		FAX No. >		<del></del>	. —	
	rganization does not have an office or place of business					ightharpoonup	
	s for a Group Return, enter the organization's four digit						
box 🕨 L	. If it is for part of the group, check this box		ch a list with the names and EINs o		ers the extens	sion is for.	
	quest an automatic 3-month (6 months for a corporation						
		t organiza	tion return for the organization nam	ed above.	The extension	1	
	or the organization's return for: $\overline{f X}$ calendar year $2011$ or						
	tax year beginning						
	tax year beginning	, an	d ending		<b>_·</b>		
2 If th	ne tax year entered in line 1 is for less than 12 months, on the control of the c	heck reas	on: Initial return	Final retur	n		
30 1546	us application in for Form 200 BL 200 BT 200 T 1700	6000	atantha tantair i	<del></del>		<del></del>	
	ns application is for Form 990-BL, 990-PF, 990-T, 4720, prefundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	3a	\$	0.	
	is application is for Form 990-PF, 990-T, 4720, or 6069,			T			
	mated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa		•			-	
	using EFTPS (Electronic Federal Tax Payment System).			3c	<u>  \$                                  </u>	0.	
	If you are going to make an electronic fund withdrawal			orm 8879	EO for payme	nt instructions.	
	or Privacy Act and Paperwork Reduction Act Notice,					68 (Rev. 1-20	

Form 88	68 (Rev. 1-2012)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	s box		▶ X
	ily complete Part II if you have already been granted an a		-		3868	
<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).			
Part I	Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the origin	nal (no c	opies ne	eded)
			Enter filer's	identifyir	g number	, see instructions
Туре ог	Name of exempt organization or other filer, see instru	ctions	ì	Employer	dentificat	ion number (EIN) or
print						
File by the	PRINCETON OUTREACH PROJECTS	, INC	•	X	22-3	198464
due date fo filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity num	ber (SSN)
return See	61 NASSAU STREET					
instructions	City, town or post office, state, and ZIP code For a it	oreign add	ress, see instructions			
	PRINCETON, NJ 08542-4502		<del></del>	<del></del>		
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Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
						<del></del>
Applicat	tion	Return	Application			Return
ls For		Code	is For			Code
Form 99	0	01				
Form 99		02	Form 1041-A			08
Form 99		01	Form 4720			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted					368
			SAU PRESBYTERIAN C			
	cooks are in the care of   61 NASSAU STREI	<u> 51' – .</u>		<u> 2-450</u>	<u> </u>	
	hone No ► 609-924-0103		FAX No ►			<b>.</b> $\Box$
	organization does not have an office or place of business			,		<b>▶</b> ∟
	is for a Group Return, enter the organization's four digit					
box 🕨	. If it is for part of the group, check this box			r ali memb	ers the ext	ension is for
	· · · · · · · · · · · · · · · · · · ·	Noveill	<u>ber 15, 2012</u> .	_		
	r calendar year $2011$ , or other tax year beginning		on: Initial return	9 Final r		
6 Ift	the tax year entered in line 5 is for less than 12 months, c	neck reas	on: initial return	Final i	etum	
7 St	ate in detail why you need the extension					
	DDITIONAL TIME IS NEEDED TO	RILE :	A COMPLETE AND ACC	איי אַ אַזון	ਸਾਵਾਸ਼	RN -
43	DUITIONAL TIME TO NEEDED TO		A COMPLETE AND ACC	OIGITE	ILLI I O.	
8a If t	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	inter the tentative tax less any			
	Inrefundable credits. See instructions.	0. 0000, 0		8a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and estimated			
	k payments made. Include any prior year overpayment all	-				
	reviously with Form 8868.			8b	\$	0.
	alance due. Subtract line 8b from line 8a include your pa	vment wit	th this form, if required, by using		- <del>1</del>	
	TPS (Electronic Federal Tax Payment System). See instr	-	, 4, 3	8c	\$	0.
			st be completed for Part II			
Under per it is true,	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp	<del>-</del>	-	f my knowle	edge and belief,
Signature	Titla 🕨	TREAS	IRER	Date	•	
<u> </u>	11110		V-1-1-1	Date		0000 (Day 1 2012)

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