	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)					2021						
epartment of	the Treasury	Under se	ection 501(c)	, 527, or 4947(a	a)(1) of the Intern		except private for	indations)		Open to Public		
	the Treasury ue Service				n990 for instru			tion.				
		dar year, or tax	x year begi	nning		, 2021, and	ending		, 2	0 ation number		
	applicable:	C			1.1.1.1			15				
-	ress change	Sustainab 1 Monumen			nc			E Telepho	47433			
	te change	Princeton										
-	al return		.,					(60)	9) 454	1-4757		
-	return/terminated							G Gross re	S state	418,101.		
-	inded return	F Name and add	less of princip	al officer:		Creation and a second	H(a) Is this	a group return				
	lication penoing	Same As C		Chi	ristine S	ymington		Il subordinates ," attach a list.				
Тах-ех	empt status:	X 501(c)(3)	501(c) (14 (insert no.)	4947(a)(1) or	527 If "No	," attach a list.	See instru	ctions.		
		w.sustain						exemption nu	mber ►			
	of organization:	X Corporation	Trust	Association	Other P	L Year of	formation: 201			al domicile: NJ		
Part I	Summar		Inuse	Association	Outer				tato or logi			
1 B	Briefly descril	be the organiza	ation's miss	sion or most	significant ac	tivities:Our mi	ssion is	to ins	oire (our		
						ons or disposed la)			net asse 3	its. 10		
0 4 N	lumber of ind	dependent voti	ing membe	rs of the gov	erning body (Part VI, line 1b).			4	10		
5 T						t V, line 2a)			5	5		
T 6 T						12			6 7a	40		
						line 11			7a 7b	0.		
514	ici uniciatou	Dusiness taxa	ible income	- nonn - onn	550 1,1 arti,	inte remainer,		Prior Year	15	Current Year		
8 C	Contributions	and grants (P	art VIII, line	e 1h)				284,0	45.	321,371.		
9 P								31,4		96,715.		
11 C	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							3	63.	15.		
						lumn (A), line 12	-	315,8	58.	418,101.		
					2	********						
			1					011 4	00	001 000		
0						in (A), lines 5-10		211,4	08.	281,690.		
š 16a P												
S I		ing expenses				30,2						
17 0								37,8		55,981.		
						, line 25)		249,2		337,671.		
18 T	evenue less	expenses, Su	ptract line	18 from line	12			66,5		80,430.		
18 T 19 R												
18 T 19 R			5)				Beginn	ing of Curren		End of Year		
18 T 19 R	otal assets (Part X, line 16					Beginn		25.	End of Year 378,855.		
18 T 19 R	otal assets (otal liabilitie	Part X, line 16 s (Part X, line	26)				Beginn	ing of Curren 298,4	25. 0.	End of Year 378,855. 0.		
18 T 19 R 20 T 21 T 22 N	otal assets (otal liabilitie let assets or	Part X, line 16 s (Part X, line fund balances	26)				Beginn	ing of Curren	25. 0.	End of Year 378,855. 0.		
18 T 19 R 20 T 20 T 21 T 22 N Part II	otal assets (otal liabilitie let assets or Signatur	Part X, line 16 s (Part X, line fund balances e Block	26)	line 21 from	line 20		Beginn	ing of Curren 298, 4 298, 4	25. 0. 25.	End of Year 378,855. 0. 378,855.		
18 T 19 R 20 T 20 T 21 T 22 N Part II	otal assets (otal liabilitie let assets or Signatur	Part X, line 16 s (Part X, line fund balances e Block	26)	line 21 from	line 20		Beginn	ing of Curren 298, 4 298, 4	25. 0. 25.	End of Year 378,855. 0.		
18 T 19 R 20 T 20 T 21 T 22 N Part II	otal assets (otal liabilitie let assets or Signatur s of perjury, I de laration of prepa	Part X, line 16 s (Part X, line fund balances e Block clare that I have ex rer (other than offic	26)	line 21 from	line 20		Beginn	ing of Curren 298, 4 298, 4	25. 0. 25. and belief,	End of Year 378,855. 0. 378,855.		
18 T 19 R 20 T 21 T 22 N Part II nder penaltie penplete. Decl	otal assets (otal liabilitie let assets or Signatur s of perjury, I de laration of prepa	Part X, line 16 s (Part X, line fund balances e Block	26)	line 21 from	line 20		and to the best of	298,4 298,4 298,4	25. 0. 25. and belief,	End of Year 378,855. 0. 378,855.		
18 Tr 19 R 20 Tr 21 Tr 22 N Part II nder penaltie: Deplete. Decl	otal assets (otal liabilitie let assets or Signatur s of perjury, I de laration of prepar Signatur BRIZ	Part X, line 16 s (Part X, line fund balances e Block clare that I have ex rer (other than offic re of officer	26)	line 21 from	line 20		and to the best of	ing of Curren 298, 4 298, 4 my knowledge Decem	25. 0. 25. and belief,	End of Year 378,855. 0. 378,855.		
18 T 19 R 19 R 20 T 21 T 22 N Part II Inder penalties Despite Despite 20 T 19 20 T 19 20 T 19 20 T 19 20 T 19 20 T 20	otal assets (otal liabilitie let assets or Signatur s of perjury, I de laration of prepa Signatur BRI1 Type or	Part X, line 16 s (Part X, line fund balances e Block clare that I have ex rer (other than offic re of officer AN McDONAI print name and title	26)	line 21 from turn, including a n all information	line 20	dules and statements, has any knowledge.	and to the best of	ing of Curren 298, 4 298, 4 my knowledge Decem vate	25. 0. 25. and belief,	End of Year 378,855. 0. 378,855. It is true, correct, and 30, 2022		
18 T 19 R 19 R 20 T 21 T 22 N Part II Inder penalties Despite Despite 20 T 19 20 T 19 20 T 19 20 T 19 20 T 19 20 T 20	otal assets (otal liabilitie let assets or Signatur s of perjury, I de laration of prepa Signatur BRI1 Type or	Part X, line 16 s (Part X, line fund balances e Block clare that I have ex rer (other than offic re of officer	26)	line 21 from	line 20		and to the best of	ing of Curren 298, 4 298, 4 my knowledge Decem vate	25. 0. 25. and belief, bur	End of Year 378,855. 0. 378,855. It is true, correct, and 30, 2-02-2		
18 Tr 19 R 20 Tr 21 Tr 22 N Part II Inder penalties pomplete. Decl Sign Here	otal assets (otal liabilitie let assets or Signatur s of perjury, I de laration of preparation Signatur BRID Type or Print/Type p Lee He	Part X, line 16 s (Part X, line fund balances e Block clare that I have ex- rer (other than offic reparer (other than offic officer AN McDONAL print name and title reparer's name ssberger,	26) s. Subtract camined this re- re- is based or MUU 0 LD e CPA	line 21 from turn, including ag n all information Muld Preparer's sig Lee He;	line 20 companying sched of which preparer h gnature ssberger,	dules and statements, has any knowledge. Date	and to the best of	ing of Curren 298, 4 298, 4 my knowledge Decem surer	25. 0. 25. and belief, bur	End of Year 378,855. 0. 378,855. It is true, correct, and 30, 2022		
18 Tr 19 R 20 Tr 21 Tr 22 N Part II Inder penalties pomplete. Deci Sign Here Paid Preparer	otal assets (otal liabilitie let assets or Signatur s of perjury, I de laration of prepa Signatur BRID Type or Print/Type p Lee He Firm's name	Part X, line 16 s (Part X, line fund balances e Block clare that I have ex rer (other than offic re of officer AN McDONAI print name and title reparer's name ssberger, Allia	26) s. Subtract camined this re- is based or MUU 0 LD e CPA nce Acc	line 21 from turn, including a all information Marchart Preparer's sig Lee Hes counting	Iine 20 companying schee of which preparer h gnature ssberger, Group	dules and statements, nas any knowledge. Date	and to the best of	ing of Curren 298, 4 298, 4 my knowledge DtCem ate Surer Check self-employe	25. 0. 25. and belief, bur if P1 ed P	End of Year 378,855. 0. 378,855. It is true, correct, and 30, 2022 IN 00011374		
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18 Tr 19 R 20 Tr 21 Tr 22 N Part II Inder penalties omplete. Decid Sign Here Paid Preparer Jse Only	otal assets (otal liabilitie let assets or Signatur s of perjury, I de laration of prepa Signatur BRI1 Type or Print/Type p Lee He Firm's name	Part X, line 16 s (Part X, line 16 fund balances e Block clare that I have ex rer (other than offic re of officer AN McDONAI print name and title reparer's name ssberger, Allia 3836 Merce	26) a. Subtract tamined this re- terer) is based or MUU 0 LD e CPA nce Acco Quakerb crville,	Ine 21 from turn, including an all information Preparer's sig Lee He: counting oridge Ro NJ 0863	Iine 20 companying scher of which preparer h gnature ssberger, Group 1 Ste 105 19	dules and statements, nas any knowledge. Date	and to the best of	ing of Curren 298, 4 298, 4 my knowledge Decem rate Surer Check self-employe Firm's EIN Phone no.	25. 0. 25. and belief, if P1 ad P 90875	End of Year 378,855. 0. 378,855. It is true, correct, and 30, 2022 IN 00011374 337308		

Form	n 990 (202 1)	Sustainable Pri	nceton Inc	45-474335	3 Page 2
Par	t III State	ement of Program S	ervice Accomplishments		
			a response or note to any line in this Part III		Χ
1	Briefly descr	ibe the organization's mis	ssion:		
	<u>See Sche</u>	dule_0			
	Did the exercise	ination undertake anu signi		we not listed on the union	
2	-		ficant program services during the year which we		Vec V Ne
		ribe these new services on		······	Yes X No
3			j, or make significant changes in how it cond	ucts any program services?	Yes X No
3		ribe these changes on Sch			
4			ervice accomplishments for each of its three	largest program services as measure	d hv expenses
•	Section 501((c)(3) and 501(c)(4) organ	izations are required to report the amount of	grants and allocations to others, the t	otal expenses,
	and revenue	, if any, for each program	i service reported.		
	<i>(</i> 0,)				
4 a	a (Code:) (Expenses \$	269,562. including grants of \$) (Revenue \$)	418,086.)
			as successfully developed a		
			. Through partnership with t		
			<u>on-profits, Sustainable Prin</u>		
			<u>d_cultural_shifts_required_f</u>		
			is for Princeton to become a		
			of sustainability, ensuring		
			eing of all community member		
			000 residents of Princeton,		urces
	availab	le free of charg	<u>e to anyone with access to t</u>	ne internet.	
14	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
41) (Revenue \$)
4 c	: (Code:) (Expenses \$	including grants of \$) (Revenue \$)
		/、、			,
4 c	d Other progra	m services (Describe on			
	(Expenses	\$	including grants of \$) (Revenue \$)
		m service expenses 🕨	269,562.		
RΔΔ			TEE 401001 00/00/01		Form 990 (2021)

Pa	rt IV	Checklist of Required Schedules			
				Yes	No
1		e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete dule A	1	Х	
2	Is the	e organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	for pi	e organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Secti in eff	on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election ect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the asses	e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	to pro	e organization maintain any donor advised funds or any similar funds or accounts for which donors have the right wide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, I	6		Х
7	Did th envir	e organization receive or hold a conservation easement, including easements to preserve open space, the onment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8		ne organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Dete Schedule D, Part III.	8		Х
9	for an	ne organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian nounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ces? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did tl or in	ne organization, directly or through a related organization, hold assets in donor-restricted endowments quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11		organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, as applicable.			
	D, Pa	e organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule art VI	11 a		Х
I	b Did th asset	e organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total is reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did th asset	e organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total is reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did th in Pa	e organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported rt X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
(e Did tl	ne organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f Did th the o	e organization's separate or consolidated financial statements for the tax year include a footnote that addresses rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12		e organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete dule D, Parts XI and XII	12a		Х
I	b Was t <i>if the</i>	he organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the	e organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х

14a Did the organization maintain an office, employees, or agents outside of the United States?

14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or fore for individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19	Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х

Form 990 (2021)

Form 990 (2021)Sustainable Princeton IncPart IVChecklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			
	Schedule J.	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
Ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
Ł	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_	Enter the number recented in her 2 of Erms 1000. Enter 0. 'f 1 - 1' - 1' - 1' - 1		Yes	No
ł	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 a 6 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1 b 0			
C	; Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
		10	23	

Page 4

45-4743353

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2 a Exert the number of employees reported on from V.3, Transmitta of Wage and Tax State 2 a) 5 3 a) Exert the number of employees reported on the cognization file all required federal employment tax returns? 2 b) 2 b) 3 a) Exert end on the construction of the cognization file all required federal employment tax returns? 2 b) 3 a) X 3 a) Exert end on the construction of the cognization file all required federal employment tax returns? 3 a) X 3 a) Exert end on the construction of the cognization file all required federal employment tax returns? 3 a) X b) If Yes, that filed a form 901 fine tay end of the cognization for the set all control of the cognization and the set all control of the cognization for the set all control of the cognization for the cognization for the set all control of the cognization for the set all control of the cognization for the set all control of the cognization for the cognization for the set all control of the cognization for the set all control of the cognization for the set all control of the cognization for the cognization for the cognization for the cognization for the set all control of the cognization for the set all control of the cognization for the cognization for the cognization for the set all control of the cognization for the set all control (from table) 5 a	Form	n 990 (2021)		45-4743353	F	Page 5
2 = Enert the number of employees reported on Form W.G. Transmittal of Wage and Tax State. 2a 5 b If at least one is reported on line 2a, did the organization file all regulared factal employment this returns? 2b X All of the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3 A bit file organization have unrelated business gross income of \$1,000 or more during the year? 3b X 3 A all yttee during the calced arge r, did the organization have an interest shade 0. 3b X 3 A lay the during the calced arge r, did the organization have an interest shade 0. 3b X 3 A lay the during the calced arge r, did the organization have an interest shade 0. 3b X 3 A lay the during the calced arge r, did the organization have an interest shade 0. 3c X 3 A lay the during the calced arge r, did the organization interest shade 1. as a lay the during the tax year? 3c 4 A lay the during the calced arge r, did the organization interest shade 1. as a calced arge r, did the organization arge 1. 3c X 5 B W State organization and the organization interest shade for the solut shade 1. as a calced arge organization arge 1. 3c X b D due organization neuse arge arge that the state organization arge 1. state 1. 3c X </th <th>Parl</th> <th>t V</th> <th>Statements Regarding Other IRS Filings and Tax Compliance (conti</th> <th>inued)</th> <th></th> <th></th>	Parl	t V	Statements Regarding Other IRS Filings and Tax Compliance (conti	inued)		
ments, field for the cale/add year ending with or within the year covered by this return					Yes	No
Note: If the sum of lines 1 and 2a is greater than 250, you may be required to -406. See instructions. 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 1a Al any time during the calendar year, did the organization have an interest in, or a signature or their authority over, a trained account? 4a 1a Al any time during the calendar year, did the organization have an interest in, or a signature or their authority over, a trained account? 4a 1b Test, instance of the foreign countly set of the base a bank account, or other authority over, a trained account? 5a 2a With the organization in a party to a prohibited tax sheller transaction at any time during the tax year? 5a 2a Obst the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the organization have an party to a prohibition tax deductible as charitable contributions? 5c 3a Obst any contributions that may receive deductible contributions during the set of the organization neceive a payment in excess of \$75 made party to a prohibition? 7a X 1b T''ss.' did the organization neceive a payment in excess of \$75 made party and prohibition or gifts were or bid the organization neceive a payment in excess of \$75 made party is a prohibition organization. 7a X 1b T''ss.' did the organization neceive da contributions under section 170(c). a Did the organization neceive da contribution or gifts were form Made? 7b 7c <	2 a	Enter the r ments, file	number of employees reported on Form W-3, Transmittal of Wage and Tax State- d for the calendar year ending with or within the year covered by this return 2	2a 5		
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b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 11b 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X						
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b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X X If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b	Gross incon against arr	ne from other sources. (Do not net amounts due or paid to other sources nounts due or received from them.)	lb		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X	12 a	Section 49	47(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	orm 1041? 12:	a	
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> . 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X	b	If 'Yes,' en	ter the amount of tax-exempt interest received or accrued during the year	2b		
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> . 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X	а	0	· · ·		a	
c Enter the amount of reserves on hand 13 c 14 a 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 1f 'Yes,' complete Form 4720, Schedule O. 16 X			5	Э.		
14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 b 14 b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 'Yes,' complete Form 4720, Schedule O. 16 X						
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?						v
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?If 'Yes,' see the instructions and file Form 4720, Schedule N. 15 X 16 X 16 X 17 Yes,' complete Form 4720, Schedule O. 16 X		-			-	Ā
excess parachute payment(s) during the year? 15 X If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If 'Yes,' complete Form 4720, Schedule O. 10 10 X					d	—
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If 'Yes,' complete Form 4720, Schedule O. Image: Complete Form 4720	15	excess par	achute payment(s) during the year?			X
	16	Is the orga	nization an educational institution subject to the section 4968 excise tax on net inves	stment income? 16		Х
17 Section 501(c)(21) organizations. Did the trust, any disgualified person, or mine operator engage in any						
activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17	17	activities th	nat would result in the imposition of an excise tax under section 4951, 4952, or 4953?			

6

Forn	m 990 (2021) Sustainable Princeton Inc 45-4743353		Ρ	age (
Pa	Int VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang Schedule O. See instructions.	elow, ges d	and on	for
	Check if Schedule O contains a response or note to any line in this Part VI.			. X
Sec	ction A. Governing Body and Management			
			Yes	No
1;	a Enter the number of voting members of the governing body at the end of the tax year 1 a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1 a 10			
	b Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4				v
E	since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		<u>Х</u> Х
5		5		X
6 7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	0		Λ
	members of the governing body?	7 a		Х
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	the following:			
	a The governing body?	8 a	Х	
I	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х
		•		
Sec	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co Yes	ode.) No
Sec 10 a	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal Re a Did the organization have local chapters, branches, or affiliates?	•		ode.)
Sec 10 a	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal Re a Did the organization have local chapters, branches, or affiliates?	10 a	Yes	ode.) No
Sec 10 a 11 a	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	evenu 10 a		ode.) No
10 a 11 a	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	10 a 10 b 11 a	Yes	ode.) No
Sec 10 a 11 a 11 a 12 a	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	10 a	Yes	ode.) No
Sec 10 a 11 a 11 a 12 a	 organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	10 a 10 b 11 a	Yes	ode.) No
Sec 10 a 11 a 11 a 12 a	 organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	10 a 10 b 11 a 12 a	Yes X X X X X	ode.) No
Sec 10 a 11 a 11 a 12 a	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q ction B. Policies (This Section B requests information about policies not required by the Internal Re a Did the organization have local chapters, branches, or affiliates? 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was doneSee. Schedule .Q dift he organization have a written whistleblower policy?	10a 10b 11a 12a 12b	Yes X X X X	No X
10 a 10 a 11 a 12 a 12 a	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q ction B. Policies (This Section B requests information about policies not required by the Internal Re a Did the organization have local chapters, branches, or affiliates? 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done See. Schedule .Q 0 b Did the organization have a written whistleblower policy? 0 0	10 a 10 b 11 a 12 a 12 b 12 c	Yes X X X X X	ode.) No
Sec 10 a 11 a 12 a 12 a 13	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	10 a 10 b 11 a 12 a 12 b 12 c 13	Yes X X X X X	No X
Sec 103 111 112 122 13 14 15	 organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	2Venu 10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X X	No X
Sec 103 111 112 122 13 14 15	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q ction B. Policies (This Section B requests information about policies not required by the Internal Re a Did the organization have local chapters, branches, or affiliates? 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c c Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? b Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? c Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? b Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous s	10a 10b 11a 12a 12b 12c 13 14	Yes X X X X X	No X
Sec 103 111 112 122 13 14 15	 organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	2Venu 10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X X	No X
Sec 104 114 124 13 14 15 4	organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	2Venu 10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X X	No X
Sec 103 113 113 123 13 14 15 163	organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule O</i>	2 <i>venu</i> 10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes X X X X X X X	No X X
Sec 10 a 11 a 12 a 13 14 15 16 a 1	organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule O</i>	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes X X X X X X X	No X X
Sec 103 113 113 123 13 14 15 163 1 Sec	organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule O</i>	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	Yes X X X X X X X	No X X X X
Sec 10 a 11 a 12 a 13 14 15 16 a 1	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	2Venu 10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	Yes X X X X X X X	No X X X X

Own website Other (explain on Schedule O) X Another's website X Upon request

19	Describe on Schedule O whether ((and if so, how) the org	anization made its	governing documents,	conflict of interest policy	and financial	statements ava	ilable to
	the public during the tax year.	See	Schedule	0				

20 State the name, address, and telephone number of the person who possesses the organization's books and records > Christine Symington 1 Monument Drive Princeton NJ 08540 (609) 454-4757

Form 990 (2021) Sustainable Princeton Inc	45-4743353	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensat	ted Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

			((C)					
(A) Name and title	(B) Average hours	Pos thar is	ition (d n one b s both a direc	an off	ficer ar rustee)	nd a)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Former Highest compensated	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- (W-2/1099-NEC)	compensation from the organization and related organizations
(1) YAMILE SLEBI	4								
President	0	Х		Х			0.	0.	0.
(2) ALEXANDRA BAR-COHEN	2								
Vice President	0	Х		Х			0.	0.	0.
(3) BRIAN McDONALD	2	Х		Х			0.	0	0
(4) FRAN PRICE	0	Λ	4	~			0.	0.	0.
Secretary	0	Х	,	Х			0.	0.	0.
(5) STEVE AVERBUCH	0.5	Λ		~			0.	0.	0.
Trustee	0	Х					0.	0.	0.
(6) BRUCE CHUNG	0.5								
Trustee	0	Х					0.	0.	0.
(7) EVE COULSON	0.5								
Trustee	0	Х					0.	0.	0.
(8) BRUNO SARDA	0.5								
Trustee	0	Х					0.	0.	0.
(9) DAVID HILL	0.5								
Trustee	0	Х					0.	0.	0.
(10) GAIL ULLMAN	0.5						0	0	0
Trustee (11)	0	Х					0.	0.	0.
(12)									
(13)				╡					
(14)									
ВАА	TEEA0	107L	09/22/:	21					Form 990 (2021)

Form 990 (2021) Sustainable Princeton									45-474335		Page 8
Part VII Section A. Officers, Directors, Tr	-	Key	Em	•	-	es, a	nc	l Highest Con	pensated Emp	oyees	(continued)
(A) Name and title	(B) Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unles cer and	s pei d a d	ition more rson i lirecto	than or is both or/truster Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimate of c compens the orga and r	F) d amount ther ation from anization elated zations
(15)						be					
(16)											
(18)											
(19)											
(20)											
(21)		•									
(22)											
(23)		•									
(24)											
(25)		•									
1 b Subtotal c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)	tion A					🕨	•	0. 0. 0.	0. 0. 0.		0. 0. 0.
2 Total number of individuals (including but not limite from the organization ► 0	d to those	listed	abov	e) w	vho r	receive	ed	more than \$100,00	00 of reportable comp	ensation	
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ch individu	ial								. 3	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual .	ter than \$1	50,00)0'? <i> </i>	f 'Y	′es,'	comp	olet	te Schedule J for		. 4	X
5 Did any person listed on line 1a receive or accr for services rendered to the organization? If 'Ye	ue comper es,' comple	nsatio ete So	n fro chedu	m a ule .	any <i>J foi</i>	unrela r <i>such</i>	ate 1 pe	d organization or erson	individual	. 5	X
Section B. Independent Contractors	nsated ind	enen	dent	con	ntrac	tors t	ha	t received more t	han \$100 000 of		
compensation from the organization. Report compe	nsation for	the ca	alend	lar y	/ear	ending	g w	vith or within the or	ganization's tax year		
(A) Name and business add	dress							(B) Description		(C) Compens	sation
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited to	o thos	se li	sted	labove	e) v	who received more	than		

Page 9

		(A) Total revenue	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under section 512-514
រដ្ឋ 1	1 a Federated campaigns 1 a				
and Other Similar Amounts	b Membership dues 1b	-			
Am	c Fundraising events 1c	-			
ilar	d Related organizations 1 d	-			
Sim	e Government grants (contributions) 1 e f All other contributions, gifts, grants, and	-			
jā.	similar amounts not included above 1f 321, 371.				
₿	a Noncash contributions included in	-			
and	lines 1a-1f► 1g	201 271			
	Business Code	321,371.			
2	2a Fee for service contract _ 541620	96,715.	96,715.		
	b	5077151	5071101		
	c				
	d				
	e				
>	f All other program service revenue				
	g Total. Add lines 2a-2f	96,715.			
3	3 Investment income (including dividends, interest, and other similar amounts)	1 -	1 5		
	4 Income from investment of tax-exempt bond proceeds ►	15.	15.		
	5 Royalties				
Ĩ	(i) Real (ii) Personal				
6	6 a Gross rents				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)►				
7	7 a Gross amount from (i) Securities (ii) Other				
	sales of assets other than inventory				
	b Less: cost or other basis				
	and sales expenses 7b c Gain or (loss) 7c	-			
	d Net gain or (loss)►				
ð	8 a Gross income from fundraising events (not including S				
	of contributions reported on line 1c).				
	See Part IV, line 18 8a				
8	b Less: direct expenses 8b				
	c Net income or (loss) from fundraising events►				
9	9 a Gross income from gaming activities.				
	See Part IV, line 19				
	b Less: direct expenses 9b c Net income or (loss) from gaming activities ►				
10	IOa Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory				
L	Business Code				
u 11	l1a				
Ĕ	b				
ا ت	c				
Š	· · · · · · · · · · · · · · · · · · ·				
Nevenue	d All other revenue► e Total. Add lines 11a-11d►				

_	n 990 (2021) Sustainable Princeton rt IX Statement of Functional Expens	45-4743	353 Page 10		
	tion 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	omplete column (A).	
	Check if Schedule O contains a re				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		261,203.	216,483.	22,588.	22,132.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2017200.	210/100.	227300.	22,102.
9	Other employee benefits				
10	Payroll taxes	20,487.	16,457.	2,015.	2,015.
	Fees for services (nonemployees):				
	a Management				
	b Legal				
	c Accounting	6,650.		6,650.	
	d Lobbying.				
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	1,051.	736.	210.	105.
13	Office expenses	739.		739.	
14	Information technology				
15	Royalties				
16					
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	······································	50		50	
20	Interest	50.		50.	
21 22	Depreciation, depletion, and amortization				
22		2,187.		2,187.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	2,107.		2,107.	
	^a Program expenses	28,529.	28,529.		
	b <u>Fundraising</u>	6,010.			6,010.
	• <u>Marketing</u>	4,501.	4,501.		
	d <u>Website maintenance</u>	2,099.		2,099.	
	e All other expenses	4,165.	2,856.	1,309.	
25	Total functional expenses. Add lines 1 through 24e	337,671.	269,562.	37,847.	30,262.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following				
BA/	SOP 98-2 (ASC 958-720)	TEE 401101 00			Form 990 (2021)

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Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	146,504.	1	205,729
2	Savings and temporary cash investments	151,921.	2	173,126
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under		-	
Ŭ	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net.		7	
8	Inventories for sale or use.		8	
9	Prepaid expenses and deferred charges		9	
_	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		-	
	Less: accumulated depreciation		10 c	
11	Investments – publicly traded securities.		11	
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets.		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	378,855
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		24	
24 25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
26	Total liabilities. Add lines 17 through 25.	0.	26	0
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	211,341.	27	167,706
28	Net assets with donor restrictions	87,084.	28	211,149
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances		32	378,855
33	Total liabilities and net assets/fund balances.		33	378,855

Form	n 990 (2021) Sustainable Princeton Inc 45-	4743353		Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	18,1	L01.
2	Total expenses (must equal Part IX, column (A), line 25)	2			571.
3	Revenue less expenses. Subtract line 2 from line 1	3		-	130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4			125.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3	78,8	355.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
Ł	b Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ate			
C	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
k	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audion or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 09/22/21		Form	99 0	(2021)

SCHEDULE A (Form 990)

(D)

(E)

Total

Public Charity Status and Public Support

nplete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047 2021

(Form 990)		Con)(1) nonexempt charita			or a section	
		Attach to Form 990 or Form 990-EZ.					Open to Public	
Department Internal Rev	t of the Treasury venue Service	► (Go to www.irs.gov/Fo	rm990 for instructions	Inspection			
	e organization						Employer identifica	ation number
Susta	inable Pr	inceton Ir	າດ				45-474335	3
				rganizations must	comple	ete this		
				For lines 1 through 12,				
1	-			nurches described in sect		-		
2				ach Schedule E (Form			.,	
3				ization described in sec)(b)(1)(A	A)(iii).	
4		•	· ·	unction with a hospital of				nter the hospital's
	name, city, a	-						
5	An organizati section 170(b	––– on operated for)(1)(A)(iv). (Cc		ge or university owned				escribed in
6	4	te, or local gov	ernment or governme	ntal unit described in s	ection 1	70(b)(1)	(A)(v).	
7 <u>X</u>	in section 17	0(b)(1)(A)(vi).(Complete Part II.)	art of its support from a	-	ental uni	it or from the general pul	olic described
8	A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9		r a non-land-grai		tion 170(b)(1)(A)(ix) operative (see instructions). Enter				
10	from activities investment in	s related to its a come and unre	exempt functions, sub	nan 33-1/3% of its supp ject to certain exceptio e income (less section Part III.)	ns; and	(2) no r	nore than 33-1/3% of it	ts support from gross
11	An organizati	on organized a	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).	
12	or more publi	clv supported o	rganizations describe	ely for the benefit of, to d in section 509(a)(1) of upporting organization a	r sectio	n 509(a)(2). See section 509(a	ut the purposes of one)(3). Check the box on
а	Type I. A supp organization(s	orting organizati	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o	rganizat	ion(s), typically by giving	the supported on. You must
b	management of	porting organiz of the supporting te Part IV, Sect	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You
с	Type III function	onally integrated s) (see instructi	A supporting organizations). You must com	ion operated in connection	n with, ar A, D, an d	nd functio	onally integrated with, its	supported
d				anization operated in cor must satisfy a distribu s A and D, and Part V.				
e	Check this bo	x if the organiz	ation received a writt	en determination from t supporting organization	he IRS f			
	nter the numbe	r of supported	organizations					
		5	n about the supported	d organization(s).				
(i) Na	ame of supported o	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g docun	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								

Sustainable Princeton Inc

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45-4743353 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.)

Section A. Public Support

	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	227,633.	213,766.	294,075.	284,045.	321,371.	1,340,890.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	8,000.	8,000.	8,000.	8,000.	8,000.	40,000.
4	Total. Add lines 1 through 3	235,633.	221,766.	302,075.	292,045.	329,371.	1,380,890.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						587,859.
	Public support. Subtract line 5 from line 4						793,031.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	235,633.	221,766.	302,075.	292,045.	329,371.	1,380,890.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	44.	321.	1,904.	363.	3.	2,635.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						1,383,525.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						► 🗌
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	21 (line 6, column	n (f), divided by lir	ne 11, column (f))		57.32 %
15	Public support percentage from a	2020 Schedule A,	Part II, line 14			15	52.84%
16a	16a 33-1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization► X						
b	b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ►						
	b 10%-facts-and-circumstances test–2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	or 17b, check th	is box and see ins	structions ►

Schedule A (Form 990) 2021

• - I- I'

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	and membership fees						
	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions,	 					
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose Gross receipts from activities	<u> </u>					
5	that are not an unrelated trade						
4	or business under section 513. Tax revenues levied for the						
4	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons.						
b	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year.						
<u>د</u>	Add lines 7a and 7b.						
8	Public support. (Subtract line						
-	7c from line 6.)						
Sec	tion B. Total Support				-		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable	 					
5	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
10	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is	for the organizati	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
<u></u>	organization, check this box and						· · · · · · · · · · · · · · · · · · ·
	tion C. Computation of Pul Public support percentage for 20			no 12 column (f			olo
	Public support percentage from 2	•	.,.				0 00
	tion D. Computation of Inv					סו	6
17	Investment income percentage for				ump (fl)		00
17	Investment income percentage f	•		-			
	33-1/3% support tests-2021. If t						
150	is not more than 33-1/3%, check						
b	33-1/3% support tests-2020. If t	he organization d	lid not check a bo	x on line 14 or lin	ne 19a, and line 1	5 is more than 33-	1/3%, and 🔤
	line 18 is not more than 33-1/3%		-				
20	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b, o	CHECK THIS BOX and	see instructions.	· · · · · · · · · · · · · · · · · · ·

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

Sustainable Princeton Inc

 ${\bf b}\, {\bf A}$ family member of a person described on line 11a above?

C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No' explain in Part VI how					
	anization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played					
	in this regard.					

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

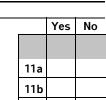
2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a



Yes

Yes

Yes

No

No

No

11c

1

2

1

Page 5

Part V

Page 6

instructions. All other Type III non-functionally integrated supporting organizatio		(A) Prior Year	(B) Current Year
·	1.		(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally into	hatad	Type III supporting or	appization

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

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
1	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

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Schedule A (Form 990) 2021

Schedule A (Fo	rm 990) 2021	Sustainable Princeton Inc	45-4743353	Page 8
Part VI	B, lines 1 and 2; 3a, and 3b; Part	Al Information. Provide the explanations required by Par IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; V, line 1; Part V, Section B, line 1e; Part V, Section D, lines Also complete this part for any additional information. (Sec	Part IV, Section E, lines 1c, 2a, 2b, 5, 6, and 8; and Part V, Section E,	

Schedule D (Form 990) 2021 Sustainable Princeton Inc	45-4743353 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements Wi	th Revenue per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part I'	
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments 2a	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	
3 Subtract line 2e from line 1.	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements W	
Complete if the organization answered 'Yes' on Form 990, Part I'	
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	······
a Donated services and use of facilities	
b Prior year adjustments.	
c Other losses.	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	
3 Subtract line 2e from line 1.	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	•••••••••••••••••••••••••••••••••••••••
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.).	
c Add lines 4a and 4b.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIII Supplemental Information.	

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

Part X - FASB ASC 740 Footnote

The Organization is exempt from federal income taxes under Internal Revenue Code 501

(a) as an organization described in Section 501 (c) (3). Accordingly, no provision

for income taxes has been made.

The Organization follows the provisions of ASC 740-10, Income Taxes -

Overall, relating to uncertainty in income taxes. ASC 740-10 establishes a minimum

threshold for financial statement recognition of the benefits of position taken, or

expected to be taken, in filing tax returns. It

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Schedule D (Form 990) 2021

Part X - FASB ASC 740 Footnote (continued)

requires the evaluation of tax positions taken, or expected to be taken, in the course of preparing the Organization's income tax returns to determine whether the tax positions are more likely than not of being sustained by the applicable tax authority. Tax positions not deemed to meet the more-likely than-not threshold are recorded as tax expense. The Organization has no tax positions requiring disclosure under this criteria.

Open to Public Inspection

Form 990, Part III, Line 1 - Organization Mission

OUR MISSION IS TO INSPIRE OUR COMMUNITY TO DEVELOP AND IMPLEMENT SOLUTIONS THAT POSITIVELY IMPACT OUR ENVIRONMENT. OUR VISION IS FOR PRINCETON TO BE A MODEL TOWN THAT EXAMINES EVERY ACTION THROUGH THE LENS OF SUSTAINABILITY ENSURING A HEALTHY ENVIRONMENT, A STRONG ECONOMY AND THE WELL-BEING OF ALL COMMUNITY MEMBERS NOW AND IN THE FUTURE.

Form 990, Part VI, Line 11b - Form 990 Review Process

Copies of 990 forwarded to all board members for comment prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members are asked to re-read and sign-off on Compliance with the conflict of

interest policy annually.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

A comprehensive compensation review is discussed and approved annually.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

These documents were made available upon request.