

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	or the	2022 calendar year, or tax year beginning and	ending		
	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change			20-81980	80
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return/	ONE MONUMENT DRIVE		(609) 92	
	termin- ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	640,280.
	Amend	PRINCEION, NO 08540		H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer: EDWARD TROSCEDED		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	⊣ ′	list. See instructions
	Vebsit		1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other Summary	L Year	of formation: 2007 N	1 State of legal domicile: NJ
	_	Briefly describe the organization's mission or most significant activities: PROV	TDE OI	IAT.TTV HOMES	TN A
çe		DIVERSE COMMUNITY FOR HOUSEHOLDS WHOSE TO			
Governance		Check this box if the organization discontinued its operations or dispos			
Veri				3	21
ဗိ	I	Number of independent voting members of the governing body (Part VI, line 1b)			21
ფ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
itie		Total number of volunteers (estimate if necessary)			21
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		75,000.	30,000.
eun		Program service revenue (Part VIII, line 2g)		568,410.	610,191.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		900.	89.
ш.	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		644,310.	640,280.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	I	Benefits paid to or for members (Part IX, column (A), line 4)		150,253.	0. 141,607.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		150,253.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.
Ä	170	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		494,792.	547,232.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		645,045.	688,839.
		Revenue less expenses. Subtract line 18 from line 12		-735 .	-48,559.
JC Ps		Teveride lead expenses. Cubitact line 16 from line 12	В	eginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		950,124.	973,076.
ASS	21	Total liabilities (Part X, line 26)		105,148.	176,659.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		844,976.	796,417.
Pa	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich prepare	r has any knowledge.	
		Construe of officer		Data	
Sig		Signature of officer		Date	
Her	е	EDWARD TRUSCELLI, EXECUTIVE DIRECTOR Type or print name and title			
			I	Date Check	PTIN
De!-	,	Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOE	OCKA	if	
Paid	1		LAGOC		2-1478099
	oarer Only	Firm's name COHNREZNICK LLP Firm's address 1301 AVENUE OF THE AMERICAS		FIFITI S EIN 4	<u> 14/0033</u>
USE	Jilly	NEW YORK, NY 10019		Dhone no 21	2-297-0400
— May	the IF	S discuss this return with the preparer shown above? See instructions		I i liulie liu. 2 1	X Yes No

Pa	statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROVIDE QUALITY ONE, TWO AND THREE BEDROOM HOMES IN A DIVERSE
	COMMUNITY FOR FAMILIES AND HOUSEHOLDS OF LOW INCOME OFFER SOCIAL AND
	SUPPORTIVE OPPORTUNITIES AND ENSURE ACCESS TO THE PRINCETON COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 597,154. including grants of \$) (Revenue \$ 610,191.)
	GRIGGS FARM, INC OWNS 70 AFFORDABLE LOW INCOME UNITS. THE GRIGGS FARM
	COMMUNITY ALSO INCLUDES 70 AFFORDABLE OWNERSHIP UNITS MANAGED BY THE
	MUNICIPALITY OF PRINCETON, AND 140 MARKET RATE PRIVATE OWNERSHIP UNITS.
	GRIGGS FARM WAS DEVELOPED THROUGH THE FEDERAL LOW INCOME HOUSING TAX
	CREDIT PROGRAM, ALL TAX CREDITS WERE REDEEMED IN 2005 THERE ARE NO
	CURRENT GOVERNMENT SUBSIDIES AND GRIGGS FARM INC'S OPERATIONS ARE
	FINANCED SOLELY FROM THE RENTAL INCOME DERIVED FROM ITS 70 UNITS.
	THROUGH CAREFUL MANAGEMENT, WE ARE ABLE TO HOLD RENTS TO 30% OF EACH
	HOUSEHOLD'S GROSS INCOME. PCH DEVELOPMENT CORP A RELATED NONPROFIT
	ORGANIZATION, MANAGES THE UNITS AND OPERATIONS GRIGGS FARM IS SERVED
	DAILY VIA PUBLIC BUS TRANSPORTATION, ENABLING RESIDENTS TO TRAVEL TO
41	NEARBY JOBS AND SHOPPING, DOWNTOWN PRINCETON AND AREA MALLS. GRIGGS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	
4c	(Code:) (Expenses \$
4 -	Other ruseway and issa (Describe on Cabadula O.)
4d	
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 597,154.
4e	Total program service expenses 59 / , 154 •

Form 990 (2022) GRIGGS FARM, Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	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	١		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_ 		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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
			202	

Part IV	Checklist of Required Schedules	(continued)
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22 X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (X), line 27 if Yes,* complete Schedule I. Parts I and III organization asswer Yes* to Part IVII. Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, direction, tuxtees, key employees, and highest compensated employees? If Yes,* complete Schedule I. Parts IVII. Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, direction, tuxtees, key employees, and highest compensated employees? If Yes,* complete Schedule II is IVII. It is a size of the Yes IVII. Section A. III is a size of the Yes IVII. Section A. III is a size of Yes, and Yes IVII. Section A. III is a size of Yes, and Yes IVII. Section A. III is a size of Yes, and Yes IVII. Yes, and Yes, and Yes, and Yes IVII. Yes, an		· (continued)		Yes	No
Part IX. Column (A), line 2? (ii 'Yes,' complete Schedule I, Parts I and III' 2	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
23 Difference of the organization answer "Yes" to Part VII Section A, lims 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 I and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sist day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule I, If "Yos," to a line 25d or l			22		х
and former officers, direction, fustees, key employees, and highest compensated employeen? If "Yes," complete Schedule J. 24	23				
Schedule / Late day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization markani an escrive account other than a refunding secret any time during the year to defease any tax-sewrept bonds? c Did the organization markani an escrive account other than a refunding secret any time during the year to defease any tax-sewrept bonds? d Did the organization markani an escrive account other than a refunding secret any time during the year? d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization access benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I b Is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization spron Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I b Is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization spron Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I b Is the organization aware that the gaaged in an excess benefit transaction spron forms 990 or 990-E27 If "Yes," complete Schedule I, Part II c To Did the organization proved again or other assistance to any current or forms officier, director, trustee, key employee, creator or forms office, director, trustee, key employee, creator or forms office, director, trustee, key employee, creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule I, Part II 28b IX 28b IX as the organization proved against or other assistance to any current or forms office, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part II 28c IX 29c IX as A current or forms office,					1
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If Yes, "answer lines 24b through 24d and complete Schedule K, If Yes," to for line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 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? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I 25b Is the organization avare 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 organizations prior forms 900 or 990E2? If Yes, complete Schedule L, Part I 25b 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 antity or family member of any of these persons? If Yes, complete Schedule L, Part II 26b 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 35% controlled entity (including an employee hereof) or family member of any of these persons? If Yes, complete Schedule L, Part IV 27c Visa the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, complete Schedule L, Part IV 28c Visa the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		, ,	23	Х	
Schedule K. If "No." go to line 25a	24a				
Schedule K. If "No." go to line 25a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 4 bid the organization account as an "on behalf of" issuer for bonds outstanding at any time during the year? 24 c		Schedule K. If "No," go to line 25a	24a		X
d Did the organization at sa san "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I., Part I 25a X 25b Is the organization sawer that it engaged in an excess benefit and singularization sawer that it engaged in an excess benefit and singularization sawer that it engaged in an excess benefit and singularization sawer that it engaged in an excess benefit and singularization sawer that it engaged in an excess benefit and singularization sawer that it engaged in an excess benefit and singularization report and that the transaction has not been reported on any of the organization price and that the transaction has not been reported on any of the organization price and that the transaction has not been reported on any of the organization price and that the transaction 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 of rounder, substantial contributor, or 35% controlled entity of rounder, substantial contributor or ormatic entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L., Part III. 27	b		24b		<u> </u>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 258 Saction 501(53), 501(64), 4an 501(62)92 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (if "Yes," complete Schedule I, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27. If "Yes," complete Schedule I, Part I 25b X 25b Did 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-E27. If "Yes," complete Schedule I, Part I 25b X 25c 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 59% controlled entity (including an employee thereof) of raminy member of any of these persons? If "Yes," complete Schedule I, Part II 26 X 27		any tax-exempt bonds?	24c		<u> </u>
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 E27 if "Yes," complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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 spiror Forms 990 or 990-E27 // **Nes,** complete Schedule** L, Part I // 250 bit 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 former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or formed from 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 59% controlled entity or family member of any of these persons? // **Yes,** complete Schedule L, Part II/ 260 Was the organization and employee thereof) or family member of any of these persons? // **Yes,** complete 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? // **Yes,** complete Schedule L, Part IV, 280 X, 280	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I 25 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? If "Yes," complete Schedule I, Part II 26 X 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 indeptee persons? If "Yes," complete Schedule I, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part III 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II, Part IV 28 A family member of any individual described in line 28a? If "Yes," complete Schedule II, Part IV 28 A S3% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule II, Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-37 If "Yes," complete Schedule R, Part I I, III, or IV, and Part V, line 2 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization ha		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Schedule L, Part I 10 Id 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? If "Yes," complete Schedule L, Part II 21 Did the organization periode 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? If "Yes," complete Schedule L, Part III 22 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? If "Yes," complete Schedule L, Part IV 28b X 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I II 30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I II 31 Did the organization of the party in the meaning of section \$12(b)(13)? 32 Did the organization or any tax-exempt or traable entity? If "Yes," complete Schedule N, Part I III III III III III III III III III	b				1
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? If "Yes," complete Schedule L, Part II 26 X 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? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 18 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 18 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 18 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 18 B		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II 26		, and the second	25b		<u> X</u>
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26				
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 59% controlled entity (including an employee) thereof or annily member of any of these persons? if "ves," complete Schedule L, Part III 27 X X 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? If "Yes," complete Schedule L, Part IV 28b X C A 39% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X C A 39% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 34 X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," co					
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Note: All Form 990 filers are required to complete Schedule O Part 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 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 38 X Yes No			37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1b 0 1b 0 1c X	Pal				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		_			
(gambling) winnings to prize winners?		Enter the number of refine WZa medada of line ra. Enter of infect applicable			
0 0/	С		4-	v	
	00000				(2022)

Form 990 (2022) GRIGGS FARM, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions are considered as a second s	counts (FBAR).			
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv			-	X
b			7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	_		. .
	to file Form 8282?	l	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		7g		125
9 h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/		
Ū			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	5111		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
_	organization is licensed to issue qualified health plans	13c	-		
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedul</i>		14b		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		170		
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.		_		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JANET MCCLAFFERTY C/O PCH DEVELOPMENT CORPORATION - (609) 924-3822

Form **990** (2022)

08540

ONE MONUMENT DRIVE, PRINCETON, NJ

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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 **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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	I	ınza		<u> </u>	ірсі	Jan	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		er an	ia a a	recto	r/trus	iee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		oyee	n bei		1099-NEC)	,	and related
	below	vidual	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) EDWARD TRUSCELLI	1.00									
EXECUTIVE DIRECTOR	49.00			Х				0.	176,470.	31,249.
(2) JANET MCCLAFFERTY	1.00								400 455	4- 004
FINANCE DIRECTOR	49.00			Х				0.	130,455.	15,024.
(3) ALICE K. SMALL	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(4) ANNE STEWART	1.00									
BOARD MEMBER	5.00	Х						0.	0.	0.
(5) C. VANLEER DAVIS	1.00									
BOARD MEMBER	7.00	Х				_		0.	0.	0.
(6) CAROLINE TRAVERS	1.00									
BOARD MEMBER	5.00	Х				_		0.	0.	0.
(7) CHAD BRIDGES	1.00									
VICE PRESIDENT	5.00	Х		Х		_		0.	0.	0.
(8) ELIZABETH BIDWELL BATES	1.00									
BOARD MEMBER	5.00	Х						0.	0.	0.
(9) FREDI PEARLMUTTER	1.00									
BOARD MEMBER	5.00	Х						0.	0.	0.
(10) JACKIE KAVOURAS	1.00	.,								
BOARD MEMBER	5.00	Х						0.	0.	0.
(11) JEANNETTE KLINK	1.00	.,								
BOARD MEMBER	5.00	Х						0.	0.	0.
(12) KATHLEEN CASSIDY	1.00	3,7							_	
BOARD MEMBER	5.00	Х						0.	0.	0.
(13) KYU WHANG	1.00	37		7.7					_	_
SECRETARY		Х		Х				0.	0.	0.
(14) LINDA MEISEL	1.00	37							_	_
BOARD MEMBER	5.00	Х						0.	0.	0.
(15) MICHAEL CICCONE	1.00	37							_	_
BOARD MEMBER	5.00	Х						0.	0.	0.
(16) REV. DR. DEBORAH BLANKS BOARD MEMBER	1.00	Х						0.	0.	_
		Λ						"	U •	0.
(17) REV. LUKATA MJUMBE BOARD MEMBER	1.00 5.00	Х						0.	0.	0.
232007 12-13-22	1 3.00	Λ	l	l	<u> </u>		<u> </u>	1 0.	ı	Form 990 (2022)

232007 12-13-22

Form **990** (2022)

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		_ '		ı		
• •	(A) (B) (C) Name and title Average Position					(D)	(E)			(F)			
Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable		l .	stimated	
	week		, unle icer ar					compensation	compensatio		ar	nount o	ď.
	(list any	or					Ė	from the	from related organization			other pensat	ion
	hours for	director				_		1	(W-2/1099-MIS		I	om the	
	related	e or (stee			satec		(W-2/1099-MISC/	1099-NEC)		l .	anizatio	
	organizations	Individual trustee or	Institutional trustee		/ee	m per		1099-NEC)	1000 1120)		ı ~	d relate	
	below	dual	ution	<u></u>	oldm	st co	e e	,			l	anizatio	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	F M						
(18) SARA JUST	1.00												_
BOARD MEMBER	5.00	Х						0.		0.			0.
(19) SCOTT HARMON	1.00	J								_			_
BOARD MEMBER	5.00	Х						0.		0.			0.
(20) THOMAS E. WHITE	1.00	ļ								•			_
BOARD MEMBER	5.00	Х	_			┝		0.		0.			0.
(21) TONY CAPOZZOLI	1.00	٠,		3,						^			^
TREASURER (22) TOSHI ABE	7.00	Х	┝	X		┝		0.		0.			0.
BOARD MEMBER	5.00	x						0.		0.			0.
(23) VALERIE HAYNES	1.00	Δ	\vdash			\vdash		· ·		0.			<u> </u>
PRESIDENT	7.00	X		X				0.		0.			0.
	7.00	22				\vdash		1		<u> </u>			<u> </u>
1b Subtotal			<u> </u>			<u> </u>	<u> </u>	0.	306,92	25.	4	6,27	3.
c Total from continuation sheets to Part VI								0.		0.		- ,	0.
d Total (add lines 1b and 1c)								0.	306,92	25.	4	6,27	3.
2 Total number of individuals (including but r								eceived more than \$100.	•				
compensation from the organization						,			•				0
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, ł	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	∋ <i>J f</i>	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes," con	nplete Schedule	e J f	or su	ıch ı	oers	on					5		X
Section B. Independent Contractors		1					41	t : t tt	100 000 - 1				
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	oensa	tion tre	om	
(A)	trie caleridar ye	ear e	HUII	ig w	ILIT C	ואי וכ	LIIII	(B)	ear.			 C)	
Name and business	address	N	ONE	3				Description of s	services	C	compe	nsation	J
2 Total number of independent contractors (i	ncludina but n	ot lir	nited	d to	thos	se lis	sted	above) who received mo	ore than				

Part VIII	Statement of Revenue
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		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		Cricck il Geriedale O contains a response o	in Hote to arry line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 :	a Federated campaigns 1a					
irai	- 1	Membership dues 1b					
Ä,		Fundraising events1c					
ar if		d Related organizations 1d	30,000.				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions)					
Sig	1	All other contributions, gifts, grants, and					
uti		similar amounts not included above					
Q E							
no.	;			30,000.			
OB		Total. Add lines 1a-1f	Business Code	30,000			
		DENIMAL INCOME		601 106	601 106		
<u>ce</u>		RENTAL INCOME	531110	601,106.	601,106.		
Program Service Revenue	ı	TENANT CHARGES	531110	9,085.	9,085.		
S	•						
ar ev		d					
og B	,	e					
Ā	1	All other program service revenue					
		Total. Add lines 2a-2f		610,191.			
	3	Investment income (including dividends, interes		-			
		other similar amounts)		89.			89.
	4	Income from investment of tax-exempt bond pr					42
	5	, ,					
	3	Royalties(i) Real	(ii) Personal				
	_		(II) Fersonal				
		a Gross rents 6a					
		Less: rental expenses 6b					
	•	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	- 1	Less: cost or other basis					
ē		and sales expenses 7b					
Revenue		Gain or (loss) 7c					
ev		Net gain or (loss)					
er		a Gross income from fundraising events (not					
Ğ	•	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 :	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
	•	Net income or (loss) from gaming activities					
	10 :	a Gross sales of inventory, less returns					
		and allowances 10a					
	-	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		in the same of the	Business Code				
ns	44 -	,					
e Teo	11 :						
Miscellaneous Revenue							
Sce	(d All others recover					
Ξ̈́	(d All other revenue					
		e Total. Add lines 11a-11d		640.000	610 101	^	0.0
	12	Total revenue. See instructions		640,280.	610,191.	0.	89.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 109,091. 92,713. 16,378. Other salaries and wages 7 Pension plan accruals and contributions (include 3,211 2,729. 482. section 401(k) and 403(b) employer contributions) 19,291. 16,395. 2,896. Other employee benefits 9 10,014. 8,511. 1,503. 10 Payroll taxes Fees for services (nonemployees): 42,624. 42,624 Management 16,011. 16,011. Legal 16,345 16,345. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 12,178. 9,679. 2,499. Office expenses 13 7,624. 5,866. 1,758. Information technology 14 15 Royalties 61,190. 53,990. 7,200. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,062. 1,062. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 25,919. 25,919. 22 Depreciation, depletion, and amortization 36,268. 36,268. 23 Other expenses. Itemize expenses not covered 24 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.) 291,614. 291,614. OPERATING AND MAINTENAN PILOT 35,679. 35,679. RECREATION AND REHAB 718. 718. С d All other expenses 688,839. 597,154. 91,685. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,587.	1	23,550.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		22,058.	4	21,685	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	bed in section	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			12,389.	9	19,010.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	7,092,093.			
	b	Less: accumulated depreciation	10b	6,316,502.	734,395.	10c	775,591.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, Iir				12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			170,695.	15	133,240.
	16	Total assets. Add lines 1 through 15 (must e			950,124.	16	973,076
	17	Accounts payable and accrued expenses		27,837.	17	94,270.	
	18	Grants payable		11 166	18	12 000	
	19	Deferred revenue			11,466.	19	13,982.
	20	Tax-exempt bond liabilities			CE 20E	20	60 400
	21	Escrow or custodial account liability. Comple			65,395.	21	68,407.
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iab.		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X	450		0
		of Schedule D			450.	25	0. 176,659.
	26	Total liabilities. Add lines 17 through 25	· · · ·	X	105,148.	26	1/0,039.
Ś		Organizations that follow FASB ASC 958, o	check here				
nce		and complete lines 27, 28, 32, and 33.			844,976.	07	796,417.
ala	27				044,570•	27	730,417
d B	28	Net assets with donor restrictions				28	
-E		Organizations that do not follow FASB ASC	. 958, cned	K nere			
٥r		and complete lines 29 through 33.	-l-			200	
ets	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or		Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		Г	844,976.	31	796,417.
ž	32				950,124.	32	973,076.
	33	Total liabilities and net assets/fund balances			JJU,144.	তত	Form 990 (2022

Pa	t 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		0,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		8,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84	4,9	<u>76.</u>
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	79	6,4	17.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

22012 12 12 22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

Employer identification number

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

GRIGGS FARM INC. 20-8198080 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	•				i01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ıblicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	nd see instructions	3
						Schodulo A	(Form 990) 2022

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	etion A. Public Support	ciew, piedoc cerrip	ioto i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, , =	, , == , 0	,,	,,	, , -	, ,
	membership fees received. (Do not						
	include any "unusual grants.")		50,000.	20,000.	75,000.	30,000.	175,000.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	605,213.	517,387.	573,888.	568,410.	610,191.	2875089.
3	Gross receipts from activities that	,	,	, , , , , , , , , , , , , , , , , , , ,	,	, -	
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization'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	605,213.	567,387.	593,888.	643,410.	640,191.	3050089.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						3050089.
	etion B. Total Support						30300031
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	605,213.	567,387.	593,888.	643,410.	640,191.	3050089.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	746.	864.	679.	900.	89.	3,278.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b	746.	864.	679.	900.	89.	3,278.
	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 Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	605,959.	568,251.	594,567.	644,310.	640,280.	3053367.
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						
	ction C. Computation of Publi						00.00
	Public support percentage for 2022 (li	, (,,	,	olumn (f))		15	99.89 %
	Public support percentage from 2021 ction D. Computation of Inves					16	99.87 %
	•			- 40 1 (0)		47	11 0
	Investment income percentage for 20	•	_ ''' '			17	.11 % .13 %
	Investment income percentage from 2			on line 14, and line		18 3 1/3% and line 17	
ıya	33 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar						v
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che		•	•		-	
20	Private foundation. If the organization	n did not check a l	oox on line 14 19a	or 19b check th	is box and see inst	ructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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 and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 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 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.
- **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.
- 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.
- **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.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- **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.**
- 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.
- 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.
 - **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.)

	Yes	No
1		
2		
0-		
3a		
3b		
3с		
4a		
4.		
4b		
4c		
F		
5a		
5b		
5c		
6		
-		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		L
ule A (Forn	n 990)	2022

224 12-09-22 Schedule A (Form 990) 2022

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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(s)			
	effectively operated, supervised, or controlled the organization's activities. If the 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 contained or rectifications, if any, applied to each power during the tax year.	1		
	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,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	\neg		
			Yes	No
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	\neg	1	
			Yes	No
	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			
	, , , , , , , , , , , , , , , , , , , ,	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). 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			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	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. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	5)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
		а		
	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			
		b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		а		
	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.

Schedule A (Form 990) 2022

instructions).

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

Schedule A (Form 990) 2022

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

GRIGGS FARM, INC.

Employer identification number 20-8198080

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(h) Funda and ather accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		d five de
5	Did the organization inform all donors and donor advisors in	_	
6	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f 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 July 25,2006, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	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 it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on agramants during the year
'	Amount of expenses incurred in monitoring, inspecting, name	uning of violations, and emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170/h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	-	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for public.	olic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on 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	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a	No
collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance	
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance	
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance	
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to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance Amount 1c	_
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance Amount 1c	_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c	No
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance Amount 1c	No
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c	NO ————————————————————————————————————
c Beginning balance Amount 1c	
c Beginning balance 1c	_
d Additions during the year 1d	
	—
e Distributions during the year	
f Ending balance	
• • • • • • • • • • • • • • • • • • • •	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	.ck
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment%	
b Permanent endowment%	
c Term endowment%	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by:	No_
(i) Unrelated organizations 3a(i)	
(ii) Related organizations 3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	
basis (investment) basis (other) depreciation	
1a Land 406,481. 406,48	1
b Buildings 6,685,612. 6,316,502. 369,11	
c Leasehold improvements	
d Equipment	
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	

Schedule D (Form 990) 2022

	- Other Securities.			rage
Schedule D (Form 990) 2022	GRIGGS FARM,	INC.	20-8198080	Page

The state of the s		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) TENANT SECURITY DEPOSITS	68,389.
(2) REPLACEMENT RESERVE	63,324.
(3) DUE FROM AFFILIATE	1,527.
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	133,240.

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	9,381,849.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	8,741,569.		
е	Add lines 2a through 2d			2e	8,741,569.
3	Subtract line 2e from line 1			3	640,280.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	640,280.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		ith Expenses per F	Returr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0 006 501
1	Total expenses and losses per audited financial statements			1	8,086,781.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С	Other losses		7 207 040	-	
d	Other (Describe in Part XIII.)	2d	7,397,942.		7 207 040
е	Add lines 2a through 2d			2e	7,397,942.
3	Subtract line 2e from line 1			3	688,839.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				0
_C	Add lines 4a and 4b			4c	0. 688,839.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	000,039.
		N/ lines :	1h and Oh: Dart V. line 4	. Dort V	/ line 0: Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			; Part X	, line 2; Part XI,
imes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	lionai ini	ormation.		
PAF	T IV, LINE 2B:				
	TIV, DING 25.				
тEN	IANT SECURITY DEPOSITS ARE HELD IN A SEPARA	TE T	NTEREST BEAR	TNG	BANK
	THE DECORTE DELOCATE THE HOLD IN IT DELINE		NIDREDI DEIN	1110	DIMIN
ACC	OUNT IN THE NAME OF THE ORGANIZATION IN TR	UST	FOR THE TENA	NTS.	
1100		.001	TON THE TEN	1115	•
PAF	T X, LINE 2:				
	,				
DUE	TO THEIR TAX-EXEMPT STATUS, PCH AND NON-P	ROFI	T CORPORATE	AFF]	LIATES
	·				
ARI	NOT SUBJECT TO INCOME TAXES. PCH AND NON-	PROF	IT CORPORATE	AFI	FILIATES
ARI	REQUIRED TO FILE AND DO FILE TAX RETURNS	WITH	THE IRS AND	OTF	HER TAXING
AU?	HORITIES. ACCORDINGLY, THESE FINANCIAL STA	TEME	NTS DO NOT R	EFLE	ECT A
	·				
PRO	VISION FOR INCOME TAXES AND PCH AND NON-PR	OFIT.	CORPORATE A	FFII	LIATES
/AH	YE NO OTHER TAX POSITIONS WHICH MUST BE CON	SIDE	RED FOR DISC	LOS	JRE. PCH
ANI	NON-PROFIT CORPORATE AFFILIATES ARE NO LO	NGER	SUBJECT TO	U.S.	FEDERAL,

Schedule D (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

GRIGGS FARM, INC.

Part I Questions Regarding Compensation

Employer identification number 20-8198080

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

232111 10-18-22

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

EXECUTIVE DIRECTOR (i	i) _ ii) _	(i) Base compensation 0. 176,470.	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred
EXECUTIVE DIRECTOR	ii) i) _		0.					on prior Form 990
EXECUTIVE DIRECTOR (i	ii) i) _	176 170		0.	0.	0.	0.	0.
		1/0,4/0.	0.	0.	5,528.	25,721.	207,719.	0.
(
	ii)							
(i) _							
	ii)							
	i) _							
	ii)							
	i) _							
	ii)							
	i) _							
	ii)							
	i) _							
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	i) _							
	ii)							
	i) _							
	ii)							
	i) _							
	ii)							
	i) _							
	ii)							
	i) _							
	ii)							
	i) _ ii) _							
·								
	i) _ ii) _							
	i) _							
	" - ii) -							

Part III Supplemental Information										
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.										

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GRIGGS FARM, INC.

Employer identification number 20-8198080

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BETWEEN 30 AND 60 PERCENT OF THE AREA MEDIAN AND WITHIN GUIDELINES SET

BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR LOW INCOME

HOUSEHOLDS RENT FOR ALL UNITS IS SET AT 30% OF GROSS INCOME.

FORM 990 LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PART III, INC WORKS WITH MERCER STREET FRIENDS TO OFFER A TWICE-A-MONTH FOOD PANTRY TO RESIDENTS (FREE OF CHARGE) WHO ARE INCOME QUALIFIED STAFF AND VOLUNTEERS, MAKE SURE THAT FOOD BAGS ARE DISTRIBUTED TO EACH ELIGIBLE HOUSEHOLD. THE FOOD IS PURCHASED THROUGH THE GRIGGS FARM INC OPERATING BUDGET OR DONATED EVERY THANKSGIVING. FOOD PANTRY HOUSEHOLDS ALSO RECEIVE A TURKEY AND TRIMMING AT NO COST. GRIGGS FARM INC ALSO PROVIDES RESIDENTS WITH CHILDREN UNDER THE AGE OF 18 WITH A STIPEND TO SUBSIDIZE SUMMER ACTIVITIES ADMINISTERED THROUGH VARIOUS LOCAL INCLUDING THE MUNICIPAL RECREATION DEPARTMENT A ENRICHMENT PROGRAMS, REPRESENTATIVE FROM THE PCH BOARD OF TRUSTEES AND INTERNAL. GRIGGS FARM COMMITTEE WORKS CLOSELY WITH THE GRIGGS FARM CONDO ASSOCIATION AND ITS BOARD TO ENSURE CONSTANT COMMUNICATION THERE IS ALSO A COMMUNITY CLUBHOUSE ON SITE FOR RESIDENT USE. ELIGIBLE RESIDENTS MAY PARTICIPATE IN THE FOOD PANTRY AND SUMMER RECREATION STIPEND PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 3:

OVERSIGHT OF MANAGEMENT FUNCTIONS FOR THE CORPORATION ARE PERFORMED BY PCH
DEVELOPMENT CORPORATION, A RELATED PARTY.

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** 20-8198080 GRIGGS FARM, INC. A DRAFT COPY OF THE 990, WITH THE SCHEDULE B REMOVED DUE TO DONOR REQUESTS FOR ANONYMITY, IS EMAILED TO BOARD MEMBERS BEFORE THE 990 IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES AND THE KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. FORM 990, PART VI, SECTION C, LINE 18: 990 IS AVAILABLE VIA WWW.GUIDESTAR.ORG AND UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS DESCRIBED ARE AVAILABLE UPON REQUEST. FORM 990, PG 6, SEC B QUESTIONS 15A AND 15B: THESE QUESTIONS ARE ANSWERED NO IN ACCORDANCE WITH IRS FORM 990 INSTRUCTIONS. THE RELATED ORGANIZATION, WHICH PAID OFFICER COMPENSATION, USED A PROCESS FOR DETERMINING COMPENSATION THAT INCLUDED REVIEW AND APPROVAL BY A GOVERNING BOARD OR COMMITTEE COMPRISED OF PERSONS WITH NO CONFLICT OF INTEREST, 2) USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, 3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GRIGGS FARM,	INC.				2	20-81980	80	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct co	f) ontrolling tity	g
	_							
Identification of Related Tax-Exempt Organiz	zations. Complete if the organization	answered "Yes" on Form 99	0. Part IV. line 34.	pecause it had one	or more r	elated tax-exen	npt	
related organization of Related Tax-Exempt organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct	(f) t controlling entity	Section cont	g) 512(b)(13) rolled tity?
		, , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No
ONE MONUMNET DRIVE PRINCETON, NJ 08540	VERY LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	PRINCET COMMUNI	ON TY HOUSING		x
ELM COURT INC - 20-8984541 ONE MONUMNET DRIVE	WIRDLAND TAXONE MONGTAG	VIII. TID GIV	E01/G)/2)	T TWO 10	PRINCET			
PRINCETON, NJ 08540 PCH DEVELOPMENT CORPORATION - 22-2876697 ONE MONUMNET DRIVE	WERY LOW INCOME HOUSING MANAGEMENT COMPANY FOR LOW AND MODERATE INCOME	NEW JERSEY	501(C)(3)	LINE 10	PRINCET			X
PRINCETON, NJ 08540 PCH HOMES INC - 27-4444170 ONE MONUMNET DRIVE	HOUSING PROJECTS LOW AND MODERATE INCOME	NEW JERSEY	501(C)(3)	LINE 10	PRINCET	TY HOUSING		X

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

SEE PART VII FOR CONTINUATIONS

HOUSING INCOME HOUSING

Schedule R (Form 990) 2022

COMMUNITY HOUSING

PRINCETON, NJ 08540

NEW JERSEY

501(C)(3)

LINE 10

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr organiz	rolled zation?
				501(c)(3))		Yes	No
PCH VILLAGE INC - 22-2085939	-						
ONE MONUMNET DRIVE	LOW AND MODERATE INCOME				PRINCETON		
PRINCETON, NJ 08540	HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х
PCV GROUP INC - 22-2820022	4						
ONE MONUMNET DRIVE	LOW AND MODERATE INCOME				PRINCETON		
PRINCETON, NJ 08540	HOUSING INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х
PRINCETON COMMUNITY HOUSING INC - 13-3026182	RAISE FUNDS & PROVIDE						
ONE MONUMNET DRIVE	ASSISTANCE TO LOW AND						
PRINCETON, NJ 08540	MODERATE INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 7	N/A		X

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate ations?	Code V-UBI	Genera manag partn	Percentage ownership
PRINCETON COMMUNITY VILLAGE ASSOCIATES LP - 22-2578601,	LOW AND										
ONE MONUMENT DRIVE,	MODERATE INCOME										
PRINCETON, NJ 08540	HOUSING	NJ	N/A	N/A	N/A	N/A		X	N/A		N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Schedule R (Form 990) 2022

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х		
	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		_X_	
	Sale of assets to related organization(s)				1g		X	
	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		<u>X</u>	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		_X_	
0	Sharing of paid employees with related organization(s)				10	Х		
р	Reimbursement paid to related organization(s) for expenses				1p		<u>X</u>	
q Reimbursement paid by related organization(s) for expenses								
r	Other transfer of cash or property to related organization(s)				1r		X	
					1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved			
	· ·	type (a-s)		3				
(1)								
(2)								
(3)								
(4)								
(5)								
(6)	i Exchange of assets with related organization(s) j. Lease of facilities, equipment, or other assets to related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) m. Performance of services or membership or fundraising solicitations for related organization(s) m. Performance of services or membership or fundraising solicitations by related organization(s) m. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o. Sharing of paid employees with related organization(s) p. Reimbursement paid to related organization(s) for expenses q. Reimbursement paid by related organization(s) for expenses q. Reimbursement paid by related organization(s) for expenses c. Other transfer of cash or property for melated organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or property from related organization(s) i. Other transfer of cash or p							
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership