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Form	990
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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022 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.

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



Ał	or the	2021 calendar year, or tax year beginning and	ending		
B c	Check if applicable:	C Name of organization		D Employer identific	cation number
	Address	S GRIGGS FARM, INC.			
	Name change	Doing business as		20-81980	80
	Initial return	E Telephone number			
	Final return/	ONE MONUMENT DRIVE		(609) 924	
	termin- ated	5 1 5		G Gross receipts \$	644,310.
	Amende	PRINCETON, NJ 08540		H(a) Is this a group re	
	Applica tion pending	F Name and address of principal officer: EDWARD IROSCEDET		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) 0	or 527	,	list. See instructions
		e: WWW.PRINCETONCOMMUNITYHOUSING.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2007	I State of legal domicile: NJ
Pa		Summary			
ø		Briefly describe the organization's mission or most significant activities: PROV			
anc		DIVERSE COMMUNITY FOR HOUSEHOLDS WHOSE TO			
Activities & Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispos			
200					<u>20</u> 20
ۍ ه		Number of independent voting members of the governing body (Part VI, line 1b)			20
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)	·····	0	
tivit		Total number of volunteers (estimate if necessary)			0.
Ac		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		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		20,000.	75,000.
Iue				573,888.	568,410.
evenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		679.	900.
Be		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)		594,567.	644,310.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6	4 - 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		103,388.	150,253.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b 1	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		382,376.	494,792.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		485,764.	645,045.
		Revenue less expenses. Subtract line 18 from line 12		108,803.	-735.
or				ginning of Current Year	End of Year
sets	20 1	Total assets (Part X, line 16)		1,078,943.	950,124.
Net Assets	21 1	Total liabilities (Part X, line 26)		233,232.	105,148.
Inet	22 1	Net assets or fund balances. Subtract line 21 from line 20		845,711.	844,976.
		Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date									
Here	EDWARD TRUSCELLI, EXECUTIVE DIRECTOR										
	Type or print name and title										
	Print/Type preparer's name Preparer's signature Date										
Paid	LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY 10/29										
Preparer		Firm's EIN 🕨 22-1478099									
Use Only	Firm's address 1301 AVENUE OF THE AMERICAS										
	NEW YORK, NY 10019	Phone no. 212 - 297 - 0400									
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No									
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

rai	m 990 (2021) GRIGGS FARM, INC. 20-8198 art III Statement of Program Service Accomplishments	080	Page
_			X
1	Check if Schedule O contains a response or note to any line in this Part III		🕰
	PROVIDE QUALITY ONE, TWO AND THREE BEDROOM HOMES IN A DIVERSE		
	COMMUNITY FOR FAMILIES AND HOUSEHOLDS OF LOW INCOME OFFER SOCIAL		
	SUPPORTIVE OPPORTUNITIES AND ENSURE ACCESS TO THE PRINCETON COMM		v
	DOTTORTIVE OTTORTONITIED AND ENDORE ACCEDD TO THE TRINCETON COMM		1.
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XN
	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?	Ves	XN
•	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 ex	nenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	-	hd
	revenue, if any, for each program service reported.	choco, an	
4a		568,4	410.
та	GRIGGS FARM, INC OWNS 70 AFFORDABLE LOW INCOME UNITS. THE GRIGGS		
	COMMUNITY ALSO INCLUDES 70 AFFORDABLE OWNERSHIP UNITS MANAGED BY		
	MUNICIPALITY OF PRINCETON, AND 140 MARKET RATE PRIVATE OWNERSHIP		πc
	GRIGGS FARM WAS DEVELOPED THROUGH THE FEDERAL LOW INCOME HOUSING		10.
	CREDIT PROGRAM, ALL TAX CREDITS WERE REDEEMED IN 2005 THERE ARE		
	CURRENT GOVERNMENT SUBSIDIES AND GRIGGS FARM INC'S OPERATIONS AR FINANCED SOLELY FROM THE RENTAL INCOME DERIVED FROM ITS 70 UNITS		
	THROUGH CAREFUL MANAGEMENT, WE ARE ABLE TO HOLD RENTS TO 30% OF		
	HOUSEHOLD'S GROSS INCOME. PCH DEVELOPMENT CORP A RELATED NONPROF		
	ORGANIZATION, MANAGES THE UNITS AND OPERATIONS GRIGGS FARM IS SE		
	DAILY VIA PUBLIC BUS TRANSPORTATION, ENABLING RESIDENTS TO TRAVE		
	NEARBY JOBS AND SHOPPING, DOWNTOWN PRINCETON AND AREA MALLS. GRI (Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4d		<u>)</u>	
4d	(Expenses \$ including grants of \$) (Revenue \$)	
4d 4e	(Expenses \$ including grants of \$) (Revenue \$) Form 9	90 (202
4e	(Expenses \$ including grants of \$) (Revenue \$) Form 9	90 (202

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Form 990 (2021) GRIGGS FARM, Part IV Checklist of Required Schedules INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_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		<u> </u>
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		<u> </u>
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?		v	
	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			v
	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,		х	
Ŀ.	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
А	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			
u		11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	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			
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
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
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 Form 990 (2021)
 GRIGGS FARM, INC.

 Part IV
 Checklist of Required Schedules (continued)

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

10381107 147227 0306844-0314450.0990 2021.05000 GRIGGS FARM, INC.

	t 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,			100	
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule ()	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac If "Yes," enter the name of the foreign country		4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a		, , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-04		
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).		55		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the pavor?	7a		x
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	e roquirod	70		
С		siequieu	7c		x
Ч		7d	10		- 23
			70		x
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g 7b		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•		
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		-		
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	<u>10a</u>			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:	[
a	Gross income from members or shareholders	<u>11a</u>			
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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I			
	•	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

10	Enter the number of voting members of the governing body at the and of the tay year	1		20		Yes	N
Ta	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		_20			
	If there are material differences in voting rights among members of the governing body, or if the governing						
Ŀ.	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			20			
D	Enter the number of voting members included on line 1a, above, who are independent			_20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				•		
_	officer, director, trustee, or key employee?			·····	2		X
3	Did the organization delegate control over management duties customarily performed by or under the					77	
	of officers, directors, trustees, or key employees to a management company or other person?				3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?			·····	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			····· [_'	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholde	ers, or				
	persons other than the governing body?			Ľ	7b		Σ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the fo	llowing:				
а	The governing body?			L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			L	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at th	ne				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Σ
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
			,	_		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			[·	l0a		Σ
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			Γ			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			-	0b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				l1a		Σ
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		0				
		ganization have a written conflict of interest policy? If "No," go to line 13					
b							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ff "\gamma$			F		Х	
Ŭ	on Schedule O how this was done			.	l2c	х	
3	Did the organization have a written whistleblower policy?			····· ⊢	13	X	
4	Did the organization have a written document retention and destruction policy?				14	X	
5	Did the process for determining compensation of the following persons include a review and approva			····· -	17		
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by indep	Jendent				
-					IE e		2
	The organization's CEO, Executive Director, or top management official				15a		Σ
D	Other officers or key employees of the organization			H	5b		-
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with	а				7
	taxable entity during the year?			Ľ	l6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	icipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?			<u> 1</u>	6b		
00	tion C. Disclosure						
ec	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{NJ}$						
		nd 990-T	(section 50 ⁻	1(c)(3)s o	nly) a	availat	ole
7	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and						
7	for public inspection. Indicate how you made these available. Check all that apply.						
7			dule O)				
7 8	for public inspection. Indicate how you made these available. Check all that apply.	on Sche	,	y, and fi	nanc	ial	
7 8	for public inspection. Indicate how you made these available. Check all that apply.	on Sche	,	:y, and fi	nanc	cial	
9 0	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	n <i>on Sche</i> nflict of ir	nterest polic		nanc	cial	
7 8 9	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	n <i>on Sche</i> nflict of ir oks and re	ecords			cial	
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7 8 9 0	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boot JANET MCCLAFFERTY C/O PCH DEVELOPMENT CORPORATION -	n <i>on Sche</i> nflict of ir oks and re	ecords	-382	2	5ial	(20

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 Form 990 (2021)
 GRIGGS FARM, INC.
 20-8198080
 Page

 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. Χ

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

<u>Form 990 (</u>		20-8198080	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	l	mza		C)	ipen	Jour	(D)	(E)	(F)
Name and title					ition	1		Reportable	Reportable	Estimated
Name and the	Average hours per		not cl					compensation	compensation	amount of
	week			unless person is both an cer and a director/trustee)				from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		iyee	ed m		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	5	mplc	est cc oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			-
(1) EDWARD TRUSCELLI	1.00									
EXECUTIVE DIRECTOR	49.00			Х				0.	157,722.	30,064.
(2) JANET MCCLAFFERTY	1.00									
FINANCE DIRECTOR	49.00			Х				0.	129,943.	17,607.
(3) ALICE K SMALL	1.00									
VICE PRESIDENT	7.00	Х		Х				0.	0.	0.
(4) ANNE STEWART	1.00									
BOARD MEMBER	7.00	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	7.00	Х						0.	0.	0.
(7) CHAD BRIDGES	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(8) ELIZABETH BIDWELL BATES	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(9) FREDI PERLMUTTER	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(10) JEANNETTE KLINK	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(11) KYUJUNG WHANG	1.00									
SECRETARY	7.00	Х		Х				0.	0.	0.
(12) LINDA MEISEL	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(13) MICHAEL CICCONE	1.00								0	
BOARD MEMBER	7.00	Х						0.	0.	0.
(14) REV. DR. DEBORAH BLANKS	1.00								0	
BOARD MEMBER	7.00	Х						0.	0.	0.
(15) REV. LUKATA MJUMBE	1.00								0	
BOARD MEMBER		Х						0.	0.	0.
(16) RUPPERT A. HAWES	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(17) SARA JUST	1.00							_		
BOARD MEMBER	7.00	Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

2021.05000 GRIGGS FARM, INC.

Form 990 (2021)

GRIGGS FARM, INC.

	VII Section A. Officers, Directors, Tru		pioy	ees,			gnes	at C		s (continued)				
	(A)	(B)			(C Pos	C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable			timate	
		week		, unle icer ar					compensation from	compensatio		ar	nount (other	JT
		(list any	ctor						the	organization		com	pensa	tion
		hours for	r dire				ted		organization	(W-2/1099-MIS	SC/	fr	om the	е
		related	stee o	trustee			ensat		(W-2/1099-MISC/	1099-NEC)		Ĭ	anizati	
		organizations below	al trus	onal ti		loyee	eomp		1099-NEC)			1	d relate	
		line)	Individual trustee or director	In stitutional t	Officer	ƙey employee	Highest compensated employee	Former				orga	anizatio	ons
(19) (SCOTT HARMON	1.00	-	=	of	ξe	토등	오						
	MEMBER	7.00	x						0.		0.			0.
	THOMAS E. WHITE	1.00	1								••			••
	MEMBER	7.00	x						0.		0.			0.
	TONY CAPOZZOLI	1.00									••			
TREASU		7.00	x		x				0.		0.			0.
	TOSHI ABE	1.00												
	MEMBER	7.00	x						0.		0.			0.
(22)	VALERIE W. HAYNES	1.00												
PRESI	DENT	7.00	x		x				0.		0.			0.
			1											
	Subtotal								0.	287,60	-	4	7,6	
	otal from continuation sheets to Part V								0.		0.			0.
<u>d</u> T	Total (add lines 1b and 1c)		<u></u>	<u></u>					0.	287,60	65.	4	7,6	71.
	otal number of individuals (including but	not limited to th	iose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			~
C	compensation from the organization												<u>v</u>	0
													Yes	No
	Did the organization list any former office			-	•			Ŭ		•				77
	ne 1a? If "Yes," complete Schedule J for											3		X
	For any individual listed on line 1a, is the s	•							•	•			x	
	and related organizations greater than \$15											4	_	
	Did any person listed on line 1a receive or							elate	ed organization or individ	ual for services		-		х
	endered to the organization? <i>If</i> "Yes," col on B. Independent Contractors	mplete Schedul	e J f	or sl	ich į	oers	on .					5		- 72
	Complete this table for your five highest c	ompensated inc	lone	nde	nt co	ontra	acto	re th	nat received more than \$	100 000 of com	nensa	tion fr	m	
	he organization. Report compensation for										501154			
	(A)			Jindii	ig w		/ //		(B)			(0	3)	
	Name and busines	s address	N	ONE	2				Description of s	ervices	C	Compe	nsatior	n
	otal number of independent contractors 6100,000 of compensation from the organ		ot lir	nited	d to	thos (ted	above) who received mo	ore than				

Form 990 (2021)

Check if Schedulo C contains a response or note to any line in this Part VII (A) Total revenue Related or covered business revenue (D) Protect actuals (D) Manual Schwarz				GRIGGS FARM,	INC.			20-8198	080 Page 9
and the second of the second base	Pa	rt V	111						
Total revenue Restance and the servenue Investment of the servenue Inv				Check if Schedule O contains a response	e or note to any line		(P)	(0)	
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12 Total revenue. See instructions 644,310. 568,410. 0. 900	Ï								
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2021.05000 GRIGGS FARM, INC.

		ise of field to any find in			·····
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	117,590.	97,068.	20,522.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,243. 18,550.	2,692. 15,298.	551. 3,252.	
9	Other employee benefits		15,298.	3,252.	
10	Payroll taxes	10,870.	8,973.	1,897.	
11	Fees for services (nonemployees):				
а	Management	<u>41,177.</u> 5,543.		41,177.	
b	Legal	5,543.	5,543.		
с	Accounting	19,587.		19,587.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1 0 0 0		1 0 0 0	
13	Office expenses	1,939.		1,939.	
14	Information technology	7,896.	6,232.	1,664.	
15	Royalties	44.062			
16	Occupancy	44,963.	37,763.	7,200.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 1 0 5	1 105		
19	Conferences, conventions, and meetings	1,195. 6,018.	<u>1,195.</u> 6,018.		
20	Interest	0,010.	0,018.		
21	Payments to affiliates	35,254.	35,254.		
22	Depreciation, depletion, and amortization	26,797.	26,797.		
23		20,191.	20,191.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e emperate expenses of 20% of line 25e external (A)				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OPERATING AND MAINTENAN	261,461.	261,461.		
b	PILOT	33,162.	33,162.		
с	BAD DEBTS EXPENSE	8,730.	8,730.		
d	SOCIAL SERVICES EXPENSE	712.	712.		
е	All other expenses	358.	358.		
25	Total functional expenses. Add lines 1 through 24e	645,045.	547,256.	97,789.	0.
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

GRIGGS FARM, INC. Part IX Statement of Functional Expenses

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

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

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2021.05000 GRIGGS FARM, INC.

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GRIGGS FARM, INC.

rm 990 Part X		NC.			20-	8198080 Page 1 1
	Check if Schedule O contains a response or not	e to any	line in this Part X			
		<u> </u>		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			43,923.	1	10,587
2	Savings and temporary cash investments			6,893.	2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			25,046.	4	22,058
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				5	
6	Loans and other receivables from other disqualif					
	under section 4958(f)(1)), and persons described				6	
n 7	Notes and loans receivable, net				7	
7 7 8 8	Inventories for sale or use				8	
ξ 9				6,287.	9	12,389
	Land, buildings, and equipment: cost or other			•		
	basis. Complete Part VI of Schedule D	10a	7,024,978.			
b		10b	6,290,583.	726,616.	10c	734,395
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			270,178.	15	170,695
16	Total assets. Add lines 1 through 15 (must equa			1,078,943.	16	950,124
17	Accounts payable and accrued expenses			15,866.	17	27,837
18	Grants payable				18	
19	Deferred revenue			9,098.	19	11,466
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F			65,335.	21	65,395
, 22	Loans and other payables to any current or form	er office	er, director,			
	trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
	controlled entity or family member of any of thes	e perso	ns		22	
⁵ 23	Secured mortgages and notes payable to unrela	ted thir	d parties	142,933.	23	
24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
25	Other liabilities (including federal income tax, page	yables t	o related third			
	parties, and other liabilities not included on lines	17-24).	Complete Part X			
	of Schedule D			0.	25	450
26	Total liabilities. Add lines 17 through 25			233,232.	26	105,148
	Organizations that follow FASB ASC 958, che	ck here				
6 2	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			845,711.	27	844,976
28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 📃			
	and complete lines 29 through 33.					
27 28 28 29 30 31 32	Capital stock or trust principal, or current funds				29	
ดี 30	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		30	
ξ 31	Retained earnings, endowment, accumulated inc			A 4	31	
32	Total net assets or fund balances			845,711.	32	844,976
33	Total liabilities and net assets/fund balances			1,078,943.	33	950,124 Form 990 (202

Form **990** (2021)

Form	GRIGGS FARM, INC.	<u>20-</u> 81	98080	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	644		
2	Total expenses (must equal Part IX, column (A), line 25)	2	645		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>35.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	845	5,71	11.
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	844	l, 9'	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
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	0.	-	Yes	No
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	e 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	e 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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990 (0021)

Form **990** (2021)

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Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No. 1545-0047
2021
Open to Public

Inspection
identification numb

GR IGGS PARM, INC. 20-8198080 Part1 Reson for Public Charly Status. (All organizations must complete this part). See instructions. 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 associated schedule [Form 900).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A no granization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.) A foderal, 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 of rom the general public described in section 170(b)(1)(A)(v). B A angricultural research organization described in section 170(b)(1)(A)(v). Community thus described in section 170(b)(1)(A)(v). Community fusite section 170(b)(1)(A)(v). B A community fusite section 170(b)(1)(A)(v). Complete Part II.) A community fusite section 170(b)(1)(A)(v). Community fusite section 170(b)(1)(A)(v). B A an organization organization described in section 170(b)(1)(A)(v). Community fusite section 170(b)(1)(A)(v). Community fusite section 170(b)(1)(A)(v). Community fusite section 170(b)(1)(A)(v). B A community fusite sectio	Name of	the organization						Employer	identification number
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 church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of schedule [from 990). A notpila or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). A 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)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									0-8198080
 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A motical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). 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)(v). (Complete Part II.) 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)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in described in section 170(b)(1)(A)(v). Congenization 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 500(a)(4). An organization organized and operated exclusively to test for public safety. See section 500(a)(4). An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization section section 500(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization adcorded organization(8), typically by giving the supported organization(8), the supported organization(8), typically by giving the supported organization(8), the supported organization(8), the over to regularization vested in connection w	Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A motical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). 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)(v). (Complete Part II.) 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)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in described in section 170(b)(1)(A)(v). Congenization 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 500(a)(4). An organization organized and operated exclusively to test for public safety. See section 500(a)(4). An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization section section 500(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization adcorded organization(8), typically by giving the supported organization(8), the supported organization(8), typically by giving the supported organization(8), the supported organization(8), the over to regularization vested in connection w	The organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
 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)(iii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). 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)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(v), goverated 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 university: 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 501 tax) from businesses acquired by (4). An organization organized and operated exclusively to 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 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 described or equivality on organization organization speried or controlled by its suppor	1 🛄	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A nagricultural research organization described in section 170(b)(1)(A)(xi), perated in conjunction with a land-grant college or university : 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 509(a)(2). Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(3). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Ceck the box on lines 12a through 12d that described in section 509(a)(1) or sections 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that described in section 509(a)(1) or sections 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 Part IV, Sections A and B. Type I. A supporting organization supervised, or controlled b	2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)				
 city, and state:	3								
 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A 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)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: In organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized in operated, supervised, or controlled by its supported organization(s), by piving the supported organization perated, supervised, or controlled by its supported organization(s), by piving the supporting organization supervised or controlled by its supported organization(s), by piving the supporting organization supervised or controlled by its supported organization(s), by paving control or management of the supporting organization overtiled and contection with its supported organization(s)	4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
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d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization listed in your governing document? (iv) Is the organization listed organization (described on lines 1-10 (v) Amount of monetary support (see instructions)	С							ly integrate	ea with,
 that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10) 	d [- ·· ·	.,.	-			-	ted organi-	zation(s)
 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (vi) Amount of other support (see instructions) 	u							-	
 Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (vi) Amount of other support (see instructions) 		-			•		-	anatonin	
functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed in your governing document? organization (iii) EIN (iii) Construction of the provide of the support (see instructions) in your governing document? your governing document? your governing document?	e	_ ' '	,	•	-			II. Type III	
g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10								,	
g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed organization (iii) EIN (described on lines 1-10 (v) Amount of monetary organization (v) Amount of monetary (iii) Type of organization (v) Amount of monetary (v) Amount of monetary (vi) Amount of other	f Ente	er the number of supported o	organizations	, , , , , , , , , , , , , , , , , , , ,					
organization (described of lines 1-10 March Lange support (see instructions) support (see instructions)	g Pro	vide the following informatior							
			(ii) EIN		(iv) Is the orga in your governi	nization listed			
		organization			Yes	No	support (see in	istructions)	support (see instructions)
Total	Total								

Schedule A	(Form	990	202
		000	1202

GRIGGS FARM, INC.

20-8198080 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(u) 2011		(0) 2010	(4) 2020		
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					10	
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020			.,,		15	%
	33 1/3% support test - 2021. If the o			line 12 and line :			
104	stop here. The organization qualifies	-					
h	33 1/3% support test - 2020. If the o		•		lino 15 is 22 1/204		
N	and stop here. The organization qual	-					
170					12 160 or 16b		
178	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test					-	10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 17a, or 17b	o, check this box a	na see instruction	<u>s</u>

Schedule A (Form 990) 2021

132022 01-04-22

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GRIGGS FARM, INC.

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	30,000.	0.	50,000.	20,000.	75,000.	175,000.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	542,352.	605,213.	517,387.	573,888.	568,410.	2807250.
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness 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	572,352.	605,213.	567,387.	593,888.	643,410.	2982250.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						2982250.
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	572,352.	605,213.	567,387.	593,888.	643,410.	2982250.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	623.	746.	864.	679.	900.	3,812.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	623.	746.	864.	679.	900.	3,812.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	572,975.	605,959.	568,251.	594,567.	644,310.	2986062.
14 First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatic	on,
check this box and stop here						>
Section C. Computation of Publ					r 1	
15 Public support percentage for 2021 (•	olumn (f))		15	<u>99.87 %</u>
16 Public support percentage from 2020 Section D. Computation of Invest					16	95.59 %
17 Investment income percentage for 20					17	.13 %
18 Investment income percentage for		D 1 1 1 1 1			18	.11 %
19a 33 1/3% support tests - 2021. If the					· · · ·	
more than 33 1/3%, check this box a	-					►X
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization			•		•	
132023 01-04-22						(Form 990) 2021
		16				

2021.05000 GRIGGS FARM, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

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Schedule A	(Form 990) 2021	GRIGGS	FARM,	INC
Part IV	Supporting Orga	nizations (con	tinued)	

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
a				
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustops at all times during the tax yog? (filles in Part VI have the supported organization)			

	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 conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Subervis			n ung organization.	
Section C.	Type II Su	upporting C	Drganizations	

 Yes
 No

 1
 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
 Image: Control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the support

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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

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 Schedule A (Form 990) 2021
 GRIGGS FARM, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

(i)

Excess Distributions

Schedule A (Form 990) 2021

1

2

3

4

5

6

7

8 9

10

(ii)

Underdistributions

Pre-2021

Current Year

(iii)

Distributable

Amount for 2021

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

2

3

4

6

7

8

9

Section D - Distributions

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2021 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

1 Distributable amount for 2021 from Section C, line 6

10 Line 8 amount divided by line 9 amount

20

Schedule A	Form 990) 2021	GRIGGS FARM,	INC.	20-8198080 Pag
	Part IV, Section A, line line 1; Part IV, Section	es 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 n D, lines 2 and 3; Part IV, Sec	planations required by Part II, line 10; Part a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sect tion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, nes 2, 5, and 6. Also complete this part fo	II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
	(See Instructions.)			
120000 04 04 04				Schedule A (Form 990) 2
132028 01-04-2	-			Schedule A (FULLI 390) Z

SC	HEDULE D	Supplementa	al Financial Statements	;	OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990,		2021
-	-		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	b.	Open to Public
	nent of the Treasury Revenue Service		90 for instructions and the latest information	ation.	Inspection
Nam	e of the organizati				Employer identification number
Par		GRIGGS FARM, INC. ations Maintaining Donor Advise	d Funds or Othor Similar Funds	or Ao	<u>20-8198080</u>
Far		n answered "Yes" on Form 990, Part IV, lin			Counts. Complete if the
	organizatio		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at er	nd of year		(-	
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5		on inform all donors and donor advisors in v		ed funds	S
	-	on's property, subject to the organization's	-		
6		on inform all grantees, donors, and donor a			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose of	onferrir	ng
		ate benefit?			
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, I	line 7.
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (for example, recrea	tion or education)	a histor	rically important land area
	Protection o	f natural habitat	Preservation of	a certifi	ied historic structure
	Preservation	n of open space			
2	•	through 2d if the organization held a qualif	ied conservation contribution in the form o	of a con	
	day of the tax year			ļ	Held at the End of the Tax Year
а	Total number of co	onservation easements			2a
b	•				2b
С	Number of conser	vation easements on a certified historic stru	ucture included in (a)		2c
d		vation easements included in (c) acquired a	,	re	
		nal Register		L	2d
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiz	ation during the tax
	year ►				
4		where property subject to conservation eas			
5		tion have a written policy regarding the per			
6		orcement of the conservation easements it r hours devoted to monitoring, inspecting,			
0		a nours devoted to monitoring, inspecting,	handling of violations, and emotering const	ervatior	reasements during the year
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and onforcing consonvat	ion oas	omonts during the year
'	► \$	ies incurred in monitoring, inspecting, nanc	ing of violations, and enforcing conservat	IUII Eas	ements during the year
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170/r)(4)(B)(i	i)
U)(4)(B)(ii)?			
9		be how the organization reports conservation			
-	-	d include, if applicable, the text of the footr	•		
		ounting for conservation easements.			
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Otl	ner Si	milar Assets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balaı	nce sheet works
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in fu	therand	ce of public
	service, provide in	Part XIII the text of the footnote to its finar	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 b	alance	sheet works of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furthe	erance	of public service,
	provide the followi	ng amounts relating to these items:			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			► \$
	.,				\$
2	If the organization	received or held works of art, historical treat	asures, or other similar assets for financial	gain, p	rovide
	-	unts required to be reported under FASB A	-		
		on Form 990, Part VIII, line 1			► \$
		Form 990, Part X			▶ \$
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21				

26 2021.05000 GRIGGS FARM, INC. 10381107 147227 0306844-0314450.0990

		FARM, INC.		<u> </u>				20-81			age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	easures, or	Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	any of the	following that	make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		-	-			se in Part	XIII.		
5	During the year, did the organization solicit or				-				-		1
D.	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the o	organizatic	on answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								٦	77	1
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing ta	ble:					A		
									Amount	[
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance							v	Yes		1
	Did the organization include an amount on Fo						• • • • • • • •			X	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it									Δ	<u>_</u>
		(a) Current year		ior year	(c) Two year			ears back	(e) Four	vears	hack
10	Beginning of year balance	(u) ourrent your	(8)11	ior your		5 BUOK	(d) 11100 3	youro buon	(0) 1 001	youro	Juon
b	Contributions Net investment earnings, gains, and losses										
с А	Grants or scholarships										
	Other expenditures for facilities										
e											
f	and programs Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the current	ent year end balance	line 1a	column (a)) held as:						
	Board designated or quasi-endowment		%	oolanni (a	<i>,,,</i> 11010 00.						
	Permanent endowment										
		%									
Ŭ	The percentages on lines 2a, 2b, and 2c should be the second seco	-									
3a	Are there endowment funds not in the posses	•	tion that	are held ar	nd administer	ed for th	e organiza	ation			
	by:						5		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the									•	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investn		. ,	t or other (other)		.ccumulate preciation		(d) Bool	k value	3
1a	Land				6,481.				400	5,48	31.
	Buildings				8,497.	6,3	290,5	83.		7,91	
	Leasehold improvements			· , • =	, ==	- / '				, -	
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must ed		X colum	n (R) linn 1	0c)				734	1,39	95.
		<u>yuarı unn 330. Fall</u>		ן שווו ועיי	<u>vv.</u> ,			<u> </u>	D (Farm		

Schedule D (Form 990) 2021

132052 10-28-21

	(Form 990) 2021	GRIGGS		INC.
Part VII	Investments -	Other Securi	ties.	

Complete if the organization answered "Yes"	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)			
(3)			
(5)			
<u>(6)</u>			
(7)(9)			
(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 000 Dart IV line	11d Soc Form 000 Port V line 15	
	Description		(b) Book value
	Description		
(1) TENANT SECURITY DEPOSITS			66,059.
(2) REPLACEMENT RESERVE			104,636.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			480.005
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		170,695.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATE			450.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 25.)		450.
2 Liability for uncortain tax positions. In Part XIII, provide	,	a the organization's financial statements the	t reporte the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 ... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 GRIGGS FARM, INC.			20-	8198080 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	With	n Revenue per Re	turn.	
	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	8,078,167.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b		2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	7,433,857.		
е	Add lines 2a through 2d			2e	7,433,857.
3	Subtract line 2e from line 1			3	644,310.
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	644,310.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	s Wit	h Expenses per H	leturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1	7,609,792.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	7,609,792.
-	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	7,609,792.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	1		1	7,609,792.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	7,609,792.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	6,964,747.	1	
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	6,964,747.	2e	6,964,747.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	6,964,747.		
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	6,964,747.	2e	6,964,747.
2 b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	6,964,747.	2e	6,964,747.
2 b c 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	6,964,747.	2e	6,964,747.
2 b c 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	6,964,747.	2e 3 4c	<u>6,964,747.</u> 645,045. 0.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	6,964,747.	2e 3	6,964,747.

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

PART IV, LINE 2B:

TENANT SECURITY DEPOSITS ARE HELD IN A SEPARATE INTEREST BEARING BANK

ACCOUNT IN THE NAME OF THE ORGANIZATION IN TRUST FOR THE TENANTS.

PART X, LINE 2:

10381107 147227 0306844-0314450.0990

DUE TO THEIR TAX-EXEMPT STATUS, PCH AND NON-PROFIT CORPORATE AFFILIATES

ARE NOT SUBJECT TO INCOME TAXES. PCH AND NON-PROFIT CORPORATE AFFILIATES

ARE REQUIRED TO FILE AND DO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING

AUTHORITIES. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A

PROVISION FOR INCOME TAXES AND PCH AND NON-PROFIT CORPORATE AFFILIATES

HAVE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. PCH

AND NON-PROFIT CORPORATE AFFILIATES ARE NO LONGER SUBJECT TO U.S. FEDERAL Schedule D (Form 990) 2021 132054 10-28-21

2021.05000 GRIGGS FARM, INC.

Schedule D	(Form 990) 2021	GRIGGS	FARM,	INC.

Part XIII Supplemental Information (continued) STATE, OR LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2018 AND PRIOR. PART XI, LINE 2D - OTHER ADJUSTMENTS: RELATED ORGANIZATION REVENUES 8,595,129. RELATED ORGANIZATION ELIMINATIONS -1,161,272. 7,433,857. TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XII, LINE 2D - OTHER ADJUSTMENTS: RELATED ORGANIZATION EXPENSES 7,836,596. RELATED ORGANIZATION ELIMINATIONS -871,849. TOTAL TO SCHEDULE D, PART XII, LINE 2D 6,964,747. Schedule D (Form 990) 2021

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	91	
		Compensated Employees		20		İ
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio			identificatio		nber
_		GRIGGS FARM, INC.	20-8	319808	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i	nal use			
	Travel for com					
		ation and gross up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
_						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	la alta ata sudata la 16 a.					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO/Fuendation but available in Part III.	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant	ommittaa			
		ther organizations Approval by the board or compensation c	ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
c		eive payment from an equity-based compensation arrangement?		4.		x
•		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2021

132111 11-02-21

31 10381107 147227 0306844-0314450.0990 2021.05000 GRIGGS FARM, INC.

20-8198080

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) EDWARD TRUSCELLI	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	157,722.	0.	0.	4,888.	25,176.	187,786.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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 J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



20-8198080

GRIGGS FARM, INC.

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, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FARM, 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

ENRICHMENT PROGRAMS, INCLUDING THE MUNICIPAL RECREATION DEPARTMENT A

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:

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization GRIGGS FARM, INC.	Page 2 Employer identification number 20-8198080
A DRAFT COPY OF THE 990, WITH THE SCHEDULE B REMOVED DUE T	O 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 CONF	LICT 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, PART XII, LINE 2C:	
NO CHANGE FROM THE PRIOR YEAR.	
=	
FORM 990, PG 6, SEC B QUESTIONS 15A AND 15B:	M 990
THESE QUESTIONS ARE ANSWERED NO IN ACCORDANCE WITH IRS FOR	
INSTRUCTIONS. THE RELATED ORGANIZATION, WHICH PAID OFFICER	
COMPENSATION, USED A PROCESS FOR DETERMINING COMPENSATION	TUAL INCTORED

1) 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

35

POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, 3) CONTEMPORANEOUS

DOCUMENTATION AND RECORDKEEPING.

132212 11-11-21

SCHEDULE R

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.

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

2021 **Open to Public** Inspection

Employer identification number 20-8198080

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

GRIGGS FARM, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II 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	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ELM COURT II INC - 56-2477473							
ONE MONUMNET DRIVE					PRINCETON		
PRINCETON, NJ 08540	VERY LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х
ELM COURT INC - 20-8984541							
ONE MONUMNET DRIVE					PRINCETON		
PRINCETON, NJ 08540	VERY LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х
PCH DEVELOPMENT CORPORATION - 22-2876697	MANAGEMENT COMPANY FOR LOW						
ONE MONUMNET DRIVE	AND MODERATE INCOME				PRINCETON		
PRINCETON, NJ 08540	HOUSING PROJECTS	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х
PCH HOMES INC - 27-4444170							
ONE MONUMNET DRIVE	LOW AND MODERATE INCOME				PRINCETON		
PRINCETON, NJ 08540	HOUSING INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		х

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

SEE PART VII FOR CONTINUATIONS

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	contr organiz	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
PCH VILLAGE INC - 22-2085939	LOW AND NODEDARE INCOME				DD THEORY		
ONE MONUMNET DRIVE	LOW AND MODERATE INCOME		F01 (g) (2)	- THE 10	PRINCETON		77
PRINCETON, NJ 08540	HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		X
PCV GROUP INC - 22-2820022							
ONE MONUMNET DRIVE	LOW AND MODERATE INCOME		501 (3) (3)		PRINCETON		37
PRINCETON, NJ 08540	HOUSING INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		X
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		Х
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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)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box 20 of Schedule	managing partner?	r Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
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	x	N/A
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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	(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	contr	i) tion o)(13) olled ity?
		country)		01 (1030)		235013		Yes No	

Schedule R (Form 990) 2021 GRIGGS FARM, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	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		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
(4)				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2021 GRIGGS FARM, INC.

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)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(f Dispr tior alloca Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage ownership

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

PRINCETON COMMUNITY HOUSING INC

PRIMARY ACTIVITY: RAISE FUNDS & PROVIDE ASSISTANCE TO LOW AND MODERATE

INCOME HOUSING PROJECTS

132165 11-17-21