Department of the Treasury Internal Revenue Service

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

2024 Open to Public Inspection

Form **990** (2024)

OMB No. 1545-0047

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

<u>A</u>	For the	e 2024 (	calendar year, or tax year beginning $04/01/24$ , and ending $03/31/25$		
В	Check if a	applicable:	C Name of organization	D Employ	er identification number
Ш	Address o	change	PRINCETON IN AFRICA, INC.		
$\Box$	Name cha	ange	Doing business as		824520
一		·	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite		ne number
_	Initial returning		A39A LOUIS A. SIMPSON INTERNATIONAL  City or town, state or province, country, and ZIP or foreign postal code	609-	258-7215
	terminated				E06 240
	Amended	return	PRINCETON NJ 08544	<b>G</b> Gross re	eceipts\$ 786,348
=			F Name and address of principal officer:  H(a) Is this a gro	up return fo	r subordinates? Yes X No
Ш	Application	n pending	DAMILOLA AKINYELE		<b> </b>
			LOUIS A. SIMPSON INTERNATIONAL BLDG. H(b) Are all sub		
			INTRODUCTION NO COSTI	attach a lis	st. See instructions
<u></u>	Tax-exen	mpt status:			
J	Website:	: H	ITTP://WWW.PRINCETONINAFRICA.ORG H(c) Group exer		ber
K	Form of o	organization	n: X Corporation Trust Association Other L Year of formation: 19	999	M State of legal domicile: NJ
F	Part I	Sı	ummary		
	1 E	Briefly de	escribe the organization's mission or most significant activities:		
e		SEE	SCHEDULE O		
Jan					
Governance	'				
õ	2 (	Check th	is box if the organization discontinued its operations or disposed of more than 25% of its net ass	ets.	
<u>«</u>	1		of voting members of the governing body (Part VI, line 1a)	ا ء	25
			of independent voting members of the governing body (Part VI, line 1b)	. —	25
Activities	5 7	Total nur	mber of individuals employed in calendar year 2024 (Part V, line 2a)	5	5
듕			and an afficial violation of a stimulating the state of the second	١.	101
ď			related business revenue from Part VIII, column (C), line 12	. ——	0
	'a'	Not unrol	lated business taxable income from Form 990-T, Part I, line 11	7b	0
	D1	vet unite	Prior Yea		Current Year
-	8 (	Contribut		,534	672,781
Jue	1		7	,700	7,525
Revenue	1	_	nt in a no. (Part VIII and very (A) lines (A) and (Zel)	,617	42,479
æ			venue (Part VIII, column (A), lines 3, 4, and 7d) 47	<i>,</i> 0 ± <i>,</i>	12/1/5
	1		coupe and lines 9 through 11 (must equal Part VIII column (A) line 12)	,851	722,785
			1	,880	79,028
	1			,000	19,020
	1		paid to or for members (Part IX, column (A), line 4)	,569	454,025
ses				,509	454,025
Expenses	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)		U
꼾	b	iotai tun	draising expenses (Part IX, column (D), line 25) 93,331	CEE	144 220
				,655	
	1			,104	677,381
ۆخ	19 F	Kevenue	e less expenses. Subtract line 18 from line 12	, 253	45,404 End of Year
Net Assets or	20 7	Total aca			1,255,036
ASSE	20 1		200	,916	120,779
let	21 1		· · · · · · · · · · · · · · · · · · ·		1,134,257
				,651	1,134,237
	Part II		gnature Block		
			perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle		ny knowledge and belief, it is
	40, 00110	) 	to the state of th	l	
٥.		Ciana at una	- t - #		
Si	_	"	e of officer	Date	<del>;</del>
He	ere	I —	ILOLA AKINYELE EXECUTIVE DIRECTOR	R	
		<del></del>	print name and title		
		Preparer's	's name Preparer's signature Date	Chec	⟨ ∐ if PTIN
Pai		PETER		25 self-e	
	parer	Firm's na		rm's EIN	81-4693463
Us	e Only		1540 KUSER ROAD, SUITE A4		
_		Firm's ac	ddress MERCERVILLE, NJ 08619-3828	none no.	609-581-0300
Ma	v the IR	RS discus	ss this return with the preparer shown above? See instructions		X Yes No

orm 990 (2024) PRINCEION II		22-3624520	Page Z
	am Service Accomplishments	no in this Dort III	X
Briefly describe the organization's m	contains a response or note to any li	ne in this Part III	
SEE SCHEDULE O			
*			
*			
*			
2 Did the organization undertake any	significant program services during the year wh	ich were not listed on the	
			Yes X No
If "Yes," describe these new service	s on Schedule O.		
3 Did the organization cease conduction	ng, or make significant changes in how it cond	ucts, any program	
			Yes X No
If "Yes," describe these changes on			
	service accomplishments for each of its three		-
	1(c)(4) organizations are required to report the	amount of grants and allocations to other	ers,
the total expenses, and revenue, if a	any, for each program service reported.		
4a (Code: ) (Expenses \$	518,511 including grants of \$	70 000 \ T	<del></del>
TO MAKE SIGNIFICANT ALSO ENCOURAGES FEI	CONTINENT, WHICH HELPS CONTRIBUTIONS TO AFRI LLOWS TO CULTIVATE MEAN CA AND WITH ONE ANOTHE	CA'S WELL-BEING. THINGFUL RELATIONSHIPS	E ORGANIZATION S WITH
	including grants of \$	) (Revenue \$	)
N/A			
• • • • • • • • • • • • • • • • • • • •			
	including grants of \$	) (Revenue \$	)
N/A			
•			
• • • • • • • • • • • • • • • • • • • •			
•			
•			
ld Other program services (Describe o	n Schedule O.)		
4d Other program services (Describe o (Expenses \$	n Schedule O.) including grants of \$	) (Revenue \$	)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	,		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		-22
Ŭ	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	١		<b>3</b> 2
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	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? <i>If "Yes," complete</i>	<b></b>		
	Schedule D, Parts XI and XII	12a	x	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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	_		v
	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?	, ,		v
20-	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 24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_4		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

Pa	art IV Checklist of Required Schedules (continued)			age
	one of the dames continued		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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 "Ves." complete Schedule I	23		х
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
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		Х
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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	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,			l
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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			٦,
	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			3,5
	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		3,7	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 5			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	х	
_	reportable gaming (gambling) winnings to prize winners?	1c	$\triangle$	1

reportable gaming (gambling) winnings to prize winners?....

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a	х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х				
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.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1						
11	Section 501(c)(12) organizations. Enter:	1						
а	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1						
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1						
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 organization is licensed to issue qualified health plans 13b							
С	Enter the amount of reserves on hand	1						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						
	If "Yes," complete Form 6069.							

	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	v and t		"Mo"
1 6	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	*		
	Check if Schedule O contains a response or note to any line in this Part VI		,,,,,,,	X
Sec	tion A. Governing Body and Management		<u></u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   25			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	1	l	
а	The governing body?	8a	X	1
b	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			-
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	\ \do\	X
<u> </u>	ction B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Cc		N <sub>a</sub>
100	Did the ergenization have legal chanters, branches, or effiliates?	100	Yes	No X
10a	• • • • • • • • • • • • • • • • • • • •	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha	122	
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.22		
·	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NJ, NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records.

DAMILOLA AKINYELE

PRINCETON

LOUIS A. SIMPSON BLDG.

NJ 08544

609-258-7215

orm	990 (2024)	PRINCETON	TN	AFRTCA.	TNC

22-3824520

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

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

(A) Name and title	<b>(B)</b> Average hours per week	box offic	, unle cer ar	ss pe	ition more rson i	than one s both ar or/trustee)	n	(D)  Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) HELEN ACKLEY											
DIRECTOR	1.00 0.00	x						0	o	0	
(2) AMAKA ANKU	0.00						+	<u> </u>	0	<u> </u>	
DIRECTOR	1.00	X						0	0	0	
(3) BRYANT BLOUNT											
SECRETARY	5.00 0.00	х		х				0	0	0	
(4) GILBERT COLLINS											
DIRECTOR	1.00 0.00	х						0	0	0	
(5) IRINI DASKALAKI	1 00										
DIRECTOR	1.00 0.00	х						0	o	0	
(6) STEVEN FELDSTEI											
DIRECTOR	1.00 0.00	x						0	0	0	
(7) BRIAN FIX											
DIRECTOR	1.00 0.00	х						0	0	0	
(8) HOLLY SANDERSON	GARRETT	•									
DIRECTOR	1.00 0.00	х						0	0	0	
(9) REBECCA GRAVES-	BAYAZITO	GI	Ū								
DIRECTOR	1.00 0.00	x						0	0	0	
(10) DAVID HUNTINGTO											
DIRECTOR	1.00 0.00	х						0	o	0	
(11) DANIELA KAISTH		_					$\dashv$				
DIRECTOR	1.00 0.00	x						0	0	0	

Comparison   Com	Fait VII Section A. Oniceia	s, Directors, Ti	usu	Jes,	rtey	L	ipioy	ces	, and riighest compens	ated Employees (continu	<i>5u)</i>			
(12) ALY KASSAM-RENTULLA (13) JASON KNOCH (13) JASON KNOCH (13) JASON KNOCH (14) EMMANUEL KRETKE (14) 1.00 DIRECTOR 0.00 X 0 0 0 0 0 DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Average hours per week (list any hours for related organizations	of director	c, unle	Pos check ess pe nd a o	ition more rson i directo	is both or/trust	an tee)	Reportable compensation from the organization (W-2/ 1099-MISC/	Reportable compensation from related organizations (W-2/ 1099-MISC/	or	imated a of othe compensa from th ganization	er ation ne n and	-
(12) ALY KASSAM-RENTULLA (13) JASON KNOCH (13) JASON KNOCH (13) JASON KNOCH (14) EMMANUEL KRETKE (14) 1.00 DIRECTOR 0.00 X 0 0 0 0 0 DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		dotted line)	tee	ustee			nsateo							
DIRECTOR  (13) JASON KNOCH  (13)  DIRECTOR  (14) EMMANUEL KREIKE  (14)  1, 00  DIRECTOR  (15) DONNA MAYWAR  (15)  DIRECTOR  (16) E. ROBERT MEANEY  (16)  TREASURER  (17) MAHTRI MWITA  (17)  LOO  DIRECTOR  (10) DIRECTO	(12) ALY KASSAM-R													
(13) JASON KNOCH (13) EMMANUEL KREIKE (14) 1.00 DIRECTOR 0.00 X 0 0 0 0 0 DIRECTOR 0.00 X 0 0 0 0 0  (15) E. ROBERT MEANEY (16) 5.00 TRRASURER 0.00 X X 0 0 0 0 0 DIRECTOR 0.00 X X 0 0 0 0 0 DIRECTOR 0.00 X X 0 0 0 0 0 0 DIRECTOR 0.00 X X 0 0 0 0 0 0 DIRECTOR 0.00 X X 0 0 0 0 0 0 DIRECTOR 0.00 X 0 0 0 0 0 0 DIRECTOR 0.00 X 0 0 0 0 0 0 DIRECTOR 0.00 X 0 0 0 0 0 0 0 DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•												_
(14) EMMANUEL KREIKE (14) 100		0.00	X						0	0				0
Complete Fire   Complete   Comp		1,00												
(14)		•	x						0	0				0
DIRECTOR														
(15) DONNA MAYWAR (15) 1.00 DIRECTOR 0.00 X 0 0 0 0  (16) E. ROBERT MEANEY (16) 5.00 TREASURER 0.00 X X 0 0 0 0  (17) MAHIRI MWITA (17) 1.00 DIRECTOR 0.00 X 0 0 0 0  (18) CHIKA OKEKE-AGULU (18) 1.00 DIRECTOR 0.00 X 0 0 0 0 0  DIRECTOR 0.00 X 0 0 0 0 0  DIRECTOR 0.00 X 0 0 0 0 0  DIRECTOR 0.00 X 0 0 0 0 0 0  DIRECTOR 0.00 X 0 0 0 0 0 0  DIRECTOR 0.00 X 0 0 0 0 0 0 0  DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•												_
(15)		0.00	X						0	0				0
Compensation   Comp		1.00												
(16) 5.00 X X X 0 0 0 0 O O O O O O O O O O O O		•	x						0	0				0
TREASURER    0,00   X   X   0   0   0														
(17) MAHIRI MWITA (17) 1.00		•	٠,		,,									^
Complete this table for your five highest compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such person   S X X Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report compensation from the organization. Report compensation from the compensation from the organization. Person   S X X   Section B. Independent Contractors   Compensation from the organization. Report compensation from the organization of the calendar year ending with or within the organization's tax year.   Compensation from the organization of the calendar year ending with or within the organization's compensation from the organization of the calendar year ending with or within the organization's compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.   Compensation from the organization of the calendar year ending with or within the organization's tax year.   Compensation from the organization of the calendar year ending with or within the organization's tax year.   Compensation from the organization of the calendar year ending with or within the organization's tax year.   Compensation from the organization of the calendar year ending with or within the organization's tax year.   Compensation from the organization of the calendar year ending with or within the organization's tax year.   Compensation from the organization of the calendar year ending with or within the organization's tax year.   Compensation from the organization of the calendar year ending with or within the organization's tax year.   Compensation from the organization of the calendar year ending with or within the organization's tax year.   Compensation from the organization of the calendar year ending with or within the organization's tax year.   Compensation from the organization of the calendar year ending with or within the organization of the calendar year ending with or within the organizatio		0.00	X		X				0	0				0
DIRECTOR  (18) CHIKA OKEKE AGULU  (18) 1,00  DIRECTOR  0.00 X  0 0 0 0  (19) GRACE PENN  (19) 1.00  DIRECTOR  0.00 X  0 0 0 0  OTHER TOR ORDER TO THE TORSE OF TH		1.00												
(19) GRACE PENN (19) 1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIRECTOR	•	x						0	0				0
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0														
(19) GRACE PENN (19) 1.00		•	7.											^
1.00   X   DIRECTOR   0.00   X   D   O   O   O   O   O   O   O   O   O		0.00	X						0	0				0
DIRECTOR 0.00 X 0.00 X 0.00 0 0 0 0 0 0 0 0 0 0		1.00												
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (C)  Name and business address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who	DIRECTOR		Х						0	0				0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0    Ves   No														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0    Yes   No														
reportable compensation from the organization 0  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who									ve) who received more that	an \$100,000 of				
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	•	•		^					<u> </u>				Vaal	N <sub>a</sub>
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	3 Did the organization list any fo	<b>ormer</b> officer d	irecto	or tr	uste	e ke	ev er	nnlo	vee or highest compensa	ted	ſ		res	NO
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who	employee on line 1a? If "Yes,"	" complete Sche	edule	J fo	or su	ch ii	ndivid	dual				3		X
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) Name and business address  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who														
for services rendered to the organization? If "Yes," complete Schedule J for such person.  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  Name and business address  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	individual											4		X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who												_		v
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who			160,	COI	пріє	ie s	Cried	iuie	J for such person			<u> </u>		
Name and business address  Description of services  Compensation  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	1 Complete this table for your fi	ive highest com	pens	ated	inde	epen	dent	con	tractors that received more	e than \$100,000 of				
2 Total number of independent contractors (including but not limited to those listed above) who			comp	ensa	ation	for	the c	aler I			year.		(C)	
	Name and	buśiness address							Descrip	tion of services		Com	npeńsatio	on
									ose listed above) who	0				

Pa	rt V			of Revenue ledule O cor	ntains :	a resp	onse or no	te to anv line in	this Part VIII		П
_						<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated cam	paigns	<u> </u>	1a						
S S	b	Membership du	es		1b						
Š, An	С	Fundraising eve	ents		1c						
를	d	Related organiz	zations		1d						
s, imi		Government grants (			1e						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts r	, gifts, g not includ	rants, led above	1f		672,781				
草図	g	Noncash contributions lines 1a-1f			1g	\$	63,563				
Sel	h	Total. Add lines						672,781			
		Totali /taa iii loo	<u>, ia i</u>				Business Code	,			
به	2a	FELLOW PLA	CEME	NT FEES			Duomicoo Codo	7,525	7,525		
S	b	*						.,	7020		
Program Service Revenue	c	• • • • • • • • • • • • • • • • • • • •									
am	Ч	• • • • • • • • • • • • • • • • • • • •									
<u>88</u>	u _										
~	f	All other progra		vice revenue							
		Total. Add lines						7,525			
_	3	Investment inco						.,			
		other similar an						42,235			42,235
	4	Income from inv	/estme	nt of tax-exem	nt bond	proceed		,			
	4 Income from investment of tax-exempt bond proceed 5 Royalties					•					
		rtoyanioo		(i) Real	· · · · · · · · · · · · · · · · · · ·		Personal				
	6a	Gross rents	6a	.,							
		Less: rental expenses									
		Rental inc. or (loss)	6c								
	d			(lnee)							
		Gross amount from		(i) Securitie			) Other				
		sales of assets other than inventory	7a	.,	,807	,	,				
e l	h	Less: cost or other	- · ·		,						
en	~	basis and sales exps.	7b	63	,563						
Revenue	c	Gain or (loss)	7c		244						
		Net gain or (los						244	244		
)ther		Gross income from									
١		(not including \$			1 1						
		of contributions re			1 1						
		1c). See Part IV, I			8a						
	b	Less: direct exp			8b						
		Net income or (			events	·					
		Gross income fi		-	$\prod$						
		activities. See F	_	_	9a						
	b	Less: direct exp			9b						
	С	Net income or (	loss) f	rom gaming ac	tivities						
		Gross sales of									
		returns and allo			10a						
	b	Less: cost of go			10b						
		Net income or (			ventory						
က္က							Business Code				
စ္ခရ	11a										
ane	b										
e e	С										
Miscellaneous Revenue	d	All other revenu									
		Total. Add lines									
		Total revenue.						722,785	7,769	0	42,235

### Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. All ot		mplete column (A).	
	Check if Schedule O contains a respon			·····	
	not include amounts reported on lines 6b, 7b, Pb, 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	79,028	79,028		
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	93,500	65,450	18,700	9,350
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	291,260	218,860	9,050	63,350
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	37,356	27,339	2,608	7,409 6,029
10	Payroll taxes	31,909	23,151	2,729	6,029
11	Fees for services (nonemployees):				
а	Management				
b	Legal	6,100	4,990	740	370
С	Accounting	8,000		8,000	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
·	(A), amount, list line 11g expenses on Schedule O.)	17,511	7,480	10,031	
12	Advertising and promotion	6,976	1,618	1,992	3,366
13	Office expenses	2,222	39	2,059	124
14	Information technology	7,030	6,317	440	273
15	Royalties				
16	Occupancy				
17	Travel	6,597	4,917	136	1,544
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	908		908	
23	Insurance	35,903	33,080	2,823	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	FELLOWS RETREAT	28,302	27,865		437
b	FELLOWSHIP EXPENSES	11,448	11,448		
С	COMMUNICATIONS	6,018	1,800	3,618	600
d	FELLOWS RECRUITMENT COSTS	3,292	3,292		
е	All other expenses	4,021	1,837	1,705	479
25	Total functional expenses. Add lines 1 through 24e	677,381	518,511	65,539	93,331
26	Joint costs. Complete this line only if the	-	-		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
DAA	7	L			Form <b>990</b> (2024)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 117,629 263,122 Cash—non-interest-bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 8,203 703 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Assets 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 5,981 41,301 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c Investments—publicly traded securities 1,031,062 946,668 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets \_\_\_\_\_ 1,590 14 681 14 2,102 2,561 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 1,166,567 1,255,036 16 16 Accounts payable and accrued expenses 26,886 9,563 17 17 Grants payable 18 18 Deferred revenue 60,030 19 111,216 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 120,779 86,916 26 26 Total liabilities. Add lines 17 through 25 ..... Organizations that follow FASB ASC 958, check here X Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,079,651 948,446 27 27 Net assets with donor restrictions 185,811 28 28 Organizations that do not follow FASB ASC 958, check her and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Š 1,079,651 1,134,257 Total net assets or fund balances 32 32 1,255,036 1,166,567 Total liabilities and net assets/fund balances .....

Form **990** (2024)

orn	n 990 (2024) PRINCETON IN AFRICA, INC. 22-3824520				Pag	ge <b>12</b>
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>	<u> </u>			ot
1	Total revenue (must equal Part VIII, column (A), line 12)	1				785
2	Total expenses (must equal Part IX, column (A), line 25)	2				381
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>404</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	<u>,07</u>	9,6	551
5	Net unrealized gains (losses) on investments	5			9,2	202
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	,13	4,2	257
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					$\sqcup$
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					l
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					l
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	X Separate basis Consolidated basis Both consolidated and separate basis					l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		····			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
	<u> </u>			Form	990	(2024)

Part VII Section A. Office	ers, Directors, T	ruste	ees,	Key	En	ploy	/ees	, and Highest Compens	ated Employees (continue	ed)		
(A) Name and title	(B) Average hours per week (list any	offi	x, unle	Pos check ess pe	rson direct	than is both or/trus	n an tee)	( <b>D</b> )  Reportable  compensation  from the  organization (W-2/	(E)  Reportable compensation from related organizations (W-2/	Estimate of compe fror	F) d amoun other ensation n the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organiza related or	ation and rganization	
(20) ETTIE PHILI (12) DIRECTOR	1.00 0.00	x						0	0			0
(21) JAMES F ROE (13) PRESIDENT		X		x				0	0			0
(22) DANIEL RUBE (14) DIRECTOR		X		21				0	0			0
(23) PAUL SULLIV (15) DIRECTOR		X						0	0			0
(24) BRIAN WHITE (16) DIRECTOR		X						0	0			0
(25) ROB WOLK (17) DIRECTOR	1.00	x						0	0			0
(18)												
(19)												
<ul> <li>c Total from continuation s</li> <li>d Total (add lines 1b and 1</li> <li>2 Total number of individuals</li> </ul>	c) (including but not	, Se	ction					ve) who received more that	an \$100,000 of			
<ul> <li>reportable compensation fr</li> <li>Did the organization list an employee on line 1a? If "Yo</li> <li>For any individual listed on organization and related or individual</li> </ul>	y <b>former</b> officer, ces," complete School line 1a, is the sur	lirecto edule n of	J for	or su Intabl	ich ii e co	ndivio mpe	<i>dual</i> nsat	ion and other compensation	on from the	3	Yes	No
5 Did any person listed on lir for services rendered to th	e organization? If									5		
Complete this table for you compensation from the org	ır five highest com anization. Report							ndar year ending with or w	rithin the organization's tax			
Name	(A) and business address							Descrip	(B) tion of services		(C) Compensa	ation
2 Total number of independent received more than \$100,0								ose listed above) who				

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2024

Open to Public Inspection

#### Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number PRINCETON IN AFRICA, INC. 22-3824520 Part I Reason for Public Charity 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 association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) PRINCETON UNIVERSITY 21-0634501 2 6,960 X (B) (C) (D) (E)

6,960

PRINCETON IN AFRICA, INC. 22-3824520
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2024 Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	•	•		•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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	<b>Total.</b> 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.						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructions	)				
13	First 5 years. If the Form 990 is for the						
<u>Sac</u>	organization, check this box and stop he tion C. Computation of Public S	re	ntage				
				(f))		14	0/
14 15	Public support percentage for 2024 (line 6	o, column (I), alvia	ed by line 11, col	umn (I))		15	<u>%</u> %
	Public support percentage from 2023 Sch 33 1/3% support test — 2024. If the org						
IVa	box and <b>stop here.</b> The organization qua			ization			
b	33 1/3% support test — 2023. If the org					or more check	Ш
~	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test —					d line 14 is	·····
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
b	organization  10%-facts-and-circumstances test —	<b>2023.</b> If the organi	zation did not che	eck a box on line 1	3, 16a, 16b, or 17	a, and line	
	15 is 10% or more, and if the organization				=	-	
	in Part VI how the organization meets the						
10	organization	id not obselve her	, on line 12, 16-	16b 17a ar 17b	chook this boy are		Ц
18	<b>Private foundation.</b> If the organization d						
	instructions						
						Cahadula	A (Form 990) 2024

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· 1	•	,		
Caler	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 202	4	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						$\rightarrow$	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b							
8	<b>Public support.</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 202	4	(f) Total
9	Amounts from line 6	(a) 2020	(2) 2021	(0) 2022	(4) 2020	(0) 202	<del>.  </del>	(i) rotal
10a								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the					` ' ' '		
Sec	organization, check this box and stop he tion C. Computation of Public S							
15	Public support percentage for 2024 (line			umn (f))			15	%
16	Public support percentage from 2023 Sch						16	<del>/</del> 6
	tion D. Computation of Investm							70
17	Investment income percentage for 2024			13, column (f))			17	%
18	Investment income percentage from 2023		III II 47				18	%
19a	<b>33 1/3% support tests — 2024.</b> If the or	rganization did not					ine	
	17 is not more than 33 1/3%, check this b	-	_			-		
b	<b>33 1/3% support tests</b> — <b>2023.</b> If the or	-						
	line 18 is not more than 33 1/3%, check t	-	_	•		-		
20	Private foundation. If the organization of	did not check a box	x on line 14, 19a,	or 19b, check this	box and see instr	uctions		

### Part IV Supporting Organizations

(Complete only if you checked a box on 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.)

		Voc	No
ſ		Yes	NO
	1	X	
	2		Х
	3a		<u>X</u>
	3b		
	3c		
	4a		x
	4b		
	4c		
	5a		x
	Ja		
	5b		
	5c		
	6		X
			7.7
	7		X
	8		X
	9a		X
	9b		Х
	3.5		
	9с		Х
	10-		v
	10a		X
	10b		
hec	dule A	(Form 9	90) 2024

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		X
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		X
Sect	ion 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 trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
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,			37
Sact	supervised, or controlled the supporting organization.  ion C. Type II Supporting Organizations	2		X
Seci	ion c. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
	y y a supplied to the supplied		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		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	1s).		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structic	ns).	
2	Activities Test Answer lines 2s and 2h holow		Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	•			
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	2b		
	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3-		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
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.	3b		

Schedu	lle A (Form 990) 2024 PRINCETON IN AFRICA, INC.		22-3824	<u>520                                    </u>	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20	), 1970 (explain in Part VI	. See	
	instructions. All other Type III non-functionally integrated supporting organizations mu	ust cor	mplete Sections A through	E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current \( (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	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current \( (optional)	'ear
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	ion C – Distributable Amount			Current Ye	ar
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

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

Schedule A (Form 990) 2024

(see instructions).

PRINCETON IN AFRICA, INC. Schedule A (Form 990) 2024 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C. line 6 9 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 Underdistributions, if any, for years prior to 2024 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 **a** From 2019 **b** From 2020 ..... **c** From 2021 ..... **d** From 2022 **e** From 2023 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. **4** Distributions for 2024 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2020 **b** Excess from 2021 ..... c Excess from 2022 d Excess from 2023

Schedule A (Form 990) 2024

e Excess from 2024

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3 B, lines 1 and 2; Part IV, Section C, line 3 3a, and 3b; Part V, line 1; Part V, Section	e explanations required by Part II, line 10; Part II, line 17a or 17b; Part 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, set this part for any additional information. (See instructions.)

DAA Schedule A (Form 990) 2024

### Schedule B (Form 990) (Rev. December 2024))

(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

PRINCETON IN	AFRICA,	INC.	22-3824520
Organization type (check of			
Filers of:	Section:		
Form 990 or 990-EZ	<b>X</b> 501(c)(	3 ) (enter number) organization	
	4947(a)(1	) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 politi	cal organization	
Form 990-PF	501(c)(3)	exempt private foundation	
	4947(a)(1	) nonexempt charitable trust treated as a private foundation	
	501(c)(3)	taxable private foundation	
	-	General Rule or a Special Rule. rganization can check boxes for both the General Rule and a Spe	cial Rule. See
General Rule			
	or property) from	990-EZ, or 990-PF that received, during the year, contributions tof any one contributor. Complete Parts I and II. See instructions for o	_
Special Rules			
regulations under se	ections 509(a)(1) ed from any one	ion 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II contributor, during the year, total contributions of the greater of (1), Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I are	, line 13, 16a, or <b>)</b> \$5,000; or
contributor, during the literary, or education	ne year, total con nal purposes, or f	ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tributions of more than \$1,000 exclusively for religious, charitable or the prevention of cruelty to children or animals. Complete Parts ntributor name and address), II, and III.	, scientific,
contributor, during the contributions totaled during the year for a General Rule application.	ne year, contribut more than \$1,00 an <i>exclusively</i> religes to this organiz	ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tions exclusively for religious, charitable, etc., purposes, but no su to. If this box is checked, enter here the total contributions that we gious, charitable, etc., purpose. Don't complete any of the parts u ation because it received nonexclusively religious, charitable, etc. ar	ach ere received unless the uncontributions
must answer "No" on Part I	V, line 2, of its Fo	by the General Rule and/or the Special Rules doesn't file Schedule orm 990; or check the box on line H of its Form 990-EZ or on its Full bulleting the special Rules doesn't file Schedule B (Form 990).	

SCHEDULE D (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

lame	of the organization		Employer identification number
P	RINCETON IN AFRICA, INC.		22-3824520
	Organizations Maintaining Donor Advised I Complete if the organization answered "Yes" of		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (for example, recreation or e	ducation) Preservation of a historically	important land area
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor	nservation contribution in the form of a con	nservation
	easement on the last day of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure i	ncluded on line 2a	2c
d	Number of conservation easements included on line 2c acquired after	er July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by	
4	Number of states where property subject to conservation easement	is located	
5	Does the organization have a written policy regarding the periodic n	nonitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin	g of violations, and enforcing	
	conversation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling of	<u> </u>	
	conservation easements during the year		
8	Does each conservation easement reported on line 2d above satisfy	y the requirements of section 170(h)(4)(B)	
9	In Part XIII, describe how the organization reports conservation ease	•	
	sheet, and include, if applicable, the text of the footnote to the organ	nization's financial statements that describ	es the
	organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of A Complete if the organization answered "Yes" of A	. <b>rt, Historical Treasures, or Oth</b> on Form 990, Part IV, line 8.	er Similar Assets
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	nce of public
	service, provide in Part XIII the text of the footnote to its financial sta	atements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to re-	eport in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		<b></b> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial gain,	provide the
	following amounts required to be reported under FASB ASC 958 rel	_	
а	Revenue included on Form 990, Part VIII, line 1	=	\$
h	Assets included in Form 990 Part X		\$

Sche	edule D (Form 990) (Rev. 12-2024) <b>PRIN</b> 0	CETON IN	AFRICA,	INC	•	22-3824520		Pa	age <b>2</b>
Pa	art III Organizations Maintainin	g Collection	ns of Art, Hi	storical	Treasures, or	Other Similar Ass	sets (c	ontin	ued)
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other r	ecords, check a	ny of the f	following that make	significant use of its			
а	Public exhibition	d	Loan or exc	change pro	ogram				
b	H	e							
C	$H_{\bullet}$ , , ,								
4	Provide a description of the organization's	collections and	explain how they	further th	e organization's exe	mpt purpose in Part			
	XIII.				3	1.1.1.1			
5	During the year, did the organization solicit	or receive dona	ations of art. hist	orical treas	sures. or other simila	ar			
	assets to be sold to raise funds rather than						☐ Y	es 🗆	No
Pa	art IV Escrow and Custodial A								
	Complete if the organization 990, Part X, line 21.	on answered	"Yes" on For	m 990,	Part IV, line 9, o	or reported an amo	unt on	Form	า
1a	Is the organization an agent, trustee, custo	dian or other int	ermediary for co	ntributions	or other assets not				
	1		-				☐ Y	es 🗆	Πo
b	If "Yes," explain the arrangement in Part XI						ш		
	, ,	·	J				Amour	ıt	
С	Beginning balance					1c			
	Additions during the year								
е	Distributions during the year					1e			
f	Ending balance								
2a	Did the organization include an amount on	Form 990, Part	X, line 21, for e	scrow or c	ustodial account liab	ility?		es 🗆	No
	If "Yes," explain the arrangement in Part XI							$ extstyle  ex$	1
	art V Endowment Funds		•		•				
	Complete if the organization	on answered	"Yes" on For	m 990,	Part IV, line 10.				
		(a) Current year	(b) Pric	r year	(c) Two years back	(d) Three years back	(e) Fou	r years	back
1a	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cu	irrent year end b	palance (line 1g,	column (a	i)) held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sl	hould equal 100°	%.						
3a	Are there endowment funds not in the poss	session of the or	ganization that a	are held ar	nd administered for t	he			
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	izations listed as	required on Sc	hedule R?			3b		
4	Describe in Part XIII the intended uses of t	the organization'	s endowment fu	nds.					
Pa	art VI Land, Buildings, and Eq	uipment							
	Complete if the organization	on answered	"Yes" on For	m 990,	Part IV, line 11a	. See Form 990, P	art X, I	<u>ine 1</u>	0.
	Description of property	(a) Cost or	other basis	(b) Cost or	other basis (d	c) Accumulated	(d) Book	value	
		(invest	ment)	(oth	er)	depreciation			
1a	Land								
	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Tota	II. Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0. Part X. line 1	Oc. column	n (B))				

	Pac

Part VII	Investments – Other Securities  Complete if the organization answered "Yes" or	n Form 990 Part IV	line 11h See Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial			
	eld equity interests		
(3) Other			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments – Program Related		
,	Complete if the organization answered "Yes" or		
	(a) Description of investment	(b) Book value	(c) Method of valuation:
(4)			Cost or end-of-year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets	- Form 000 Dort IV	line 11d Can Form 000 Dort V line 15
	Complete if the organization answered "Yes" or	1 FOIIII 990, Pail IV,	(b) Book value
(1)	(a) Decempation		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(1) (5 (20) 5 (4) (7 (5 (4) 5))		
Part X	nn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities		
Pail A	Complete if the organization answered "Yes" or	n Form 990 Part IV	line 11e or 11f See Form 990 Part Y
	line 25.	iri omi 550, i ait iv,	mile 116 of 111. dee 1 offit 330, 1 art X,
1.	(a) Description of liability		(b) Book value
	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	nn (b) must equal Form 990, Part X, line 25, col. (B))		
	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization	s financial statements that reports the
a	and the following the followin	and to the organization	

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

# 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information

**b** Other (Describe in Part XIII.)

c Add lines 4a and 4b

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

### PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE SERVICE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN RECORDED IN THE FINANCIAL STATEMENTS.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT REQUIRES THAT COMPUTATIONS OF CURRENT AND DEFERRED INCOME TAXES ONLY CONSIDER TAX POSITIONS THAT ARE MORE THAN LIKELY THAN NOT TO BE SUSTAINED IF THE TAX AUTHORITIES EXAMINE A POSITION. THE ORGANIZATION EVALUATES STATUTES OF LIMITATIONS CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS AND ACCRUES FOR LIABILITIES IF APPLICABLE. THE ORGANIZATION'S ANALYSIS FOUND NO UNCERTAIN TAX POSITIONS.

FEDERAL AND STATE TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES GENERALLY FOR A PERIOD OF THREE YEARS AFTER THEY ARE FILED. ANY PENALTIES AND INTEREST ASSESSED BY TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES. THERE WERE NO INTEREST OR PENALTIES FOR THE YEARS ENDED MARCH 31, 2025 AND 2024.

4c

677,381

Schedule D (I	Form 990) (Rev. 12-	-2024PRINCETO	N IN AFRICA,	INC.	22-3824520	Page <b>5</b>
Part XIII	Supplementa	I Information (d	on in Africa, continued)			
			,			
						• • • • • • • • • • • • • • • • • • • •
						• • • • • • • • • • • • • • • • • • • •
			• • • • • • • • • • • • • • • • • • • •			

# SCHEDULE F (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

PRINCETON IN AFRICA, INC. 22-3824520

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV, line 14b.

1	_	_		rds to substantiate the amount of its	=	
			•	or assistance, and the selection criteria		D
	award the gra	nts or assistance?				X Yes No
2	For grantmal	kers. Describe in Par	t V the organization's	s procedures for monitoring the use of	f its grants and other assistance	
	outside the Ur	nited States.				
3	Activities per F	Region. (The following	Part I, line 3 table	can be duplicated if additional space i	s needed.)	
	(a) Region	(b) Number of offices in	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
		the region	employees, agents, and independent	region (by type) (such as, fundraising, program services,	a program service, describe specific type of	expenditures for and investments
			contractors	investments, grants to recipients located in the region)	service(s) in the region	in the region
S	UB-SAHARAI	N AFRICA	in the region			
(1)				SEE ATTACHED STMT.		79,028
	UB-SAHARAI	N AFRICA				
(2)				OTHER EXPENSES		11,448
	UB-SAHARAI	N AFRICA				
(3)				PROGRAM AFRICA TRAV.		4,754
(A)						
(4)						
(5)						
(6)						
(7)						
(8)						
(0)						
(9)						
10)						
441						
11)						
12)						
<u>,</u>						
13)						
14)						
15)						
13)						
16)						
_			_			
17)						
	Subtotal					95,230
	otal from continuation	1				
	heets to Part I					
	nes 3a and 3b)					95,230

	a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Enter				e recognized as charities by the force or counsel has provided a sec					

Schedule F (Form 990) (Rev. 12-2024)

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, appraisal, other) recipients cash grant cash noncash of noncash assistance disbursement assistance (1) (3) (5) (6) (7) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Sche	dule F (Form 990) (Rev. 12-2024 PRINCETON IN AFRICA, INC. 2	2-3824520	Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Corporation (see the Instructions for Form 926)	Foreign	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Transactions for Forms 3520 and 3520-A; don't file with Form 990)	Trusts and ust With a	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If organization may be required to file Form 5471, Information Return of U.S. Persons With Respective Certain Foreign Corporations (see the Instructions for Form 5471)	ect to	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company qualified electing fund during the tax year? If "Yes," the organization may be required to file For Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Election (see the Instructions for Form 8621)	rm 8621, llecting Fund	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Partnerships (see the Instructions for Form 8865)	in Foreign	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax "Yes," the organization may be required to separately file Form 5713, International Boycott Rep Instructions for Form 5713; don't file with Form 990)	port (see the	X No

Schedule F (Form 990) (Rev. 12-2024)

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3 - ACTIVITIES PER REC		
REGION	EXPENDITURES INVESTME	
SUB-SAHARAN AFRICA	\$ 79,028 \$	0
SUB-SAHARAN AFRICA	\$ 79,028 \$ \$ 11,448 \$ \$ 4,754 \$	0
SUB-SAHARAN AFRICA	\$ 4 <b>,</b> 754 \$	0
PART V - ADDITIONAL INFORMATION FOR LARGER GRANTS & CONTRIBUTIONS,	REPORTS ARE PREPARED TO DESCR	TBE HOW TH
FUNDS ARE BEING USED. INDIVIDUALS (GRANTS ARE REQUIRED TO WRITE A LETTHEIR FUNDS HAVE BEEN USED. THE ORVISITS TO MONITOR HOW THE GRANT FUR	OUTSIDE THE UNITED STATES WHO TER OF THANKS TO DONORS TO DES GANIZATION ALSO PERFORMS ANNUA	RECEIVE SCRIBE HOW
	•••••	

# SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 2 Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PRINCETON IN AFRIC	:A, INC.					2	22-3824520	
Part I General Information on Grants ar	nd Assistance	)						
<ul> <li>Does the organization maintain records to substantiate and the selection criteria used to award the grants or a</li> <li>Describe in Part IV the organization's procedures for m</li> </ul>	ssistance?	-			rants or assistance	,	Yes	X No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient that	Domestic Org	anizatior	ns and Domestic	Governments.	additional spac	e is needed.		orm 99
(a) Name and address of organization     or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

chedule I (Form 990) (Rev. 12-2024) PRINCETON	IN AFRICA, II	NC.	<i>_</i> 38_45_0		Page 2
Part III Grants and Other Assistanc Part III can be duplicated if ad	e to Domestic Indivi	duals. Complete if th	ne organization ansv	vered "Yes" on Form 990,	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FELLOWSHIP STIPENDS	35	79,028			
2					
3					
4					
<del>-</del>					
5					
6					
7 Part IV Supplemental Information. F	 Provide the information	 n required in Part I, li	l ne 2; Part III, colum	 n (b); and any other addit	l ional information.
PART IV - ADDITIONAL INFO	ORMATION	·		,,	
GRANTS TO INDIVIDUALS PAR		THE FELLOWS	HIP PROGRAM	IN THE REGION	

# SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

### **Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1545-0047

2024

Open To Public Inspection

Name of the organization Employer identification number PRINCETON IN AFRICA, INC. 22-3824520 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art ..... 1 2 Art — Historical treasures ..... Art — Fractional interests ...... 3 Books and publications ..... 4 Clothing and household 5 Cars and other vehicles ..... 6 Boats and planes ..... 7 Intellectual property ..... 8 Securities — Publicly traded .... 5 X 63,563 FAIR MARKET VALUE 9 10 Securities — Closely held stock 11 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous ..... 12 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other ..... Real estate — Residential ...... 15 Real estate — Commercial ..... 16 Real estate — Other ..... 17 Collectibles ..... 18 Food inventory ..... 19 Drugs and medical supplies ..... 20 21 Taxidermy ..... 22 Historical artifacts ..... Scientific specimens ..... 23 Archeological artifacts ..... 24 25 Other ( \_\_\_\_\_) 26 Other ( \_\_\_\_\_\_) 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard X Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Х contributions? 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Fo	Supplemental the organizatio	Information. F	Provide the in	formation red	quired by Part I	-3824520 , lines 30b, 32b, butions, the number	Page 2 and 33, and whether per of items received,
	or a combination	on of both. Also	complete thi	s part for an	y additional info	ormation.	
•							

# SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
PRINCETON IN AFRICA, INC.	22-3824520
FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT	
PRINCETON IN AFRICA SEEKS TO DEVELOP YOUNG LEADERS CONTINENT  PRINCETON IN AFRICA SEEKS TO DEVELOP YOUNG LEADERS CONTINENT  ON THE PRINCE OF A PRINCE	MMITTED TO AFRICA'S FOR SERVICE THROUGH ACROSS THE AFRICAN
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS THE FORM 990 IS GIVEN TO THE BOARD OF DIRECTORS TO RET	
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