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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	2014 ca	endar year, or tax year beginning		, and er	nding					
B	Check if a	pplicable	C Name of organization Founding Fa	thers Papers, Inc		D Employ	er identifica	tion number			
	Address o	hange	Doing business as								
\Box	Name cha	2000	Number and street (or PO box if mail is not	•	Room/suite	22-23656					
님	Name on	inge	c/o Princeton University, 701 Carned	ue Center, Ste 445	<u> </u>	E Telepho	ne number				
Ш	Initial retu	rn	City or town	State	ZIP code	(609) 258	-3080				
	Final return	/terminated	Princeton	NJ	08540						
\equiv	A		Foreign country name Foreign	province/state/county	Foreign postal	G Gross	occupte \$	1,120,180			
닐	Amended	return				G Gloss I	есетры Ф				
Ш	Applicatio	n pending	F Name and address of principal officer			H(a) Is this a group retu	m for subordin	ates? Yes X No			
			Stanley N Katz Princeton University	, Princeton, NJ 08540		H(b) Are all subordir	ates included	17 Yes No			
ı	Tax-exem _l	pt status	X 501(c)(3) 501(c) ()	【 (insert no) 4947(a)(1)	or 527	If "No," attach a	list (see ins	tructions)			
J	Website	: >				H(c) Group exempte	n number 🕨				
ĸ	Form of o	rganization	X Corporation Trust Associ	ation Other ►	L Yea	r of formation 198	1 M Sta	te of legal domicile NJ			
	art I	Su	mmary								
	1 Briefly describe the organization's mission or most significant activities Founding Fathers Paper's purpose is to perform										
8	the functions of and carry out the purposes of the Founding Fathers Editorial Projects, primarily by supporting and facilitating										
CUID Governance	-	the pub	ication of the papers of J Adams, B	Franklin, T Jefferson, J	Madison, an	d G Washington					
₽ 5	2	Checkit	his box ▶ if the organization dis	continued its operations	or disposed	of more than 25	% of its ne	t assets			
∂.	3		of voting members of the governing		o, alapada	5	3	7			
્ર હ	4		of independent voting members of the		VI line 1b)		4	3			
-√ 📆	5		mber of individuals employed in cale				5	0			
੭ੁਙ	Total number of volunteers (estimate if necessary)										
OCI S	7a		related business revenue from Part \	* *			6 7a	0			
			elated business taxable income from	• • •			7b	0			
ROVENIE TO REVENUE						Prior Year		Current Year			
三。	. 8	Contribi	utions and grants (Part VIII, line 1h)			2,1	36,870	1,120,000			
Ź	9		n service revenue (Part VIII, line 2g)				0	0			
چي:	10	_	ent income (Part VIII, column (A), line	es 3, 4, and 7d)			371	180			
O P	11		evenue (Part VIII, column (A), lines 5,		:)		0	0			
	12	Total rev	enue—add lines 8 through 11 (must equ	ial Part VIII, column (A), lir	ne 12)	2,1	37,241	1,120,180			
	13	_	and similar amounts paid (Part IX, co				30,305	1,285,000			
	14	Benefits	s paid to or for members (Part IX, colu	ımn (A), line 4)			0	0			
9	15	Salaries	, other compensation, employee benefits	(Part IX, column (A), line	s 5–10)		0	0			
Expenses	16a		ional fundraising fees (Part IX, colum	0		0					
ā	. b	Total fu	ndraising expenses (Part-IX, column								
ũ	17	Other e	xpenses (Part IX, colum็n (A), [ເຖືອຣີ (1	a-11d,-11f-24e).			5,494	4,050			
	18	Total ex	penses Add lines 13-17 (must-equal	Part IX, column (A), line) 25)	1,8	35,799	1,289,050			
	19	Revenu	e less expenses Subtract line 18 from				301,442	-168,870			
6	85		% NOV 2	³ 4 2015 8		Beginning of Curr	ent Year	End of Year			
Assets or	틀 20	Total as	sets (Part X, line 16)	اذا			56,006	785,136			
₹:	월 21		bilities (Part X, line 26) OGDE				2,000	0			
	21 22		ets or fund balances Subtract-line 2	from line 20			54,006	785,136			
	art II		nature Block y, I declare that I have examined this return, incl	uding accompanying schedules	and statements	and to the best of my	knowledge				
	•		ect, and complete Declaration of preparer (othe				•				
Q:	gn		1/2mamole a				11/16/1	15			
	ere		Signature of officer			Dat	e				
	CI C		KENNETH MOLINARO		Cont	troller - Princeton	University	/ for			
_	Type or print name and title Founding Fathers Papers, Inc										
		Pnr	nt/Type preparer's name	Preparer's signature		Date	Ch	PTIN			
	aid			!			Check self-employ	if ved			
	repare		n'o namo	·			 	·			
U	se Only	, —	n's name			Firm's EIN	-				
_			n's address ►			Phone no					
M	ay the IF	≺S discu	ss this return with the preparer shown	above? (see instruction	s)			Yes No			
Fo	r Paper	work Red	duction Act Notice, see the separate in	nstructions.			\bigvee	Form 990 (2014)			

633 N

Form 9	90 (2014)	Founding Fathers Papers, Inc	22-2365602	Page 2
Pai	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly	describe the organization's mission		
•	-	rt I, Line 1		
			*	
2		organization undertake any significant program services during the year which were not listed on	\Box	
		r Form 990 or 990-EZ? ' describe these new services on Schedule O	Yes	X No
3	-	organization cease conducting, or make significant changes in how it conducts, any program		
•	service		Yes	X No
	If "Yes,"	describe these changes on Schedule O.		_
4		e the organization's program service accomplishments for each of its three largest program service		
		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al	locations to others	,
	the tota	l expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 350,000 including grants of \$ 350,000) (Reven	IP \$	
74	•	- Barrer and the enthantence and population added after access and		
		of an action of the discount of the second letters are the learnest accomment of the second		
		,000 documents that have been assembled as photocopies from over 900 repositories and		
		collections worldwide. Careful research and collaborative scholarship produced the first		
		That, for any page of the phonon legical pages have been withinked to date. To day,		
		ents Thirty-five volumes in the chronological series have been published to date Today, a ongoing chronological and topical publication of the volumes as well as new digital access		
	and mu	lltifaceted outreach efforts, this important correspondence in our nation's documentary		
		e is made widely available		
4b	(Code) (Expenses \$ 275,000 including grants of \$ 275,000) (Reven	ue \$	
		atan Danaga. The presidence and phobad to multiple a promount program of the materials		_
	corresp	ondence, including letters written to Washington as well as letters and documents written		
		Lantaranae in the late colonial and early national nariods that will not be exhaused by		
		I from the an decuments. The publication of Machineton's noners will realize this accuracy		
		and the material to a photos but to all American property of the formal and the f		
	nation			
4c	(Code:) (Expenses \$ 275,000 including grants of \$ 275,000) (Reven		
	•	Panara, the project was founded to propose a comprehensive published edition of the		
		cripts written and received by the family of John Adams of Quincy, Massachusetts The Adams		
		do of librarios, postitutions, and individuals in the United States and absend. The		
		to putoff data is 1990, the upper Abigail Decelo Adams died. The addition de not addition		
		es words, rather they continue the search for Adams documents, select the material to be		
		al and the condition and an all the first and an all the area and all the area and a second and the area and a		
		tion. To date, 42 volumes have been published by Hengard Hausensty Dage.		
4d	Other	program services (Describe in Schedule O)		
	(Exper	nses \$ 385,050 including grants of \$ 385,050) (Revenue \$	0)	
4e	Total n	rogram service expenses 1.285.050		

Form 990 (2014) Founding Fathers Papers, Inc Part IV Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		├~
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8	<u> </u>	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			ŀ
	negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		 	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		_x
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	-	 ^
-	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 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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 '''		 ^
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b		14a	-	X
D	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	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	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	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''	 	 ^
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20-	If "Yes," complete Schedule G, Part III	19	₩-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.	20a	_	X
	in 163 to line 204, did the organization attach a copy of its addited infancial statements to this return?	20b		

+ 1

Form 990 (2014)

Part IV Founding Fathers Papers, Inc
Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	<u> </u>	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	_		
240	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		<u> </u>
	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, 6, or 22 for receivables from or payables to any			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		 ^-
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	}		
	entity 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 Schedule L,			ll
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		X
	Schedule L, Part IV .	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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? <i>If "Yes," complete Schedule N,</i>	30		 ^-
• •	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		<u> </u>
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	22		"
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		X
	III, or IV, and Part V, line 1	34	х	
	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			
26	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(a)(2) expanizations. Did the expanzation make any transfers to an expanzation characteristic section.	35b		├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	x	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100	^	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1		
	VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1.		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2014)
		m		(201A)

ronn	330	(20	177	_	 JU	П
_				_		-
			1	 4 -		

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.		_	
	Check if Schedule O contains a response of note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		105	-
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	1		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 0		1	ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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	ļ		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
F -	(FBAR).		 	-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	 	X
b	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	F-	<u> </u>	
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	F	<u> </u>	 ^
	gifts were not tax deductible?	6b	1	ł
7	Organizations that may receive deductible contributions under section 170(c).		İ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u>L</u> _	
	and services provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	 	ļ	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
T	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? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	┼	┾
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 / 	┼	\vdash
0	sponsoring organization have excess business holdings at any time during the year?	8	1-	X
9	Sponsoring organizations maintaining donor advised funds.	⊢∸		 ^
a	Did the sponsoring organization make any taxable distributions under section 4966? . N/A	9a	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b	1	
10	Section 501(c)(7) organizations. Enter		1	
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]	Į.	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	1	1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified popprofit health insurance issues:	1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	120		╂
а	Note. See the instructions for additional information the organization must report on Schedule O	13a	+	+-
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	{	1	1
С	Enter the amount of reserves on hand . 13c	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	T^-	T^{-}
_	If "Yes " has it filed a Form 720 to report these payments? If "No " provide on evaluation in Schoolule O	44	T -	1

Part VI

Founding Fathers Papers, Inc

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

	Check in Schedule O Contains a response of hote to any line in this Part VI		<u> </u>	<u> </u>			
Sect	ion A. Governing Body and Management						
		-	Yes	No			
та	Enter the number of voting members of the governing body at the end of the tax year If these are meteral differences in voting with a many members of the governor bady as	1					
	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 in Schedule O						
h							
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 3 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, or 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	_	$\frac{\hat{x}}{x}$			
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?						
6	Did the organization have members or stockholders?	5		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<u> </u>			
	one or more members of the governing body?	7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1	- 1	_			
-	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 following						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u> _			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		 			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	42-					
43	Did the organization have a written whistleblower policy?	12c		 -			
13	Did the organization have a written document retention and destruction policy?	13		X			
14 15	Did the process for determining compensation of the following persons include a review and approval by	14		 ^-			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		\vdash			
b	Other officers or key employees of the organization N/A	15b					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1			
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					
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► N/A						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	/)				
	available for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	icy, an	d				
00	financial statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•					
	Kenneth Molinaro (609) 258-3080						

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	<u>[X]</u>
	Employees, and Independent Contractors		_
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	ated	
Form 990 (2014)	Founding Fathers Papers, Inc	22-2365602	Page

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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one (B) (D) (F) Name and Title Reportable Average box, unless person is both an Reportable Estimated hours per officer and a director/trustee) compensation compensation amount of week (list any from from related other employee or director Individual trustee Key employee Highest compensated Institutional trustee organizations compensation related organization (W-2/1099-MISC) from the (W-2/1099-MISC) organizations organization below dotted and related organizations (1) Stanley N Katz Chairman, Trustee Х 0 168,711 29,819 (2) Hiller B Zobel Х Secretary, Trustee 0 0 (3) Gordon S Wood Х Trustee 0 0 (4) Leslie G Bowman Trustee Х 0 364,282 78,918 (5) Peter S Onuf Х Vice Chair, Trustee 0 26,667 (6) Joanne B Freeman Trustee Х 0 138,934 36,840 (7) John C Van Horne Х 0 Trustee 0 (8) Harry S Stout Former Treasurer, Trustee 0 195,928 44,755 (10) (11) (12) (13)

Pa	art VII	Section A. Off	ficers, Directors, Tru	stees, Key Em	ploye	es,	anc	l Hi	ghes	t Co	mpensated Em	ployees (conti	nued)		
		(A) Name and title	•	(B) Average hours per week (list any	Position (do not check more than obox, unless person is both officer and a director/trust				is both	an ee)	(D) Reportable compensation	(E) Reportable compensation			
				hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f org an	other npensater rom the ganizate d relate anizate	ed ed
(15)									. – –						
(16)			·												
(17)															
(18)															
(19)															
(20)															
(21)															
(22)															
(23)															
(24)															
(25)															
1b c	Sub-tota Total fro	•	sheets to Part VII, So	ection A				•		>	0	894,522	2	190	0,332
<u>d</u>		d lines 1b and 1								•	0	894,52	2	190	0,332
2			ls (including but not lir from the organization	_	sted a		e) v 0	vho	rece	ved	I more than \$100	,000 of			
													<u></u>	Yes	No
3			ny former officer, dire Yes," complete Sched				oye	e, c	r higi	hes	t compensated		3	X	
4			on line 1a, is the sum o								•				
	the orgar		ted organizations grea	ater than \$150,00	00? I	f "Υε	es, "	con	nplete	e Sc	chedule J for suc	h	4	X	ļ
5			line 1a receive or accr									/idual			<u> </u>
Sec		dependent Cont		es, complete st	neac	n e J	101	Suc	n pe	SOI	<u>' </u>		5	<u> </u>	X
1	Complete	e this table for yo	our five highest compe rganization Report co	ensated independence of the compensation for	dent the c	contalen	rac dar	tors yea	that ir end	rece	eived more than with or within the	\$100,000 of e organization's	tax		
			(A) Name and business add	ress							(B) Description of ser	vices	(C Compe		
										F					0
										+-					0
															0
	Total hun	nher of independ	lent contractors (inclu	ding but not limit	ed to	tho	ا مو	iete	d abo	//S/	who recoived				0
			ompensation from the		.GU 10		उट ।	1316	u abc	•	WIND IECEIVED				

Total revenue. See instructions

	990 (201 t VIII	Statement of Revenue					22-2365	5602Page 9
		Check if Schedule O contains	s a response or	note to any line in	this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
12 13	1a	Federated campaigns .	. <u>1</u> a					<u> </u>
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	. 1k					
S A	C	Fundraising events	10				}	
2 E	d	Related organizations	. 10					
S E	e	Government grants (contribution	·	<u> </u>				
흊	f	All other contributions, gifts, grain similar amounts not included about		1 120 000			ł	
퉏		Noncash contributions included in		1,120,000				
SĒ	g	Total. Add lines 1a–1f	ш сэ та-тт ф	>	1,120,000			
	- "	Total: Add lines 1a-11	<u>-</u>	Business Code	1, 120,000		 	 -
Program Service Revenue	2a				0		- 	
8	b			-	0			
<u>8</u>	c			-	0	·		
2	d				0			
E	e				o			_
E	f	All other program service revenu			0			
	g	Total. Add lines 2a-2f			0			
	3	Investment income (including div	vidends, interest	t, and	_			
	i	other similar amounts)		▶	180			180
	4	Income from investment of tax-e	xempt bond pro	ceeds >	0			
	5	Royalties .		▶	0			
	_	_	(ı) Real	(ii) Personal				
	6a	Gross rents]			
	Ь	Less rental expenses						
	C	Rental income or (loss)		0			-	
	d	Net rental income or (loss)	(t) Securities	(v) Other	0		-	
	7a	Gross amount from sales of	(ı) Securities	(II) Other			1	
	۱ .	assets other than inventory		9				
	b	Less cost or other basis and sales expenses		ر ا				
	_	Gain or (loss)						
	C d		<u> </u>	51 0				
	"	Net gain or (loss)	•		0		 	-
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0 1c). . a	0				
ş	b	Less direct expenses	. b	0	ļ			
0	С	Net income or (loss) from fundra	ising events	. ▶	0	_ ,		
		Gross income from gaming active See Part IV, line 19	rities a	0		-		
		Less direct expenses .	. b	0		·		
		Net income or (loss) from gamin	g activities		0		1	
	10a	Gross sales of inventory, less						
		returns and allowances	. а					
		Less cost of goods sold .	. b					
	<u> </u>	Net income or (loss) from sales	of inventory	. •	0		ļ	
	-	Miscellaneous Revenue		Business Code			 	
	11a				0	-	 	
	b				0		 	-
	C	All other revenue			0		 	
	d	All other revenue Total, Add lines 11a-11d	•		0		 	 -

1,120,180

Par					
Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must co	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	irt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				<u> </u>
	domestic governments. See Part IV, line 21	1,285,000	1,285,000		
2	Grants and other assistance to domestic				_
-	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members .	0	_		
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	_			
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	. 0			
8	Pension plan accruals and contributions (include	ا			
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits .	0			
10	Payroll taxes .				
11	Fees for services (non-employees)	ا		ì	
a	Management	0			
b	Legal				
d	Accounting . Lobbying				
u e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	l			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology .	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel .	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	50	50		
20	Interest .	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	
23	Insurance .	0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	4 000		4 000	
a	Administrative	4,000		4,000	
b		0		 -	
C C		0	 		
d	All other expenses	0		 	
е 25	Total functional expenses. Add lines 1 through 24e	1,289,050		4,000	
26	Joint costs. Complete this line only if the	1,209,000	1,200,000	4,000	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Part X	Balance	e Sheet	

		Check if Schedule O contains a response or note to any line in thi	s Part X			
				(A)		(B)
	4	Cash—non-interest-bearing		Beginning of year	4	End of year
	1	<u> </u>		8,221 947,611	1	4,475
	2 3	Savings and temporary cash investments Pledges and grants receivable, net .			2_	780,610
	4	Accounts receivable, net	}	0	34	0
	5	Loans and other receivables from current and former officers, directo	<u></u> }	- 0	4	0
	3	trustees, key employees, and highest compensated employees	"8,			
		Complete Part II of Schedule L				
	6	Loans and other receivables from other disqualified persons (as defined under sec		_	5	<u> </u>
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers				
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	s anu			
22		organizations (see instructions) Complete Part II of Schedule L	ŀ	- 	6	
Assets	7	Notes and loans receivable, net .	}	0	7	0
As	8	Inventories for sale or use	ŀ		8	
	9	Prepaid expenses and deferred charges	·	-	9	
	10a		F		3	
		other basis Complete Part VI of Schedule D 10a	ol			
	Ь	Less accumulated depreciation 10b	0	0	10c	0
	11	Investments—publicly traded securities	¥	0	11	0
	12	Investments—other securities See Part IV, line 11	. 1	0	12	0
	13	Investments—program-related See Part IV, line 11	·	0	13	0
	14	Intangible assets	ŀ	0	14	0
	15	Other assets See Part IV, line 11.	f	174	15	51
	16	Total assets. Add lines 1 through 15 (must equal line 34)	Ī	956,006	16	785,136
	17	Accounts payable and accrued expenses		2,000		0
	18	Grants payable	Ī		18	
	19	Deferred revenue		<u> </u>	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D) [21	
88	22	Loans and other payables to current and former officers, directors,	Ī			
Liabilities		trustees, key employees, highest compensated employees, and				
ap		disqualified persons Complete Part II of Schedule L	į		22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	L	0	24	0
	25	Other liabilities (including federal income tax, payables to related thir	d			
		parties, and other liabilities not included on lines 17-24) Complete				
		Part X of Schedule D	ļ	0	25	0
	26	Total liabilities. Add lines 17 through 25		2,000	26	0
60		Organizations that follow SFAS 117 (ASC 958), check here ▶	and			
8		complete lines 27 through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets			28	
2	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.	and			
\$	30	Capital stock or trust principal, or current funds		954,006	30	785,136
88	31	Paid-in or capital surplus, or land, building, or equipment fund .	·		31	700,100
ξĀ	32	Retained earnings, endowment, accumulated income, or other funds	, ,		32	
ž	33	Total net assets or fund balances	.	954,006		785,136
	34	Total liabilities and net assets/fund balances	ļ	956,006	-	785,136
				323,000		

OIIII 9	90 (2014) Founding Fathers Fapers, Inc		2-23000002	Pag	e 12
Pa <u>rt</u>	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12) .	1		1,120	,180
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,289	,050
3	Revenue less expenses Subtract line 2 from line 1	3		-168	3,870
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		954	,006
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		<u> 785</u>	5,136
Part P					_
	Check if Schedule O contains a response or note to any line in this Part XII.		· · · ·		
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
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			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
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				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in		-		
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				 '
	the Single Audit Act and OMB Circular A-133?		3a		х
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 in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

2014

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

oundir	g Fathers Papers, Inc					22-236	55602
Part I	Reason for Public Char	ity Status (All org	janizations must coi	mplete th	is part.) :	See instructions.	
he org	anization is not a private foundat	ion because it is (Fo	or lines 1 through 11, o	heck only	one box)		
1 _	A church, convention of church	es, or association of	churches described in	section '	170(b)(1)(A)(i).	
2	A school described in section 1	1 70(b)(1)(A)(ii) . (Atta	ach Schedule E)				
3	A hospital or a cooperative hos	pital service organiz	ation described in sec t	tion 170(t)(1)(A)(iii)).	
4	A medical research organization hospital's name, city, and state	n operated in conjur	nction with a hospital d	escribed ii	section	170(b)(1)(A)(iii). Ent	ter the
5	An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned o	or operate	d by a gov	vernmental unit desc	ribed in
6	A federal, state, or local govern		tal unit described in se	ection 170	(b)(1)(A)(s	v۱	
7	An organization that normally re	-				•	al public
′ L	described in section 170(b)(1)	(A)(vi). (Complete P	art II)	-	illiteritai u	mit of from the gener	ai public
8 _	A community trust described in	section 170(b)(1)(A	(Complete Part	II)			
9	An organization that normally re receipts from activities related to support from gross investment acquired by the organization at	to its exempt function income and unrelated	ns—subject to certain ed business taxable inc	exception come (less	s, and (2) s section 5	no more than 33 1/3 511 tax) from busines	% of its
10	An organization organized and	operated exclusively	y to test for public safe	ty See se	ction 509	(a)(4).	
11 🗓	An organization organized and of one or more publicly support Check the box in lines 11a thro	ted organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).
а	X Type I. A supporting organization the supported organization organization You must company to the support of	ation operated, sup s) the power to regu	ervised, or controlled the	y its supp	orted orga	anization(s), typically	by giving
b	Type II. A supporting organization(s) You must o	ne supporting organi complete Part IV, Se	zation vested in the sa ections A and C.	me perso	ns that co	ntrol or manage the	supported
С	its supported organization(s	ated. A supporting o	organization operated in	n connect	on with, a	ind functionally integi	rated with,
d	Type III non-functionally in						anization(s)
u	that is not functionally integr	ated The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	
	requirement (see instruction						- 111
е	Check this box if the organize functionally integrated, or Ty					i type i, type ii, type	€ III
f	Enter the number of supported		my integrated supporting	ig organiz	adon		5
g	Provide the following information		ed organization(s)	•		•	<u> </u>
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A) Yale Ur	niversity	06-0646973	2	×		195,000	
(B)		00 00 10070		 - ^ -		100,000	
•	sity of Virginia	54-6001796	2	x		465,000	
(C) <u>Trustee</u>	es of Princeton University	21-0634501	2	x		350,000	
_ (D) Thoma	s Jefferson Foundation, Inc	54-0505959	7	X		0	
(E)				 		<u>-</u>	
-	chusetts Historical Society	04-2108374	7			275,000	
Total		<u> </u>				1,285,000	0

instructions

Pa	rt II Support Schedule for Orga	anizations Des	cribed in Sect	ions 170(b)(1)	(A)(iv) and 170	(b)(1)(A)(vi)	1 490 2
	(Complete only if you check						der
	Part III. If the organization fa	ils to qualify un	der the tests lis	sted below, plea	ase complete P	art III.)	
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each		İ				
	person (other than a governmental unit				}		
	or publicly supported organization)						
	included on line 1 that exceeds 2%	!					
	of the amount shown on line 11,				1		
•	column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4 stion B. Total Support						0
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0	0	0	0	0	(1) 10tai 0
8	Gross income from interest, dividends,	<u> </u>			0		
•	payments received on securities loans,						
	rents, royalties and income from similar						
	sources .						0
9	Net income from unrelated business						
	activities, whether or not the business is	1					
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is for the commendation about the household the hous	-	second, third, fourth	າ, or fifth tax year a	as a section 501(c)	3)	, ₋
	organization, check this box and stop here		<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u>·</u> · ▶∟
	ction C. Computation of Public Su					44	
14 15	Public support percentage for 2014 (line 6, c	* *	•	7))	•	14	0 00%
	Public support percentage from 2013 Sched				1,004	15	0 00%
Ioa	33 1/3% support test—2014. If the organization qualifies a			, and line 14 is 33	1/3% or more, che	ck this box	▶[
b	33 1/3% support test—2013. If the organization qualifi				ıs 33 1/3% or more	, check this	. ▶□
17a	10%-facts-and-circumstances test—201 is 10% or more, and if the organization meet Part VI how the organization meets the "factorganization"	ets the "facts-and-cir	cumstances" test,	check this box and	stop here. Explai	n in	►
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization in Part VI how the organization meets the "fac supported organization	neets the "facts-and	l-circumstances" te	st, check this box	and stop here. Ex		▶
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")			<u> </u>			0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf .						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge .						0
6	Total. Add lines 1 through 5	0	0	0	0	o	0
7a	Amounts included on lines 1, 2, and 3	ľ					
	received from disqualified persons			·			0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)				<u> </u>		0
	ction B. Total Support	(-) 0040	(1-) 0044	() 0040			
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						_
	rents, royalties and income from similar sources						0
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
_	acquired after June 30, 1975					 	0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
12	or not the business is regularly carried on					 	0
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						•
13	Total support. (Add lines 9, 10c, 11,						0
13	and 12)	اه	o	0		ا	•
14	First five years. If the Form 990 is for the org				0	0	0
14	organization, check this box and stop here	amzadon s mst, s	econa, tima, toatti	i, or murtax year a	as a section 50 r(c)	(3)	▶□
Sec	ction C. Computation of Public Sup	port Percenta	ige .		·		
15	Public support percentage for 2014 (line 8, co			<u></u>		15	0 00%
16	Public support percentage from 2013 Schedul		•	•//	•	16	0 00%
	tion D. Computation of Investment						00070
17	Investment income percentage for 2014 (line			olumn (fl)		17	0 00%
18	Investment income percentage from 2013 Sch	= -	•		•	18	0 00%
	33 1/3% support tests—2014. If the organization			4, and line 15 is m	ore than 33 1/3%.		
	not more than 33 1/3%, check this box and ste	op here . The orga	anization qualifies	as a publicly supp	orted organization		. ▶□
b	33 1/3% support tests—2013. If the organization	ation did not checl	k a box on line 14	or line 19a, and lin	ie 16 is more than :	33 1/3%, and	- L
	line 18 is not more than 33 1/3%, check this be						▶ [
20	Private foundation. If the organization did no	t check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	5	▶Ē

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
-	1	X	نـــــا
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	9c		X
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	L	<u> </u>	
	10a	 	Х
	10b	_	ļ

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust	on Nov 20, 1970 See ins	tructions. All
other Type III non-functionally integrated supporting organizations must con	mplete	Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	o	0
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	o	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	ol	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	lly-ınte	grated Type III supporting	
instructions)	-	, .,	- '

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	1	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	ses of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		··-	0
8	Distributions to attentive supported organizations to which	the organization is respor	nsive	
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2014 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0 000
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014	-	··. ·	
<u>a</u>			-	
<u>b</u> _	<u> </u>			· · · · · · · · · · · · · · · · · · ·
<u>c</u>				
<u>d</u> _	<u></u>			
	From 2013			
f	Total of lines 3a through e	0		
	Applied to underdistributions of prior years		0	
<u>n</u> _	Applied to 2014 distributable amount			0
	Carryover from 2009 not applied (see instructions)	 		
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2014 from Section		,	
	D, line 7 \$ C) 		
	Applied to underdistributions of prior years Applied to 2014 distributable amount		0	
	Remainder Subtract lines 4a and 4b from 4	0		0
5	Remaining underdistributions for years prior to 2014, if	<u> </u>		
3	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)		^	
	Remaining underdistributions for 2014 Subtract lines 3h	 	0	
Ū	and 4b from line 1 (if amount greater than zero, see			
	instructions)			o
7	Excess distributions carryover to 2015. Add lines 3	 		
•	and 4c	0		
	Breakdown of line 7	†		
a		†	 	<u> </u>
<u>b</u>		 		
	 		 	
d	Excess from 2013	1		
<u>e</u>		<u></u>		
<u> </u>		<u> </u>	I	

Schedule A (F	orm 990 or 990-EZ) 2014	Founding Fa	atners Papers, Ir	<u> </u>		22-2	365602 Page 8
Part VI	Supplemental	Information. F	Provide the exp	lanations requ	ired by Part II, II	ne 10; Part II, line	e 17a or 17b, and
	Part III, line 12	Also complete	this part for ar	nv additional in	formation. (See	instructions)	•
	<u> </u>		part 101 a.	iy additionariii		moduonoj.	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

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Inspection

Employer identification number

22-2365602

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X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Founding Fathers Papers, Inc Part I

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part II

Part IV, line 21, for	any recipient the	nat received more	than \$5,000. Part II	can be duplicated	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Yale University New Haven, CT	06-0646973	501(c)(3)	195,000				Research & Publication
(2) University of Virginia Charlottesville, VA	54-6001796	501(c)(3)	465,000				Research & Publication
(3) Trustees of Princeton University Princeton, NJ	21-0634501	501(c)(3)	350,000				Research & Publication
(4) Massachusetts Historical Society Boston, MA	04-2108374	501(c)(3)	275,000				Research & Publication
(9)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)			-				
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	າ 501(c)(3) and go rganizations liste	overnment organiza d in the line 1 table	tions listed in the line 1	table		A A	4
		900 5 5					

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Madison, and G. Washington. Each project performs careful research and collaborative scholarship in analyzing and editing hundreds of access and multifaceted outreach efforts, resulting in making this important correspondence in our nations documentary heritage widely thousands of historical documents with the goal of ongoing chronological and topical publication of the volumes as well as new digital Part I Line 2 The Founding Fathers Papers, Inc. performs the functions of and carries out the purposes of the Founding Fathers Editorial Projects, primarily by supporting and facilitating the publication of the papers of J. Adams, B. Franklin, T. Jefferson, J. (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance available Part IV 2 က 4 ß 9

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Four	iding Fathers Papers, Inc	22-236	5602		
Pai	t I Questions Regarding Compensation		-		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these			Yes	No
	First-class or charter travel Housing allowance or residence for personal				
	Travel for companions Payments for business use of personal resi				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	dence			
		-0			
	Discretionary spending account Personal services (e.g., maid, chauffeur, ch	er)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding paym or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	ent			
	explain	N/A	1b		-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in	ı lıne			
	1a [?] .	N/A	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods use related organization to establish compensation of the CEO/Executive Director, but explain in Part III				
	Compensation committee Written employment contract	N/A			
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation con	nmittee			
		millioc			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filin organization or a related organization	g			
a	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	•	4b		
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a—c, list the persons and provide the applicable amounts for each item in Part	. 111	4c		Х
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of				
a	The organization?		<u>5a</u>		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III		5b		X
	ii res to iiile ed or es, describe iii i ar iii				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?		6a		Х
b	Any related organization?		_6b		X
	If "Yes" to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	t			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was		_7		<u> </u>
-	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," des	scribe			
	ın Part III		8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		9		

Founding Fathers Papers, Inc. Schedule J (Form 990) 2014 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

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

Note. The sum of columns (B)(t)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	listed	Note. The sum of columns (B)(I)-(III) for each listed individual must equal to	he total amount of Form	rm 990, Part VII, Sec	tion A, line 1a, applica	ble column (D) and (E) amounts for that in	dividual
		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits		n column (B) reported as deferred in prior Form 990
Stanley N Katz	Ξ						0	
1 Chairman, Trustee	(E)	149,800	0	18,911	18,338	11,482	198,53	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Leslie G Bowman	(3)						0	
2 Trustee	(ii)	364,282	0	0	32,800	46,118	443,20	
Joanne B Freeman	(!)						0	
3 Trustee	(ii)	138,934	0	0	32,360	4,480	175,77	
Harry S Stout	ε						0	
4 Former Treasurer, Trustee	(<u>ii</u>)	178,314	0	17,614	44,185	570	240,68	
S	(E)							
	€							
9	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	€							
7	(ii)							1
	(E)							
8	<u>(ii</u>							
	(E)							
6	€							
	€							
10	(ii)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(1)							
11	<u>(ii)</u>							
	(E)							
12	<u>(ii</u>							
	Ξ							
13	⊞							
	Ξ							
14	(ii)							
	€	1						3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
15	(ii)							
	€							
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Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 Founding Fathers Papers, Inc	22-2365602 Page 3	1 8
물	art II Also complete this part	

Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Founding Fathers Papers, Inc. 22-2365602 Form 990, Part III, Line 4d Program Service Expenses 190,000, Grants and allocations 190,000, Revenue 0 James Madison - The project was established to publish annotated volumes of the correspondence and writings of James Madison, the Virginia statesman most often remembered for his public service as "Father of the Constitution" and as fourth president of the United States The published volumes provide accurate texts of Madison's incoming and outgoing correspondence, informative notes on textual and subject matters, and comprehensive indexes. They are incomparably rich sources for students of Madison's life and valuable research tools for those interested in the general history of the period in which Madison lived (1751-1836). Form 990, Part III, Line 4d Program Service Expenses 195,000, Grants and allocations 195,000, Revenue 0 Benjamin Franklin - The project is a collaborative undertaking by a team of scholars at Yale University to collect, edit and publish the writings and papers of one of America's most remarkable founding fathers and indeed one of the most extrordinary people this nation has ever produced. His ever-curious and inventive mind explored nearly every aspect of his world, both pragmatic and theoretical, and he corresponded with an astonishing range of men and women of all classes and nearly all professions in America, Great Britain, and Europe In a life spanning from 1706-1790, his collected papers present a panoramic view of the eighteenth century Form 990, Part III, Line 4d Program Service Expenses 50, Grants and allocations 50, Revenue 0 Conference Expense. Total Form 990, Part III, Line 4d = \$385,050 Form 990, Part VI, Section B, Line 11a & b The Form 990 is prepared and reviewed by the Trustees of Princeton University's Office of Finance and Treasury Prior to filing the tax return, a copy of the complete Form 990 is electronically sent to each member of the governing body allowing time for additional review Form 990, Part VI, Section C, Line 19 The organization complies with all public disclosure

laws. All public information is available upon request

Schedule () (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization Founding Fathers Papers, Inc.	Employer identification number 22-2365602
Form 990, Part VII, Section A, Line Column B. The officers and trustees	
Fathers Papers, Inc. are employed by Massachusetts Historical Society,	
University of Virginia and the Trustees of Princeton University, related or	
Average hours worked by these individuals are primarily devoted to the	related organizations
which they represent	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Founding Fathers Papers, Inc.

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ▶ Information about Schedule R (Form Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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Employer identification number

22-2365602

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(a) Name, address, and EIN (if applicable) of disregarded entity	Pnms	(b) Primary activity Leg	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets	(f) Direct controlling entity	itrolling 3
(1)							
(2)			,				
(2)							
(4)							
(5)							
(9)							
Part II Identification of Related Tax-Exempt Organizations Complete	zations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had lining the tax year	he organization a	nswered "Yes" or	n Form 990, Par	t IV, line 34 bec	cause it h	ad
(a)	(a)	(0)	(p)	(0)	6)	_	(6)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt (Public charity status (if section 501(c)(3))	Direct		Section 512(b)(13) controlled entity?
		_				Yes	N S
	Education						,
Box 208240 Yale Station New Haven, CT 06520		СТ	501(c)(3)	2	N/A	_	×
(2) University of Virginia 54-6001796 PO Box 400118 Charlottesville, VA 22904	Education	۸.	501(c)(3)	2	N/A		×
(3) Trustees of Princeton University 21-0634501 701 Carnegie Center Princeton, NJ 08540	Education	- N	501(c)(3)	2	N/A		×
(4) Thomas Jefferson Memorial Foundation, Inc. 54-0505959 PO Box 316 Charlottesville, VA 22902	Education	×,	501(c)(3)	7	N/A		×
(5) Massachusetts Historical Society 04-2108374 1154 Bolyston Street Boston, MA 02215	Research Library	MA	501(c)(3)	2	N/A		×
(9)			r.				
(2)			-				
For Paperwork Reduction Act Notice, see the Instructions for Form 990	90.				Schedule	Schedule R (Form 990) 2014	90) 2014

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

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(i) Section 512(b)(13) controlled Percentage ownership ŝ 3 Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part (j) General or managing partner? ŝ (h) Percentage ownership Yes 22-2365602 amount in box 20 of Schedule K-1 (Form 1065) Code V--UBI end-of-year assets (g) Share of (h)
Disproportionate
allocations? ŝ (f) Share of total Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year. Share of total income (d)
(Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from sections 512-514) tax under (c)
Legal domicile
(state or foreign country) (d)

(Direct controlling | entity Primary activity (c)
Legal
domicile
(state or
foreign Founding Fathers Papers, Inc. Primary activity (a) (a) Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> Part III Part IV 9 **E** 3 <u>ල</u> € 8 3 9 <u>ල</u> € € 9

Schedule R (Form 990) 2014

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			_	_ \ \	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•	•	1 a	\dashv	×
b Giff, grant, or capital contribution to related organization(s)			1	×	
c Giff, grant, or capital contribution from related organization(s)			1		×
d Loans or loan guarantees to or for related organization(s)			10		×
			1	F	×
e Loans of loan gualantees by related organization(s)			2	\dagger	
f Dividends from related organization(s)			1		×
a Sale of assets to related organization(s)		-	1g	_	×
			£		×
			Ŧ	_	×
i Lease of facilities, equipment, or other assets to related organization(s)			ij		×
k Lease of facilities, equipment, or other assets from related organization(s)			4		×
1 Performance of services or membership or fundraising solicitations for related organization(s)			1		×
m Performance of services or membership or fundraising solicitations by related organization(s).			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			12	×	
 Sharing of paid employees with related organization(s) 			10	×	
			la la la la la la la la la la la la la l		
p Reimbursement paid to related organization(s) for expenses			5		×
q Reimbursement paid by related organization(s) for expenses			1	1	×
				\dashv	
 r Other transfer of cash or property to related organization(s) 			-		×
s Other transfer of cash or property from related organization(s)			1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ie, including covered rel	ationships and transact	on threshol	g	
(e)	(0)	(2)	9	_	
Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amount involved	etermini nvolved	B u
(1) Yale University	٩	195,000	As needed		
(2) University of Mirainia	g	465.000	As needed		
(2) Truckoon of Danocaton Hancount,		000	As needed		
(3) Hustees of Filliceton Offiversity	5	000	As needed		
(4) Massachusetts Historical Society	р	275,000			
(5)					i
(9)					
		Sched	Schedule B (Form 990) 2014	000	2014

22-2365602

Schedule R (Form 990) 2014

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

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

Name address and FIN of entity						34 47-40	Dispropries	_	_	Dementane
	Pnmary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			secuons 312-314)	Yes			Yes No		Yes No	•
(1)										
(2)										
(6)										
(4)										
(5)										
(9)										
(7)				_						
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Schedule R (Forn	n <u>9</u> 90) 2014	Founding Fathers Par	oers, Inc			<u>22-</u> 23	65602	Page 5
Part VII	Suppleme	ntal Information						
	Provide ac	Iditional information	for responses to	questions on S	Schedule R (see	instructions)		
	1 TOVIGE AC	ditional information	tor responses to	questions on c	ochedule IV (See	instructions).		
	•							
								.
				•				