TS6

Repartment 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)

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

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<u>A</u>	For the	<u>e 2017 ca</u>	lendar year, or tax year beginning		, and e	nding					
В	Check if	applicable	C Name of organization Founding Fa	thers Papers, Inc			D Employer	identification	n number		
$\sqcup$	Address	change	Doing business as								
	N		Number and street (or PO box if mail is no	t delivered to street address)	Room/suite		22-2365602				
	Name ch	ange	c/o)Princeton University, 701 Carner	gie Center, Ste 445			E Telephone	number			
	Initial reti	um	City or town	State	ZIP code		(600) 259 3	000			
$\equiv$			Princeton	NJ	08540		(609) 258-3	000			
Ш	Final return	n/terminated	Foreign country name Foreign	n province/state/county	Foreign postal	code					
П	Amended	d return	·				G Gross rece	eipts \$	_ 98	57,529	
$\overline{}$			F Name and address of principal officer						7 Yes	X No	
ш	Application	on pending	, ,	. t. B N. 1.00540	$\sim$		is a group return fo			==	
			Robert S Wilentz Princeton Univers	sity, Princeton, NJ 08540		1 ''	all subordinate		Yes [	No	
1 '	Tax-exem	pt status	X 501(c)(3) 501(c) ( )		OF827	If "	No," attach a lis	t (see instruc	tions)		
J	Website	a: <b>•</b>				H(c) Gr	oup exemption n	umber 🕨			
					1						
		rganization	X Corporation Trust Associ	ation Other ▶	L Yea	ar of forma	tion 1981	M State o	f legal domicile	<u>NJ</u>	
E	art I	Su	mmary								
	1	Briefly d	describe the organization's mission or	most significant activities	s Four	nding Fa	thers Paper	's purpose	is to perforn	n	
9		the func	ctions of and carry out the purposes o	of the Founding Fathers E	ditorial Proje	ects, pri	marily by su	pporting ai	nd facilitating	1	
Activities & Governance			lication of the papers of J Adams, B								
1	1		r <del></del>					of its not as			
õ	2			scontinued its operations	/ disposed	OI IIIOI	: man 25% C	1	55515	•	
<u>ن</u>	3		r of voting members of the governing					3		6	
Ş	4		r of independent voting members of the					4		<u>3</u>	
₹	5		imber of individuals employed in cale		ne 2a)		,	5		0	
츷	6		imber of volunteers (estimate if neces		1551		į	6			
ĕ	7a	Total un	related business revenue from Part V	/III, column (C), line 12\%	) / ½ (			7a		0	
	b	Net unre	elated business taxable income from:	Form 990-T, line 34	/2 }			7b		0	
			utions and grants (Part VIII, line 1h) in service revenue (Part VIII, line 2g) ient income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, ienue—add lines 8 through 11 (must equand similar amounts paid (Part IX, co	Form 990-1, line 34	111/		Prior Year		Current Year		
	8	Contribu	utions and grants (Part VIII, line 1h)	1 / "0, ~"	3		1,023	,000	95	53,000	
Ž	9	Program	n service revenue (Part VIII. line 2g)	13/ 1/3/2				0			
Revenue	10	Investm	ent income (Part VIII. column (A). line	es 3 4 and 7d)			1	,509		4,529	
æ	11	Other re	evenue (Part VIII, column (A), lines 5	6d 8c 9c 10c and 11e	١		•	0		<u>-,,</u>	
	12	Total revi	renue—add lines 8 through 11 (must equ	ial Part VIII column (A) lin	/ ie 12)		1,024	509	Q.	57,529	
	13	Grante	and similar amounts paid (Part IX, co	lumn (Δ) lines 1_3\	10 12)		1,054			38,000	
	14	Oranic t	and similar amounts paid (r art izt, oo	(dilinit (7 t), miles 1 e)		<b></b>	1,054	0	1, 10	00,000	
			s paid to or for members (Part IX, colu		E 10\	<b>-</b>			<del></del>		
98	15		, other compensation, employee benefits		5 5-10)				<del>'</del>		
Ë	16a		ional fundraising fees (Part IX, colum		_			0		0	
Expenses	b		ndraising expenses (Part IX, column (		00						
ш	17		xpenses (Part IX, column (A), lines 11	·				,076		2,120	
	18		penses Add lines 13-17 (must equal		25)	ļ	1,056	<del>`                                    </del>		90,120	
	19	Revenue	e less expenses Subtract line 18 from	m line 12				<u>,567</u>	-23	32 <u>,591</u>	
5 8						Beginn	ing of Current	Year	End of Year		
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)				736	,269	50	03,678	
A P	21	Total liab	bilities (Part X, line 26)					0		0	
S.E	22	Net asse	ets or fund balances Subtract line 21	from line 20			736	,269	50	03,678	
	rt II	Sia	nature Block								
			y, I declare that I have examined this return, incl	uding accompanying schedules	and statements	, and to th	e best of my kno	owledge			
and	belief, it i	s true, corre	ect, and complete Declaration of preparer (other	than officer) is based on all info	rmation of which	preparer	has any knowle	edge,			
			Mommons				l II	/12/1	8		
įSię			Signature of officer				Date				
<sup>)</sup> He	re		KENNETH MOLINARO		Cont	roller - I	Princeton Un	iversity foi	7		
			Type or print name and title	·							
}—		Des-	t/Type preparer's name	Preparer's signature	Fou	nding F Date	athers Pape	ers, Inc.	PTIN		
	: ~!	[""	a 1750 biobatel a liame	, repaid 3 signature		1		neck if			
Pa								If-employed			
	eparer		n'e name			<u> </u>	Firm's EIN ▶				
<u></u> 5Us	e Only	,	n's name	<del>-</del>	•				7,		
5		Firm	n's address 🕨				Phone no				
Ma	v the IR	S discus	s this return with the preparer shown	above? (see instructions	<b>;</b> )				Yes	No	

Form **990** (2017)

Form 9	90 (2017)	Founding Fathers Papers, Inc	22-2365602	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	•	escribe the organization's mission t I, Line 1		
2	the prior	organization undertake any significant program services during the year which were not listed on 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	☐ Yes	X No
4	If "Yes," Describe expense	describe these changes on Schedule O the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported	s, as measured by	
4a	papers of than 70, private of volume, docume through and mult	2000 documents that have been assembled as photocopies from over 900 repositories and collections worldwide. Careful research and collaborative scholarship produced the first which set new standards for the organization and editorial presentation of historical ants. Thirty-five volumes in the chronological series have been published to date. Today, congoing chronological and topical publication of the volumes as well as new digital access.		
46	(Code	) (Expenses \$ 273,000 including grants of \$ 273,000 ) (Revenue		
4b	Washing corresponds by him of over 1 collection life and of material	ton Papers - the project was established to publish a comprehensive edition of Washington's indence, including letters written to Washington as well as letters and documents written		
<b>4</b> c	manusci Family F the project hundred project's Adamse included	ipts written and received by the family of John Adams of Quincy, Massachusetts The Adams apers manuscript collection at the Massachusetts Historical Society forms the nucleus of ct. In addition, the editors have gathered over 27,000 copies of Adams items from s of libraries, institutions, and individuals in the United States and abroad. The cutoff date is 1889, the year Abigail Brooks Adams died. The editors do not edit the swords, rather they continue the search for Adams documents, select the material to be in the edition, provide a faithful transcription of the manuscripts, and supply on. To date, 42 volumes have been published by Harvard University Press.		
4d	Other or	ogram services (Describe in Schedule O )		
	(Expens		0)	

1,188,000

4e Total program service expenses

Form 990 (2017) Founding Fathers Papers, Inc
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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)	4		х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-		_^_
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? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
0	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		Χ
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		-	
	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		ĺ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ا ا		.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
22	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Za	Schedule D, Parts XI and XII	12a		Х
h	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
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	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	i		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
6	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		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا _ [		.,
_	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Form 9	990 (2017) Founding Fathers Papers, Inc	22-2365602	P	age 4
Part	t IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Χ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		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 ye	ar		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess b	enefit		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member there	<del></del>		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	A 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N. 🗔		
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
-	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulat	ions		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
•	III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a co	<del></del>		
5	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 re	<del>- 1</del>		
J <b>U</b>	organization? If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del></del>		
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	and that is treated as a partnership for rederal income tax purposes? If thes, complete schedule is, if and	37		¥

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note**. All Form 990 filers are required to complete Schedule O

Form 9	90 (2017) Founding Fathers Papers, Inc 22-236	5602	P	age :
Par				_
	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   1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	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   2a 0			_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	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		
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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			<del></del>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		$\vdash$
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		
	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	6b		ĺ
, -	gifts were not tax deductible?	OD		$\vdash$
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ĥ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	$\Box$
C	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			Ë
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		X
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?  N/A	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			
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders			
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		<u> </u>
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	15		<del>                                     </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del></del>
	Note. See the instructions for additional information the organization must report on Schedule O			l
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		l
	the organization is licensed to issue qualified health plans			l
С	Enter the amount of reserves on hand	44=		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<del>                                     </del>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

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

	Check if ochedule o contains a response of note to any line in this fact vi				<u> </u>
Sect	ion A. Governing Body and Management		1		
_		ام		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6			
	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		- 1		i
	committee, explain in Schedule O	_	i		
b	Enter the number of voting members included in line 1a, above, who are independent	3			į
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
_	any other officer, director, trustee, or key employee?		2		Х
3	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		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?	- 1	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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				
а	The governing body?		8a	Х	
b	,	N/A	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			İ	
	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 Rever	iue C	<u>oae</u>	) Yes	11-
40-	Dut the successful have lead shorters because as officiated?	ı	10a	res	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		IUa		
ь	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
44		,	11a	х	
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		a		
12a			12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic	tg/ZA	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	140			
•		N/A	12c		
13	Did the organization have a written whistleblower policy?	17/	13		X
14	Did the organization have a written document retention and destruction policy?	l	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	ľ			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		į		
а		N/A	15a		
b	The organization of the control of the management of the control o	N/A	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				Ì
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
104	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)	sonly	)	
	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				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	t polic	y, an	d	
	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 record				
	Kenneth Molinaro (609) 258-	3080			
	701 Carnegie Center, Suite 445, Princeton, NJ 08540				

compensated employees, and former such persons

Part VII	Compensation of	Officers, Directors	s, Trustees, Key Empl	oyees, Highest Compensated
	Employees, and Ir	ndependent Contr	actors	1

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

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

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

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

belo	nizations w dotted line)	Individual trustee or director	nstitutional trustee	Officer ,	Key employee	Highest compensated employee	Former	compensation from '` the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
								,		0
Secretary, Trustee (2) Robert S Wilentz		X		Х					0	0
(2) Robert 5 Wilentz Chairman, Trustee		Х		х					271,033	50,449
(3) Leslie G Bowman		^		Ĥ	Н				27 1,000	
Trustee .		х							o	0
(4) Joanne B Freeman										
		x		х					139,927	25,335
(5) John C Van Horne				,						•
Trustee		х							ol	0
(6) Mark H Saunders								,		
Trustee		Х	Щ						187,770	33,578
(7) Stanley N Katz Former Chairman, Trustee							х		199,356	34,692
(8)								(		
(9)										,
(10)							_		,	
(11)				`					/ , , , , , , , , , , , , , , , , , , ,	
(12)										
(13)										
(14)						,				

Form **990** (2017)

	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than one than one that the than the than the than the than the the than the	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any 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)	other compensation from the organization and related organizations
(15)											-
(16)			,								
(17)									_		
(18)											
(19)				<u> </u>						<del></del>	
(20)											
(21)											
(22)											
(23)											
(24)											-
(25)											
1b c	Sub-total  Total from continuation sheets to Part VII, Se	ection A	<u>.                                    </u>	<b>L</b>	L			<b>&gt;</b>	0	798,086 0	1'44,054 0
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but not lir reportable compensation from the organization		ted a		e) v 4	vho	recei	<b>▶</b> ved	more than \$100	798,086 ,000 of	144,054
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched				oye	e, o	r high	nest	compensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual									7	4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			•			_		ridual	5 X
	tion B. Independent Contractors								<del></del>		
1	Complete this table for your five highest compe compensation from the organization. Report co year	mpensation for t	the ca	alen	ract dar	ors yea	that r	ing	with or within the	e organization's t	ax
	(A) Name and business addi	ress							(B) Description of serv	vices C	(C) compensation
		··· ·· · <del>···</del>									0
											0
			-								0
										<u>-</u>	0
2	Total number of independent contractors (include more than \$100,000 of compensation from the	_	ed to	tho	se li	sted	abo	ve)	who received		

Total revenue. See instructions

Form 9	990 (20	<ol> <li>Founding Fathers Papers</li> </ol>	, Inc					22-2365	0602 Page <b>9</b>
Par	t VIII	Statement of Revenue							
		Check if Schedule O contain	s a response	or n	ote 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
	1a	Federated campaigns		1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	0				
S E	С	Fundraising events		1c	0				
ifts.	d	Related organizations		1d	0				
S, G	e	Government grants (contribution	ns)	1e	0				
long r Sil	f	All other contributions, gifts, gra							
lbut Ithe		similar amounts not included ab		1f	953,000				1
ontr id C	g	Noncash contributions included in	lines 1a-1f	\$	0				
ŭ ≅	h	Total. Add lines 1a-1f	,		▶	953,000			
					Business Code				
Program Service Revenue	2a			ı		0			
Rev	b			ı		0			
92	С			ı		0			
7.0	d			l		0			
E	е			l		0			
gra	f	All other program service revenu				0			
P	g	Total. Add lines 2a-2f			<b>&gt;</b>	0			
	3	Investment income (including di	vidends, inter	est,	and	ï			
		other similar amounts)			▶ [	4,529			_4,529
	4	Income from investment of tax-e	exempt bond	proc	eeds ►[	0			
	5	Royalties			<b>&gt;</b>	0			
			(ı) Real		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)	_	0	0		=		
	d	Net rental income or (loss)			<b>•</b>	0			
	7a	Gross amount from sales of	(ı) Securitie	s	(II) Other				1
		assets other than inventory		0	0				•
	b	Less cost or other basis							
		and sales expenses		_0	0				
	С	Gain or (loss)		0	0		<del></del>		_
	d	Net gain or (loss)		,	<b>•</b>	0			
_					1			[	
ηue	8a	Gross income from fundraising	_						
Vei		events (not including \$	0						
Re		of contributions reported on line	1c)		أم				
Je.		See Part IV, line 18		a	0			′	
Other Revenue	b	Less direct expenses		bί	0				<u> </u>
	C	Net income or (loss) from fundra	_	Г		0			<del> </del>
	9a	Gross income from gaming activ	rities		′ 。	İ			
		See Part IV, line 19		a	0				
	b	Less direct expenses		bί	<u>0</u>			· <del></del>	- <del> </del>
	C	Net income or (loss) from gamin	g activities	ſ		0			
	ıva	Gross sales of inventory, less							
l		returns and allowances		a	0	i			
	b	Less cost of goods sold	-f	b	0		<del></del>	<del></del>	<del> </del>
	С	Net income or (loss) from sales	or inventory	1		0			<del>                                     </del>
	44	Miscellaneous Revenue			Business Code	<u>-</u>  -			-
	11a			, }		0	-		<del>  -</del>
	b			ŀ	<del></del> -	0		_	+
	0	All other revenue		ŀ		0			+
	d	All other revenue		L					+

957,529

Par	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	art 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			8	
	domestic governments See Part IV, line 21	1,188,000	1,188,000		
2	Grants and other assistance to domestic	· · · · · · · · · · · · · · · · · · ·			<u>.                                    </u>
	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	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	0			,
11	Fees for services (non-employees)				
а	Management	0		<u> </u>	
b	Legal	0		-	
С	Accounting	0			
d	Lobbying	0		_	<u> </u>
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0		0	·
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				
40	for any federal, state, or local public officials	0		· · · · · · · · · · · · · · · · · · ·	
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21 22	Payments to affiliates	0	0	0	0
23	Depreciation, depletion, and amortization 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		i		
	(A) amount, list line 24e expenses on Schedule O)				
а	Administrative	2,120		2,120	
b		0		_,	<del></del>
c		0			
d		0			
e	All other expenses	Ö			_
25	Total functional expenses. Add lines 1 through 24e	1,190,120	1,188,000	′ 2,120	0
26	Joint costs. Complete this line only if the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
_	organization reported in column (B) joint costs		į		
	from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

34

Total liabilities and net assets/fund balances

P	art X	Balance Sheet						
		Check if Schedule O contains a response or	note to	any line in this Part X	(			, []
	,					(A) ing of year		(B)_ End of year
	1	Cash—non-interest-bearing	·	•		972	1	24,051
	2	Savings and temporary cash investments				734,195	2	476,482
	3	Pledges and grants receivable, net				0	3	0
	4	Accounts receivable, net				0	4	0
	5	Loans and other receivables from current and f	ormer o	fficers, directors,				
		trustees, key employees, and highest compens Complete Part II of Schedule L	ated en	nployees		0	5	
<b>6</b>	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) voluntary expenses.						
ţţ		organizations (see instructions) Complete Part II of Scho	edule L			0	6	
Assets	7	Notes and loans receivable, net			0	7	0	
⋖	8	Inventories for sale or use			. 0	8		
	9	Prepaid expenses and deferred charges				0	9	_
	10a	Land, buildings, and equipment cost or			9			
		other basis Complete Part VI of Schedule D	10a	0	<u> </u>			
	ь	Less accumulated depreciation	10b	0		0		0
	11	Investments—publicly traded securities		0		0		
	12	Investments—other securities See Part IV, line		0		0		
	13	Investments—program-related See Part IV, line		0		0		
	14	Intangible assets				0		0
	15	Other assets See Part IV, line 11		,		1,102	_	3,145
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)		736,269		503,678
	17	Accounts payable and accrued expenses			<u> </u>	0	17	
	18	Grants payable	<u> </u>	0				
	19	Deferred revenue			<u>0</u>			
	20	Tax-exempt bond liabilities	Dank 11.7	of Cobodula D	<del>                                     </del>	0		<u> </u>
<b>m</b>	21	Escrow or custodial account liability Complete				<u> </u>	21	
<u>= = = = = = = = = = = = = = = = = = = </u>	22	Loans and other payables to current and forme trustees, key employees, highest compensated						
를		disqualified persons. Complete Part II of Sched		ees, and		0	22	
Liabilities	23	Secured mortgages and notes payable to unrel		rd narties		0		0
	24	Unsecured notes and loans payable to unrelate				0		0
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line	ayables	to related third				
		Part X of Schedule D	,			0	25	0
	26	Total liabilities. Add lines 17 through 25				0	26	0
es		Organizations that follow SFAS 117 (ASC 95) complete lines 27 through 29, and lines 33 a	-	k here   and	:			
Ĕ	27	Unrestricted net assets				0	27	
3al	28	Temporarily restricted net assets				0	28	
9	29	Permanently restricted net assets				0	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check h	ere $\blacktriangleright$ and				
ts (	30	Capital stock or trust principal, or current funds				736,269	30	503,678
Se	31	Paid-in or capital surplus, or land, building, or e		nt fund		730,209	31	300,070
As	32	Retained earnings, endowment, accumulated in				0	32	,
Net Assets	33	Total net assets or fund balances	.55,110,	J. 30101 101100		736,269	-	503,678

503,678

736,269 **34** 

Part	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), liné 12)	1		957	<u>7,529</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>0,120</u>
3	Revenue less expenses Subtract line 2 from line 1	3			2 <u>,591</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		736	<u>5,269</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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,				
		10		503	3,678
Part :		,			
	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 Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	Schedule O				لـــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
'	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		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	,	
	If the organization changed either its oversight process or selection process during the tax year, explain in				1
	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 Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	_		Form	990	(2017)

### **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

OMB No 1545-0047

Open to Public Inspection

22-2365602

Department of the Treasury Internal Revenue Service

2

Founding Fathers Papers, Inc.

▶ Attach to Form 990 or Form 990-EZ

Reason for Public Charity Status (All organizations must complete this part ) See instructions

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

Employer identification number Name of the organization

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). X 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization 4 Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported organization (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes No (A) 2 Yale University 06-0646973 Х 213,000 (B) 2 Χ 476,000 University of Virginia 54-6001796 21-0634501 2 Х 228,000 Trustees of Princeton University (D) 7 Massachusetts Historical Society 04-2108374 Х 271,000 (E) 1,188,000 0 Total For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2017

instructions

Sch		Fathers Papers, I				22-236560	2 Page 2
Pa	(Complete only if you check	ed the box on li	ne 5, 7, or 8 of	Part I or if the o	organization fa	led to qualify un	der
<u>-</u>	Part III. If the organization fa ction A. Public Support	ills to quality un	der the tests iis	ted below, piea	ase complete r	art III.)	
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2013	(b) 2014	(6) 2013	(4) 2510	(6) 2017	() Total
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						(
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	0	0	0	0	0	(
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	L			,	•	
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015/	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	0	0	/ 0	0	0	C
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						C
9	Net income from unrelated business activities, whether or not the business is regularly carned on						C
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						C
	Total support. Add lines 7 through 10		/1				C
	Gross receipts from related activities, etc. (si First five years. If the Form 990 is for the or organization, check this box and stop here		econd, third, fourth	, or fifth tax year a	s a section 501(c)(	12   (3)	<b>&gt;</b>
Se	ction C. Computation of Public Su						
14	Public support percentage for 2017 (line 6, c			))		14	0.00%
15	Public support percentage from 2016 Sched					15	0.00%
	a 33 1/3% support test—2017. If the organization qualifies as	a publicly support	ed organization				▶□
b	<ul> <li>33 1/3% support test—2016. If the organization qualified box and stop here. The organization qualified</li> </ul>				s 33 1/3% or more	, check this	▶[
I7a	10%-facts-and-circumstances test—2017     is 10% or more, and if the organization meet     Part VI how the organization meets the "facts     organization	s the "facts-and-cire	cumstances" test, o	check this box and	stop here. Explai	n in	<b>▶</b> □
b	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and-	-circumstances" te:	st, check this box a	and stop here.		▶[

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Sche	dule A (Form 990 or 990-EZ) 2017 Founding	Fathers Papers,	Inc	_		22-236560	2 Page 3
	rt III Support Schedule for Org			tion 509(a)(2)	<del></del>		,
	(Complete only if you check	ked the box on I	ine 10 of Part I	or if the organiz		qualify under Pa	ırt/II.
	If the organization fails to quality	ualify under the	tests listed beli	ow, please com	plete Part II.)		/
	ction A: Public Support					/	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received (Do not include any "unusual grants ")					<del>/-</del>	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		:				
	furnished in any activity that is related to the	1					,
	organization's tax-exempt purpose			_		-/-+	
3	Gross receipts from activities that are not an	1					,
	unrelated trade or business under section 513				4	/	
4	Tax revenues levied for the organization's benefit and either paid to or expended on						-
	its behalf	1					(
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						(
6	Total. Add lines 1 through 5	0	0	0	0	0	(
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	0	0	/ 0	0	0	
8	Add lines 7a and 7b  Public support (Subtract line 7c from			/ - 0	•		
•	line 6)						. (
Sec	ction B. Total Support	<u> </u>		1		. 4	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0		0	0	0	(
10a	Gross income from interest, dividends,					-	
	payments received on securities loans, rents,						
	royalties, and income from similar sources						(
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975						
	Add lines 10a and 10b	9	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 Other income Do not include gain or	<del></del>			-	<del></del>	
14	loss from the sale of capital assets						
	(Explain in Part VI )	/					(
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	/ 0	. 0	0	0	o	(
14	First five years. If the Form 990 is for the	organization's first,	second, third, fourtl	n, or fifth tax year a	is a section 501(c)(	3)	
	organization, check this box and stop here						▶ _
Sec	ction C. Computation of Public Śu	ipport Percent	age				
15	Public support percentage for 2017 (line 8,			f))	-	15	0 00%
16	Public support percentage from 2016 Scher					16	000%
	ction D. Computation of Investme		<del></del>			47	0.000
17	Investment income percentage for 2017 (lin			olumn (f))		17	0.00%
18	Investment income percentage from 2016 S			4 and line 15 is	oro than 22 1/29/	18	0.00%
ıya	33 1/3% support tests—2017. If the organ not more than 33 1/3%, check this box and					and line 17 is	▶□
ь	33 1/3% support tests—2016. If the organ	•				33 1/3%, and	
_	line 18 is not more than 33 1/3%, check this						▶ [
20	Private foundation. If the organization did						▶ [

determine whether the organization had excess business holdings )

### Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	Part V)	1	
Sect	tion A. All Supporting Organizations			•
			Yes	No
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	1	X	
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 <b>Part VI</b> how the organization determined that the supported		i	
	organization was described in section 509(a)(1) or (2)	2	_	×
2-	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		-	<u> </u>
3a	•	30		X
	(b) and (c) below	3a	├	<del>  ^</del>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		-	
	organization made the determination	3b	<u> </u>	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	ļ	L
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		X
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	4b		
С	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 <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	<del> </del>	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	<u> </u>	<del>                                     </del>	
Ja	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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			
		5a		X
	was accomplished (such as by amendment to the organizing document)	Ja_	<del> </del> -	-^-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<del></del>	<del> </del>	
	designated in the organization's organizing document?	5b		-
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	
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.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(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 or 990-EZ)	7		Х
8	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 or 990-EZ)	8		Х
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			ĺ
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
U	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		X
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	100		
С		90	<del> </del>	X
4-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	-	<del>  ^</del>
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			<u> </u>
	supporting organizations)? If "Yes," answer 10b below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			نــــا

Schedu	ule A (Form 990 or 990-EZ) 2017 Founding Fathers Papers, Inc	22-2365602	Р	age 5
Part	IV Supporting Organizations (continued)			T
	the the second of the fellower and the f		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	İ		
а	below, the governing body of a supported organization?	11a	<del> </del>	X
b	A family member of a person described in (a) above?	11b	-	x
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	<u> </u>		X
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported	d	ļ	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Х	<u> </u>
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	<i>;</i>		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>		
<u> </u>	supervised, or controlled the supporting organization	2		Х
Sect	ion C. Type II Supporting Organizations		Yes	No
	Where a majority of the accompanies dispersion or tripted dispersion the tay year also a majority of the dispersion	\	res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			ŀ
	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			
			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 pri	or tax		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of t	he		
	organization's governing documents in effect on the date of notification, to the extent not previously provided	17 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			١.
	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		ļ
3	By reason of the relationship described in (2), 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	<u> </u>		
	supported organizations played in this regard	3	<u> </u>	
	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	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government	entity (see instruc	ctions	)
2	Activities Test Answer (a) and (b) below.	I	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	f		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	,		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	e		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
`	reasons for the organization's position that its supported organization(s) would have engaged in these	· [		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	)rgani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust	on Nov 20, 1970 (explain	in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nızatıor	ns must complete Sections	A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
- Coulon A - Aujustea Net moonie	$\rightarrow$	(7.7) 1.01 1.021	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		<u> </u>
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1 1		
collection of gross income or for management, conservation, or	1 1		
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	′0	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			ĺ
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
<b>b</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)	ļ		
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	0	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	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 integ	grated Type III supporting of	
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 exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	I	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			·
5	Qualified set-aside amounts (prior IRS approval required)	<u></u>	·	·
6	Other distributions (describe in Part VI) See instructions	· <u>·</u>		
7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	l
	(provide details in Part VI) See instructions	<del></del>	·	
9	Distributable amount for 2017 from Section C, line 6		u ==	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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			1
2	(reasonable cause required—explain in Part VI) See			I
	instructions			
3	Excess distributions carryover, if any, to 2017			
a	<u> </u>			
<u> </u>	From 2013			
C	From 2014			
<u>d</u>	From 2015			
	From 2016			
	Total of lines 3a through e	0		
<u>g</u>	Applied to underdistributions of prior years	<u> </u>	0	
	Applied to 2017 distributable amount	<u> </u>		,
<u>i</u>	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2017 from Section D. line 7 \$ 0			
			0	
	Applied to underdistributions of prior years		<u> </u>	0
	Applied to 2017 distributable amount  Remainder Subtract lines 4a and 4b from 4	0		
	Remaining underdistributions for years prior to 2017, if			
9	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions		o	
6	Remaining underdistributions for 2017 Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			0
7	Excess distributions carryover to 2018. Add lines 3	-		1
•	and 4c	l ol		
8	Breakdown of line 7	<u> </u>		
a	Excess from 2013 0		· <del></del> ·	
	Excess from 2014 0	<del> </del>		
	Excess from 2015 0	<del></del>		
	Excess from 2016 0	<del>                                     </del>		,
	Excess from 2017 0			

# SCHEDULE (Form 990)

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.

► Attach to Form 990.

2017
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OMB No 1545-0047

Inspection

Employer Identification number ► Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the organization

Four	ounding Fathers Papers, Inc	22-2365602	
Pa	Part I General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, and	
	the selection criteria used to award the grants or assistance?	X Yes No	မှ
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Part II

					-		
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 noncash assistance	(h) Purpose of grant or assistance
(1) Yale University New Haven, CT	06-0646973	501(c)(3)	213,000				Research & Publication
(2) University of Virginia Charlottesville, VA	54-6001796	501(c)(3)	476,000	,			Research & Publication
(3) Trustees of Princeton University Princeton, NJ	21-0634501	501(c)(3)	228,000				Research & Publication
(4) Massachusetts Historical Society Boston, MA	04-2108374	501(c)(3)	271,000		,		Research & Publication
(5)							
(9)		1	-				
ω		-					
(8)							
(6)							
(10)		,	/				
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and g proanizations list	jovernment organiza ed in the line 1 table	ations listed in the line 1	table			4
1							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{
m HTA}$ 

Schedule 1 (Form 990) (2017)

Founding Fathers Papers, Inc

Schedule I (Form 990) (2017)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. \ (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 nation's 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. noncash assistance (d) Amount of (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 Part III က 4 S

### **SCHEDULE J** (Form 990)

Department of the Treasury

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.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 22-2365602 Founding Fathers Papers, Inc. **Questions Regarding Compensation** 

				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information	or a person listed on Form regarding these items			
	First-class or charter travel Housing allowance or res				
	Travel for companions Payments for business u	•			
	Tax indemnification and gross-up payments Health or social club due	s or initiation fees			
	Discretionary spending account Personal services (such	as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy				
	or reimbursement or provision of all of the expenses described above? If "No," complexplain	ete Part iii to N <i>ti</i>	1ь		
	oxpani.				
2	Did the organization require substantiation prior to reimbursing or allowing expenses				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the i				
	1a?	N//	2	-	
3	Indicate which, if any, of the following the filing organization used to establish the com	pensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes	for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but ex				
	Compensation committee		.		
	Independent compensation consultant Compensation survey or		`		
	Form 990 of other organizations  Approval by the board or	compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with r	espect to the filing	ŀ		
·	organization or a related organization	,			
а	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?		4b 4c		X
С	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for e		10		l ^
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lin				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay compensation contingent on the revenues of	or accrue any		ĺ	
а	The organization?		5a		X
b	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay	or accrue any			
•	compensation contingent on the net earnings of	or door do day			
а	The organization?	•	6a		Х
b	Any related organization?		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization prov	de any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III		7	<u> </u>	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a con			[	
	subject to the initial contract exception described in Regulations section 53 4958-4(a) in Part III	(J) II TES, GESCHUE	8		×
	iii r art iii				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedu	e described in			
	Regulations section 53 4958-6(c)?		9	i	İ

Founding Fathers Papers, Inc. Schedule J (Form 990) 2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 22-2365602 Part II

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

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

		** ***********************************	14' O C - 4'C - 4'C A A B		10) Brooks and the second of t	nun (a) IIIInina air		
		(b) Breakdown of W	W-z and/or 1099-MISC compensation	oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	in column (B) reported as deferred on prior Form 990
Robert S Wilentz	€						0	
1 Chairman, Trustee	Ξ	246,354	0	24,679	30,640	19,809	321,482	
Joanne B Freeman	Ξ						0	
2 Treasurer, Trustee	(ii)	139,927	0	0	19,012	6,323	165,262	
Mark H Saunders	Θ						0	
3 Trustee	Ξ	186,839	0	931	26,200	7,378	221,348	
Stanley N. Katz	Ξ						0	
4 Former Chairman, Trustee	Œ)	161,800	0	37,556	22,503	12,189	234,048	
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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 Founding Fathers Papers, Inc	22-2365602 Page 3
무	Part II. Also complete this part
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	Schedule J (Form 990) 2017

### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

### 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.

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

OMB No 1545-0047 (0)Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Founding Fathers Papers, Inc. 22-2365602 Form 990, Part III, Line 4d Program Service Expenses 203,000, Grants and allocations 203,000, 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 213,000, Grants and allocations 213,000, 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 extraordinary 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 VI, Section A, Line 7a Founding Fathers Papers current Board consists of six Trustees The officers shall be elected by majority vote at the annual meeting of the Board of Trustees and shall hold office until the next annual meeting or until their successors are elected The officers may be any individuals, including but not limited to Trustees and editors of the Founding Fathers Editorial Projects, whom the Board determines are qualified to serve in such roles. Any individual may serve in multiple officer roles, provided that such individual may not authorize any action of the Corporation in more than one capacity

Form 990, Part VI, Section B, Line 11a & b. The Form 990 is prepared and reviewed by the

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Founding Fathers Papers, Inc	Employer identification number 22-2365602
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	
Form 990, Part VII, Section A, Line 1a Column B. The Officers and Trustees of the Founding	
Fathers Papers, Inc. are employed by Massachusetts Historical Society, Yale University,	
University of Virginia and the Trustees of Princeton University, related organizations	
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

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.

Open to Public

OMB No 1545-0047

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

(f)
Direct controlling
entity Employer identification number Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had 22-2365602 (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity Founding Fathers Papers, Inc. Name of the organization Part I Part II (f)

**©** 

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one or more related tax-exempt organizations during the tax year.	luring the tax year.	<b>,</b>					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled
						Yes	٥ ۷
(1) Yale University 06-0646973	Education						
Box 208240 Yale Station New Haven, CT 06520		СТ	501(c)(3)	2	N/A		×
(2) University of Virginia 54-6001796	Education						
PO Box 400118 Charlottesville, VA 22904		\A	501(c)(3)	2	N/A	,	×
(3) Trustees of Princeton University 21-0634501	Education						
701 Carnegie Center Princeton, NJ 08540		2	501(c)(3)	2	N/A		×
(4) Massachusetts Historical Society 04-2108374	Research Library						
		MA	501(c)(3)	7	N/A		×
(9)		•					
		`					1
(6)	,						
(2)							

Schedule R (Form 990) 2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $^{
m HTA}$ 

22-2365602

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

(I) Section 512(b)(13) controlled Schedule R (Form 990) 2017 Percentage ŝ ownership 3 Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part General or managing partner? Yes No (h) Percentage ownership (I)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) end-of-year assets (g) Share of (h) Orsproportionate allocations? Yes No (f) Share of total IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
( Direct controlling | entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicite
(state or foreign counity) (d)
Direct controlling | (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a)
Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Đ (9) **3** 9 0 0 3 9 8 3 4 3 9

22-2365602

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

ote:	-	: :	4	res	_
1 During the tax year, did the organization engage in any of the following transactions with one of more related organizations listed in Parts II-IV	organizations listed in	Parts II-IV		+	
	•		+	×	- 1
b Gift, grant, or capital contribution to related organization(s)	•	•	1b \	×	
c Gift, grant, or capital contribution from related organization(s).	•	•	10	×	
<b>d</b> Loans or loan guarantees to or for related organization(s)			1d	×	
e Loans or loan guarantees by related organization(s)	~ · · · · · · · · · · · · · · · · · · ·		1e	×	
f Dividends from related organization(s)			   <b>=</b>	× 	1
a Sale of assets to related organization(s)			10	×	1
			=	×	1
i Exchange of assets with related organization(s)			Ę	×	
j Lease of facilities, equipment, or other assets to related organization(s)			į <b>t</b>	×	
					$\Box$
k Lease of facilities, equipment, or other assets from related organization(s)		`	1k	×	
l 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)			1n \	×	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			10	x	
<b>p</b> Reimbursement paid to related organization(s) for expenses			1p	×	
q Reimbursement paid by related organization(s) for expenses			10	×	
					$\neg$
r Other transfer of cash or property to related organization(s)			-	×	
s Other transfer of cash or property from related organization(s)	٠	•	18	×	
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	e, including covered reli	ationships and transacti	on threshold	Ş	
(a)	<b>Q</b>	, (၁)	(p)		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	stermining	
(1) Yale University	۵	213,000	As needed		
(2) University of Virginia	ء	476 000	As needed		
		1	As needed		
(3) Trustees of Princeton University	q	228,000			- 1
(4) Massachusetts Historical Society	م	271,000	As needed		ļ
(5)					
· (9)					
		Sched	Schedule R (Form 990) 2017	990) 201	1

22-2365602

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

(k)
Percentage
ownership 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 (J) General or managing (h)
Disproportionate Code V—UBI
allocations? amount in box 20 (g) Share of end-of-year or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (f) Share of total income (c) (d) (e) (e) Legal domicile Predominant Are all partners (state or foreign income (related, (b) Primary activity (a)
Name, address, and EIN of entity

		(state or foreign country)	uncome (related, unrelated, excluded from tax under sections 512-514)	section 501(c)(3) organizations?	total income	end-ot-year assets	aliocalion and alioca	of Schedule K-1 (Form 1065)	managing partner?	ownership
				Yes No			Yes No	<b>T</b>	Yes No	
(1)								Ĺ		
(2)			-							
(3)								J		
(4)				-		,				
(5)								,		
(9)	q									
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Schedule R (Form 990) 2017

Schedule R (For	m 990) 2017	Founding Fathers Papers, Inc		22-2365602	Page <b>5</b>
D- 41/0	Suppleme	ental Information.	•	j	,
Part VII	Provide a	dditional information for responses to questions on Schedule F	R See Instruc	ctions	
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