

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: PRINCETON CLASS OF 1961 FOUNDATION, INC.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: 4 ASHINGTON CLUB ROAD
 City or town, state or province, country, and ZIP or foreign postal code: FAR HILLS, NJ 07931-2480

D Employer identification number: 45-3667792

E Telephone number: 908-581-2034

F Group Exemption Number: ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.princeton61.org

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 19,861.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ▶

		1	19,861.
Revenue	1 Contributions, gifts, grants, and similar amounts received	2	
	2 Program service revenue including government fees and contracts	3	
	3 Membership dues and assessments	4	
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	19,861.	
10 Grants and similar amounts paid (list in Schedule O) <u>See Schedule O</u>	10	5,000.	
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors	13	750.	
14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15	686.	
16 Other expenses (describe in Schedule O) <u>See Schedule O</u>	16	1,379.	
17 Total expenses. Add lines 10 through 16	17	7,815.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,046.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,365.	
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	34,411.	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22,365.	34,472.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	22,365.	34,472.
26 Total liabilities (describe in Schedule O) See Schedule O	0.	61.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,365.	34,411.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 COMMUNITY SERVICE PROJECTS THAT THE FOUNDATION APPROVES.

(Grants \$ 5,000.) If this amount includes foreign grants, check here

28a 370.

29 ASSISTANCE TO THOSE IN NEED THAT THE FOUNDATION APPROVES.

(Grants \$) If this amount includes foreign grants, check here

29a

30 FELLOW SCHOLARSHIP GRANTS TO THOSE THE FOUNDATION APPROVES

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a) 32 370.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JAMES C BLAIR PRESIDENT	1.00	0.	0.	0.
JAMES C KELLOGG IV VICE PRESIDENT	1.00	0.	0.	0.
GEORGE C BARKER VICE PRESIDENT	1.00	0.	0.	0.
MICHAEL M HORN SECRETARY	1.00	0.	0.	0.
JOSEPH E PRATHER TREASURER	5.00	0.	0.	0.

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

X

Form 990-EZ (2014) questions 33-45b with Yes/No columns and input fields.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

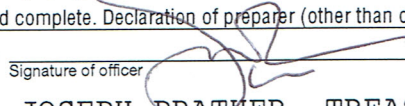
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer  Date SEP 21, 2015
Sign Here **JOSEPH PRATHER, TREASURER**
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIAN DOHERTY				P00022611
	Firm's name <input type="checkbox"/> Olsen & Thompson, P.A.	Firm's EIN <input type="checkbox"/> 22-1914497		Phone no. (973) 425-3212	
	Firm's address <input type="checkbox"/> 970 Mount Kemble Ave. Morristown, NJ 07960				

May the IRS discuss this return with the preparer shown above? See instructions Yes No