Short Form Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

		f the Treasury	▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form	990.	Inspection	
Internal Revenue Service A For the 2014 calendar			1 0014 and		2015	
	rthe 2 eck if		year, or tax year beginning	Employe	er identification number	
app	olicable	e: C INA	ame of organization			
	Addres	ss change	RINCETON CLASS OF 1961 FOUNDATION, INC.		3667792	
	Name	change PI	nber and street (or P.O. box, if mail is not delivered to street address) Room/suite E	ne number		
	Initial r	return/	ASHINGTON CLUB ROAD	908	-581-2034	
	termina	ated 4	or town, state or province, country, and ZIP or foreign postal code	F Group Exemption		
	Ameno	ded return Fi	Numbe			
		don perioning		if the organization is		
G Ac	count	ting Method:		uired to attach Schedule B		
I W	ebsite	e: • <u>www</u>	.princeton61.org heck only one) - X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		990, 990-EZ, or 990-PF).	
J Ta	x-exe	empt status (ch	neck only one) — [22] sorte/(e) = ee i/(e)/(e)			
K Fo	rm of	forganization:	X Corporation Trust Association Other 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,			
L Ac	dd line		+ 000 file Farm 000 instead of Form 000-F7		\$ 19,861.	
		(B) below) are	e, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions for	Part I)	
Pa	rt I	Revenu	e organization used Schedule O to respond to any question in this Part I		X	
		Check if the	gorganization used Schedule O to respond to any question in this Fart Fart Fart Fart Fart Fart Fart Fart	1	19,861.	
	1	Contributions	, gifts, grants, and similar amounts received	2	2	
	2	Program serv	rice revenue including government fees and contracts	3	3	
	3	Membership (dues and assessments	4	4	
	4	Investment in	come			
			It from sale of assets other than inventory			
	b	Less: cost or	OTHER DASIS AND SAIES EXPENSES	5	ic	
	C) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	6	Gaming and f	fundraising events			
e le	а	Gross income from gaming (attach Schedule G if greater than				
Revenue		\$15,000)				
3ev	b	Gross income	e from fundraising events (not including \$\phi\$			
_		from fundrais	sing events reported on line 1) (attach Schedule G if the sum of such			
		gross income	e and continuitions exceeds \$15,000/			
	C	c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			5d	
	d	Net income o	or (loss) from gaming and fundraising events (and lines of and obtain subtract line of			
	7a	Gross sales of	of inventory, less returns and anovarious			
	b	Less: cost of goods sold			7c	
	C	Gross profit	Or (IOSS) From Sales of Inventory (Subtract line 76 Hoff line 76)		8	
	8				9 19,861.	
_	9	Total revenu	similar amounts paid (list in Schedule 0) See Schedule 0		5,000.	
	10	Grants and s	imilar amounts paid (list in Scriedule 0)		11	
	11	Benefits paid	er compensation, and employee benefits		12	
ses	12	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance			750.	
Expenses	13				14	
EX	14	Occupancy,	plications, postage and shipping		15 686.	
	15		ses (describe in Schedule 0) See Schedule 0		16 1,379.	
	16	Total expens	ses. Add lines 10 through 16		7,815.	
_	_	Evenes or /d	deficit) for the year (Subtract line 17 from line 9)		12,046.	
ets	18		or fund balances at beginning of year (from line 27, column (A))			
SSE	19	/must agree	with end-of-year figure reported on prior year's return)		19 22,365.	
Net Assets	20	Other chang	jes in net assets or fund balances (explain in Schedule O)		20 0.	
ž	21	Net accete o	or fund balances at end of year. Combine lines 18 through 20		21 34,411.	
I H			Reduction Act Notice, see the separate instructions.		Form 990-EZ (2014)	

	1 990-EZ (2014) PRINCETON CLASS OF 1961 F					
Pa	Balance Sheets (see the instructions for Part II)		n in this Dort !!			X
	Check if the organization used Schedule O to res	pond to any question	n in this Part II) Beginning of year	T	(R) En	nd of year
			$\frac{3 \text{ Beginning of year}}{22,365}$	20	(0) 21	34,472.
22			22,303.	23		31/1/20
23	Land and buildings			24		
24	Other assets (describe in Schedule 0)		22,365.			34,472.
25	Total assets Soc. Schodule 0		0.	_		61.
26			22,365.			34,411.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishment	ats (see the instruction	ons for Part III)	121	Fxi	penses
2	Check if the organization used Schedule O to res	nond to any question	n in this Part III	X	(Required f	for section
	at is the organization's primary exempt purpose? See Schedule C	porta to arry question	THE CHO F GIVENI			and 501(c)(4) ons; optional for
Wha	at is the organization's primary exempt purpose? Dec Bernedate S	convices as measured by expense	s In a clear and concise		others.)	ins, optional for
Desc	oribe the organization's program service accomplishments for each of its three largest program ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title.	s. Ill a cical and concisc			
	COMMUNITY SERVICE PROJECTS THAT THE		PPROVES.			
20	COINCIPLE DERVICE TROUBLE					
	(Grants \$ 5,000.) If this amount includes foreign (grants, check here	>		28a	370.
29	ASSISTANCE TO THOSE IN NEED THAT TH	E FOUNDATION	APPROVES.			
	(Grants \$) If this amount includes foreign	grants, check here			29a	
30	FELLOW SCHOLARSHIP GRANTS TO THOSE	THE FOUNDATIO	N APPROVES	5_		
	(Grants \$) If this amount includes foreign	grants, check here	>		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign			_	31a	370.
32	Total program service expenses (add lines 28a through 31a)			🕨	32	3/0.
	Total program sorvice expenses				E	
2	art IV List of Officers, Directors, Trustees, and Key I	mployees (list each one e	even if not compensated - s	see the	instructions for	
	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to re-	mployees (list each one e spond to any question	on in this Part IV	see the	instructions fo	
_	Check if the organization used Schedule O to re-	spond to any question (b) Average hours	on in this Part IV	(d) Her	alth benefits, ibutions to	(e) Estimated
	art IV List of Officers, Directors, Trustees, and Key I	mployees (list each one e spond to any question	ven if not compensated - son in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Her contremple plans,	alth benefits, ibutions to byee benefit and deferred	
	Check if the organization used Schedule O to research (a) Name and title	Employees (list each one e spond to any questio (b) Average hours per week devoted to	(C) Reportable compensation (Forms (2/1000 MISC)	(d) Her contremple plans,	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
J	Check if the organization used Schedule O to research the AMES C BLAIR	spond to any question (b) Average hours per week devoted to position	wen if not compensated - son in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Her contremple plans,	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
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PRINCETON CLASS OF 1961 FOUNDATION, INC. 45-3667792 Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) X 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? X 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/A c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes." complete applicable parts of Schedule N X 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? X 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? X 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A N/A **b** Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 • ; section 4912 ► 0 • ; section 4955 ► 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ightharpoons NJTelephone no. ▶ 908-581-2034 42a The organization's books are in care of ► JOSEPH PRATHER ZIP+4 > 07931-2480Located at ▶ 4 ASHINGTON CLUB ROAD, FAR HILLS, NJ b 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 Yes No X 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of X 44a Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

Form 990-EZ (2014)

X

44d

in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form 990-EZ (2014)