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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public

Inspection

OMB No 1545-1150

Α	For th	ne 2009 cal	endar y	year, or tax year beginning , 2009, and ending			,
В		f applicable			D Emp	loyer	identification number
3 🗌	Address	s change	Please use IRS	20	20-5549146		
2256	Name c		Tele	Telephone number			
<u> </u>	Initial re	eturn <b>i t</b>					
3	Termina	ation	See Specific	<b> </b>			
H		t lt	nstruc- lions.	ļ!			xemption
للا		tion pending	l			nber เบ็	1 Ozah   Azamusi
:	•	Section 50	01(c)(3) ist atta	organizations and 4947(a)(1) nonexempt charitable trusts ch a completed Schedule A (Form 990 or 990-EZ).  G Accounting in Other (specific	<u>(y)</u> ▶		
1	Webs	ite: ► N/	/A	H Check ► X required to a	ittach :	Sche	ganization is <b>not</b> edule B (Form 990,
J	Tax-ex	empt status	(check or	nly one) — X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 990-EZ, or 9	90-PF	)	
K	Check	< ► X if t	he orga	enization is not a section 509(a)(3) supporting organization and its gross receipts ar	e norn	nally	not more than
)	\$25,00	00 A Form	990-EZ	or Form 990 return is not required, but if the organization chooses to file a return, be sure	to file	a co	mplete return
L		ad of Form	990-E2			<b>►</b> \$	14,724.
Pa	ırt I	Reve	nue, E	xpenses, and Changes in Net Assets or Fund Balances (See the	<u>nstru</u>	<u>ctio</u> i	ns for Part I.)
	1	Contributio	ons, gif	ts, grants, and similar amounts received		1	13,000.
	2	Program s	ervice	revenue including government fees and contracts	L	2	
	3	Membersh	ip dues	s and assessments	L	3	<u></u>
	4	Investmen	t incon	ne , ,	L	4	1,724.
	5 a	Gross amo	ount fro	om sale of assets other than inventory 5a			
	b	Less cost	or other	er basis and sales expenses 5b			
R				ale of assets other than inventory (Subtract In 5b from In 5a)	_,	5 c	
REVENU	6	Special event	ts and ac	tivities (complete applicable parts of Schedule G) If any amount is from gaming, check here		ļ	
Ň	a	Gross reve	enue (n	ot including \$of contributions		ļ	
Ē		reported o	n line i				
				nses other than fundraising expenses 6b			
	С	Net income o	r (loss) l	from special events and activities (Subtract line 6b from line 6a)	_	6 c	<u></u>
				ventory, less returns and allowances 7a			
	b	Less cost	of goo	每种CEIVED 7b		_	
				oss) from sales of inventory (Subtract line 7b from line 7a)	$\vdash$	7 c	
		Other revenue			-)  -	8	
<del>2</del>				dd Wilhers 12 21 344, 9c, 9cc/2c, and 8		9	14,724.
.U	10	Grants and	d simila	ar amounts paid (attach Hedule) See Statement 1	L	10	2,242.
	11	Benefits p	aid, to	Di Agranembers A DT		11	
≓ž.				pringensation, and employee benefits		12	
— E	13	Profession	nal fees	and other payments to independent contractors	_	13	
JUL JUL	14	Occupancy	y, rent,	utilities, and maintenance		14	4,800.
ء اس ۱۱۶		• ,		ions, postage, and shipping		15	10.000
$\bar{z}$	1			ribe ► <u>See Statement 2</u>		16	10,899.
<u> </u>				Add lines 10 through 16	-	17	17,941.
_		Excess or	(deficit	t) for the year (Subtract line 17 from line 9)	ļ_	18	-3,217.
) A S N S	19	Net assets	or fun	d balances at beginning of year (from line 27, column (A)) (must agree with end-of-	year		124 002
) AS NS EET T		figure repo	orted o	n prior year's return).	L.	19	134,982.
' T				net assets or fund balances (attach explanation)	-	20	121 765
				d balances at end of year Combine lines 18 through 20		21	131,765.
Pa	art II	Balar	ice S	heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990			
				(See the instructions for Part II )  (A) Beginning			(B) End of year
22	-		•	nvestments 111,	141.		29,517.
23		id and build		22	0/1	23	84,423.
24			describ		841.	24	17,825.
25		al assets	_ /_!	134,		_	131,765.
26		al liabilitie:		alances (line 27 of column (B) must agree with line 21) 134,	0.	26	0. 131,765.
Z	net	. a55415 01	iuna b	alances (line 27 of column (b) must agree with fine 21)	704.	141	131,703.

Form 990-EZ (2009)

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form	990-EZ (2009) FRANKLIN EDUCAT				0-554	49146Pa	ge <b>2</b>
Par	<del></del>			ons.)	J "	Expenses	
	s the organization's primary exempt purpose? ED				(Reg	ured for section c)(3) and (4) nizations and section (a)(1) trusts, option	
Descr	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purp	oses In a clear and co	ncise manner,	orga	nizations and section	on n
progr	am title	persons benefited, or other	relevant information for	eacn	for o	(a)(1) trusts, option thers)	iai
	EDUCATIONAL VIDEO PRODUCT	TON			1	T	
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	/Cra-t- 6				네		
	(Grants \$ 2,242.) If th	is amount includes foreign gi	rants, check here	<b>&gt;</b>	28 a		
29						}	
	(Grants \$ ) If th	is amount includes foreign gi	rants, check here		∏ 29a		
30					-1		_
					· 1		
					-1		
	(Grants \$ ) If th	is amount includes foreign gi	rants check bere		∏ 30 a		
31	Other program services (attach schedule		ants, check here		1 300	<del>-</del>	
٥.	· -	., is amount includes foreign gi	rants chack hara	▶ [	31 a		
32	Total program service expenses (add lii		ants, theth here	<u>L_</u>	32	<del> </del>	
Par			nlovees List and as	no over if not or		atad (Saa tha instr	<u> </u>
rar	LIST OF OTHICETS, DIRECTORS,	(b) Title and average hours	(c) Compensation (If	(d) Contributio	<del>,</del>	(See the instr	
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit p deferred compen	lans and	and other allowan	ces
CIN	DY FRANKLIN	President	0.		0.		<u>0.</u>
880	BRYCE CANYON	0					
	SCOTT, AZ 86303						
	MAS FRANKLIN	Secretary	0.		0.		0.
		Secretary	0.		Ο.		٥.
	BRYCE CANYON	U					
	SCOTT, AZ 86303						
	RY WRIGHT	Treasurer	0.		0.		0.
132	9 E CATALINA	0		ĺ			
PHO	ENIX, AZ 85014						
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Par	<b>Other Information</b> (Note the statement requirements in the instrs for Part V.)	See Stat	emen	t 4	
			\Y	es 1	No_
	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed ceach activity	<u>,                                    </u>	33		<u>X_</u>
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of	the changes	34	-	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported attach a statement explaining why the organization did not report the income on Form 990-T	on Form 990-T,			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section reporting, and proxy tax requirements?	6033(e) notice,	35 a		Х
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets year? If 'Yes,' complete applicable parts of Schedule N		36		<u>X_</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   Did the organization file Form 1120-POL for this year?	0.	37 b		<u>X</u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38 a		<u>X_</u>
	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	N/A			
	Section 501(c)(7) organizations Enter	NI / A			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities  39a 39b	N/A N/A	ŀ		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ► 0., section 4912 ► 0., section 4955 ►	0.	ŀ		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess be transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualification year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 'Yes,' complete Schedule L, Part I	ed person in a 990-EZ? If	40 ь		x
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization				<del></del> -
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		40 e		<u>X_</u>
41	List the states with which a copy of this return is filed None				
	The organization's books are in care of CINDY FRANKLIN  Located at 880 BRYCE CANYON DR PRESCOTT AZ  At any time during the calendar year, did the organization have an interest in or a signature or other auth financial account in a foreign country (such as a bank account, securities account, or other financial account.	+ 4 ► 86303	Y 42 b	_	  No_ X
	If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts				
С	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	L	42 c		<u>X</u>
43	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	▶ 43		N	/A /A No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13) Form 990 must be completed instead of Form 990-EZ	o? If 'Yes,'	45		Х
BAA			1 990-E		

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Form **990-EZ** (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section Part VI 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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 46 Х 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 48 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 a 49 a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization a section 527 organization? 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
f Total number of other employees paid over \$1	00,000 -		-	

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'

	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None			
<b>d</b> Total nu	umber of other independent contractors each receiving over \$100,000	<b>&gt;</b>	

	true, correct, and c	omplete Declaration of preparer (other than officer) is based on all informa	ation of which preparer has	any knowledge		
Sign	Lina	he Franklin	5/25/20/0			
Here		dint		Date /		
aiu	Type or print n Preparer's signature	Gordon From In June	5-18-10	Check if self-employed	Preparer's Identifying Number (See instructions) N/A	
Pre- parer's Use	Firm's name (or yours if self-employed),	Five Star Tax Centers 6987 W. Calle Lejos		EIN	N/A	
Only	address, and ZIP + 4	Peoria, AZ 85383		Phone no ► (	602) 978-2805	
Any the IR	S discuss this r	eturn with the preparer shown above? See instructions			►X Ves 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

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

**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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public

Name of the organization Employer identification number FRANKLIN EDUCATIONAL DISTRIBUTIONS 20-5549146 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(bX1)(A)(iii). Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h 11 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) a family member of a person described in (i) above? (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (v) Did you notify (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of Support (i) Name of Supported (ii) EIN (iv) Is the (vi) Is the e organization in col (i) of your support? ization in cot organization in col (i) organized in the (i) listed in your governing document? Yes Νo Yes Νo No Yes

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FRANKLIN EDUCATIONAL DISTRIBUTIONS 20-5549146 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 122,583. -1 122,584 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to Ω. the public without charge 122 583 0. 0 Total. Add lines 1-through 3 -1 122,584 0 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 0.\_ shown on line 11, column (f) Public support. Subtract line 5 122,583. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) ▶ 122,584 0 0 0 122,583. -1 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 0. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of čapital assets (Explain in 0. Part IV ) Total support. Add lines 7 122,583. through 10 12 0. Gross receipts from related activities, etc. (see instructions)

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here	501(c)	(3)	<b>►</b> [X
Sec	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f).	14		%

15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box

the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how

**b 10%-facts-and-circumstances test** — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Schedule A (Form 990 or 990-EZ) 2009

15

%

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

(Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in)► (a) 2005 (f) Total **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2007 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) ► **(b)** 2006 (d) 2008 (a) 2005 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **b 33-1/3 support tests** — **2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 990-	EZ) 2009	FRANKLIN	EDUCAT	CONAL	DIST	RIBUTI	ONS	20-5549146	Page 4
Part IV	Supplemental	Informati	on. Comple	te this pa	rt to p	rovide	the exp	lanations req	uired by Part II, I mation. See instr	ine 10;
<u> </u>	Part II, line 17a	a or 17b;	and Part III,	line 12. l	Provid	e any o	other ac	dditional infor	mation. See instr	uctions.
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2009	Federal Statements		Page 1
Client 2007100	FRANKLIN EDUCATIONAL DISTRIBUTIONS		20-5549146
5/18/10  Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts I	Paid		10 39AM
Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Cash Amount Given:	EDUCATIONAL VARIOUS EDUCATIONAL PROJECTS PRESCOTT PRESCOTT, AZ NONE	\$	2,242.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses  Amortization Auto Expenses BANK CHARGES Depreciation Insurance Taxes UTILITIES		\$ Total <u>\$</u>	2,648. 267. 144. 4,005. 885. 661. 2,289. 10,899.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets  Automobiles Furniture and Fixtures Intangible Assets Machinery and Equipment	\$	eginning 559. \$ 7,942. 8,548. 6,792. 23,841. \$	Ending 0. 7,319. 5,900. 4,606. 17,825.
(a) Did the organizati indirectly, to pay prem	ted with Personal Benefit Contracts  on, during the year, receive any funds, iums on a personal benefit contract? on, during the year, pay premiums, direc al benefit contract?		No No