

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury

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)

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

2009

Open to Public

	r the		dar voa	ır, or tax year beginning 01-	01-2009 and ending 12-31-200	Δ		Inspection
				C Name of organization	01-2009 and ending 12-31-200	9	D Employer	identification number
	dress ch	nange us	ease e IRS	FRANKLIN INSTITUTE			23-1370	501
	me cha	lab	oel or int or	Doing Business As			E Telephone	number
	al retu	tyr	ecific			No.	(215) 44	8-1200
_	mınate	Ins	struc-	Number and street (or P O bo 222 N 20TH STREET	x if mail is not delivered to street addre	ss) Room/suite	G Gross receip	pts \$ 22,819,850
	ended		ns.	City or town, state or country,	and ZID + 4		_	
				PHILADELPHIA, PA 19103	and ZIP + 4			
App	olication	n pending				1	J	
				me and address of principal : :S M WINT	officer		his a group ret	
			222 N	20TH STREET		απιι	ıates?	⊤Yes ▼ No
			PHILA	DELPHIA,PA 19103		H(b) Are	all affiliates incl	luded?
	y-eyem	nnt status 🔽	- 501/c) (3) ◀ (insert no)	∆)/1) or	_		st (see instructions)
) (3) ((IIISELL 110) 4347 (8		H(c) Gro	oup exemption	number 🟲
J W	ebsite	e: 🕨 WWW F	I EDU					
			Corporat	tion Trust Association Ot	her 🕨	L Year of t	ormation 1824	M State of legal domicile PA
Pa	rt I							
	1			ie organization's mission or	most significant activities 30 UT SCIENCE AND TECHNOI	O G V		
9		TO INSPIR	CEAPA	15510 N FOR LEARNING AT	SOUT SCIENCE AND TECHNOL	_0 G 1		
Ě								
Ě								
Governance	2	Check this	box ►	– if the organization discont	inued its operations or disposed	of more than	n 25% of its ne	et assets
	3	Number of	voting r	members of the governing b	ody (Part VI, line 1a)			3 5!
2 6	4		_		governing body (Part VI, line 1b			4 5:
Activities &	5			nployees (Part V , line 2a)		,		5 538
2	6			olunteers (estimate if neces				6 1,06:
<u>ু</u>				·	Part VIII, column (C), line 12			7a 272,35:
	1	-		iness taxable income from F	, , , , , ,	•		7b 272,332
	, b	Net umerat	.eu Dusi		omi 990-1, me 34	Dei	ior Year	Current Year
		Contributi	one on	d grants (Bart VIII line 1 h)		PII		
₫	8			d grants (Part VIII, line 1h)			11,287,619	
ë	9	.					15,968,579	
Reveni	10				ines 3, 4, and 7d)		1,522,124	
_	11			art VIII, column (A), lines		1,332,980	1,007,463	
	12				equal Part VIII, column (A), line	e	30,111,302	20,460,757
	13				lumn (A), lines 1-3)		250,000	
	14				umn (A), line 4)		·	0
	15	•			efits (Part IX, column (A), lines 5	5-		
8		10)		, in parious action, on project barr	((),		13,001,075	11,799,479
Expenses	16a	Profession	nal fund	iraısıng fees (Part IX, colum	n (A), line 11e)			0
ੜ	ь	Total fundra	ısıng exp	penses (Part IX, column (D), line 2				
ш	17				1a-11d, 11f-24f)		19,280,684	14,943,256
	18				al Part IX, column (A), line 25)		32,531,759	
	19				m line 12		-2,420,457	
<u>ም</u>						Beginni	ng of Current	End of Year
Net Assets or Fund Balances							Year	Liiu oi Teaf
φ. Ε	20			rt X, line 16)			138,270,350	
2 E	21	Total liabi	lities (F	Part X, line 26)			25,105,307	22,542,041
	22			nd balances Subtract line 2:	1 from line 20		113,165,043	117,029,757
Pai	rt II	Signatu	ire Bl	ock				
					ned this return, including accompanying of preparer (other than officer) is base			
			r is true,	correct, and complete Deciaration	Tor preparer (other than officer) is base	u on an informe	ition of which pie	parer has any knowledge
Sign	1	*****				2010	0-11-10	
Here		Signature	e of office	er				
		JEFFERY	W PERK	INS SVP FINANCE & ADMIN				
				ne and title				
		Preparer's			Date	Check If	Preparer's ide	entifying number
Paid		signature	MARTI	IN MAUCH	2010-11-05	self- empolyed 🕨 🔽	(see instruction	
	arer's	Firm's name	(or your	s L TAIT WELLER & BAKER LLP		omponyeu F		
Use (if self-emplo	yed),	P			EIN Þ	
	y	address, and	ZIP + 4	1818 MARKET STREET SUITE	2400		Dhau +	(315) 070 0000
				PHILADELPHIA, PA 19103			Phone no 🕨	(215) 979-8800
May	the IR	S discuss tl	hıs retu	rn with the preparer shown a	above? (see instructions)			✓ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

IN THE SPIRIT OF INQUIRY AND DISCOVERY EMBODIED BY BENJAMIN FRANKLIN, THE MISSION OF THE FRANKLIN INSTITUTE IS TO INSPIRE A PASSION FOR LEARNING ABOUT SCIENCE AND TECHNOLOGY

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 12,945,848 including grants of \$) (Revenue \$ 10,049,001)
	MUSEUM ADMISSIONS & OPERATIONS THE SCIENCE CENTER IS THE PUBLIC MUSEUM SPACE THAT WELCOMES VISITORS OF ALL AGES TO EXPLORE SCIENCE IN INTERACTION E EXHIBITS AND PUBLIC PROGRAMS THE INSTITUTE IS RECOGNIZED AROUND THE WORLD AS A PREMIER SCIENCE EDUCATION INSTITUTION AND DESTINATION ATTRACTION - A SPARK TO CURIOSITY IN SCIENCE AND TECHNOLOGY AND A GUIDE TO SCIENCE-RELATED ISSUES AFFECTING THE QUALITY OF OUR LIVES THE MOST-VISITED MUSEUM IN THE COMMONWEALTH OF PENNSYLVANIA AND A TOP-FIVE TOURIST ATTRACTION IN THE CITY OF PHILADELPHIA, THE INSTITUTE IS A LEADING ORGANIZATION FOR ITS CITY AND STATE, SERVING BOTH AS A PROMINENT EDUCATIONAL AND CULTURAL RESOURCE AND AS A CRITICAL ANCHOR OF THE CULTURAL ECONOMY IT IS ALSO AMONG THE TOP SCIENCE CENTERS IN THE UNITED STATES IN TERMS OF ATTENDANCE FROM THE EXHIBITION GALLEO TO RACE, ARE WE SO DIFFERENT? 2009 WAS A STELLAR YEAR FOR THE FRANKLIN INSTITUTE IN ADDITION TO THE THREE EXHIBITS MENTIONED ABOVE, BODY WORLDS 2 & THE BRAIN AND THE CHRONICLES OF NARNIA ROUNDED OUT THE BUSY YEAR IN 2009, THE FRANKLIN INSTITUTE'S ATTENDANCE FOR THE YEAR TOTALED 833,800, INCLUDING MORE THAN 168,500 STUDENTS FROM PHILADELPHIA PUBLIC AND PAROCHIAL SCHOOLS, AND CAMDEN AND DELAWARE PUBLIC SCHOOLS THIS ATTENDANCE ALSO INCLUDED MONTHLY COMMUNITY NIGHTS, WHICH WELCOMES CHILDREN AND ADULTS FROM UNDERSERVED COMMUNITIES TO VISIT THE MUSEUM AND PARTICIPATE IN SPECIAL ACTIVITIES FREE OF CHARGE THE INSTITUTE LAUNCHED ITS GALLLEO CELEBRATION WITH "100 HOURS OF ASTRONOMY" - A LIVE, INTERNATIONAL, INTERNATIVE WEB STREAMING EVENT IN ADDITION, THE PUBLIC VISITING THE GALLLEO CELEBRATION WITH FRANKLIN INSTITUTE WITH ITS MODERN TECHNOLOGY, THE FELS PLANETARIUM OPENS NEW WORLDS TO HUNDREDS OF THOUSANDS OF VISITORS EVERY YEAR, SHARING THE MYSTERIES OF THE UNIVERSE AND PRODUCED BY STUDENTS AT THE SCIENCE LEADERSHIP ACADEMY, A PUBLIC SCHOOL CO-FOUNDED BY THE FRANKLIN INSTITUTE WITH ITS MODERN TECHNOLOGY, THE FELS PLANETARIUM OPENS NEW WORLDS TO HUNDREDS OF THOUSANDS OF VISITORS EVERY YEAR, SHARING THE MYSTERIES
4b	(Code) (Expenses \$ 2,534,905 including grants of \$ 250,000) (Revenue \$ 1,043,657)
	MUSEUM PROJECTS THE CENTER FOR INNOVATION IN SCIENCE LEARNING AT TFI DEVELOPS MODEL PROGRAMS IN SCIENCE LEARNING FOR THE K-12 EDUCATION COMMUNITY THAT ARE DELIVERED BOTH INSIDE AND OUTSIDE THE MUSEUM WALLS, AND SERVES AS THE PRIMARY LIAISON WITH THE SCIENCE LEADERSHIP ACADEMY COMPLETING ITS 17TH YEAR IN 2009, THE PACTS PROGRAM IS ONE OF THE REGION'S OLDEST AND MOST COMPREHENSIVE SCIENCE LEADERSHIP ACADEMY COMPREHING ITS 17TH YEAR IN 2009, THE PACTS PROGRAM IS ONE OF THE REGION'S OLDEST AND MOST COMPREHENSIVE SCIENCE LEADERSHIP ACADEMY, AND THE PACTS SENTING MORE THAN 15 PHILADEL SCHOOLS WITH ACCESS TO STEM PROFESSIONALS AS WELL AS COLLEGE APPLICATION AND FINANCIAL ALD COUNSELING, TO ANNUAL ROBOTICS PROGRAMS ATTRACTING MORE THAN 1,000 PARTICIPANTS PACTS DELIVERS UNIQUE STEM PROGRAMMING TO A DIVERSE AUDIENCE THE SCIENCE LEADERSHIP ACADEMY, A MAGNET PUBLIC HIGH SCHOOL CAPACITY OF A PACTS DELIVERS UNIQUE STEM PROGRAMMING TO A DIVERSE AUDIENCE THE SCIENCE LEADERSHIP ACADEMY, A MAGNET PUBLIC HIGH SCHOOL CHORD TO ALL SLA STUDENTS AND TEACHERS THE WEDNESDAYS @ THE FRANKLIN PROGRAM IS APARTICIPATION IN THE PACTS PROGRAM 12-15 INTERNSHIPS AT THE INSTITUTE AS PART OF SLAS' INDIVIDUALIZED LEARNING PORGRAM AND SLAS' ROLE IN THE FRANKLIN INSTITUTE WARDS, CAREERS IN SCIENCE, MEET THE SCIENTISTS AND THE MANY SYMPOSIA OFFERED AT THE INSTITUTE FOR NEARLY TWO CENTURIES THE FRANKLIN INSTITUTE WARDS PROGRAM HAS RECOGNIZED OUTSTANDING ACHIEVEMENTS IN SCIENCE AND TECHNOLOGY, CLEERATED THE PURSUIT OF EXCELLENCE, AND PROVIDED DYNAMIC LINKAGES BETWEEN THE INSTITUTE AND THE ACADEMIC, SCIENTIFIC, AND BUSINESS COMMUNITIES IN 2009 THE INSTITUTE HONORED EIGHT DISTINGUISHED LAUREATES THEIR WORK RANGED FROM EUCLDATING THE BUILDING BLOCKS OF LIFE TO USING PROCESSES INSPIRED BY NATURE TO BUILD ULTRA-SMALL DEVICES, FROM THE DISCOVERY OF MYSTERIOUS RECESSES OF THE SEA TO EXPLORATION OF THE FAR RELEASE OF THE UNIVERSE, FROM CONCEIVING FUZZY LOGIC AND APPLYING IT O ARTIFICIAL INTELLIGENCE TO USING ARTIFICIAL INTELLIGENCE TO USING PROCESSES INSPIRED
	(Code) (European t 1 000 4F2) indicate a set of the code (Code) (European t 1 000 4F2) indicate
4c	(Code) (Expenses \$ 1,089,453 including grants of \$) (Revenue \$ 1,575,155) EDUCATIONAL PROGRAMS AND SERVICESA KEY PART OF THE VISITOR EXPERIENCE AT THE FRANKLIN INSTITUTE IS SCIENCE PROGRAMMING DURING THE YEAR, THE INSTITUTE OFFERED SIX DIFFERENT EXPERIENTIAL PACKAGES FOR GRADES 3-12 THE PACKAGES COMBINED A FEATURED EXHIBIT WITH RELATED THEATRE AND WORKSHOP PROGRAMS AND WERE DESIGNED TO SUPPORT NATIONAL SCIENCE EDUCATION STANDARDS IN ADDITION, CIRRICULAR MATERIALS WERE AVAILABLE ON THE INSTITUTE'S WEBSITE TO HELP TEACHERS PREPARE STUDENTS AND BUILD CLASSROOM ACTIVITIES TO REINFORCE MUSEUM LEARNING AN ADDITIONAL 212,000 STUDENTS FROM CONNECTICUT TO NORTHERN VIRGINIA WERE INSPIRED BY TRAVELING SCIENCE SHOWS PRESENTED IN 500 LOCATIONS, INCLUDING SCIENCE FESTIVALS AND FREE SHOWS EXTRACURRICULAR ACTIVITES FOR YOUNGSTERS FILLED WEEKENDS AND VACATIONS DISCOVERY CAMP, SPRING BREAK CAMP AND THE NEW SCHOOL'S CLOSED CAMP WELCOMED OVER 500 YOUNGSTERS AND THE WEEKEND OVERNIGHT CAMP-IN PROGRAM DREW ANOTHER 10,000 YOUNG PEOPLE

4e Total program service expenses►\$ 23,515,650

Other program services (Describe in Schedule O) See also Additional Data for Description

6,945,444 including grants of \$

4d

(Expenses \$

725,575)

) (Revenue \$

art TV	Check	dist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νo
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2009)			Page			
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal						
	of U.S. Information Returns. Enter -0- if not applicable	5					
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-					
	1b)					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes				
2a	gaming (gambling) winnings to prize winners?		163				
	Statements filed for the calendar year ending with or within the year covered by this return	8					
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes				
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes				
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		No			
Ь	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 Foreign Bank and Financial Accounts	_					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo			
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
C	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
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 and services provided to the payor?	7a	Yes				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t file Form 8282?	о 7с		Νο			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f		7f		No			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?	9a					
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-					
11							
	Gross income from members or shareholders	4					
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					

 \boldsymbol{b} $\,$ If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

12b

222 N 20TH STREET PHILADELPHIA, PA 19103

(215) 448-1200

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

Se	ection A. Governing Body and Management			
<u> </u>	etton A. Governing body and Management		Yes	No
			103	140
1a	Enter the number of voting members of the governing body 1a 55			
b	Enter the number of voting members that are independent 1b 53			
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	Yes	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			110
	governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)		1 00	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			l
17	List the States with which a copy of this Form 990 is required to be filed PA , NJ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	ո 🕨
	JEFFERY W PERKINS			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
See add'l data										

				_
1b Total	►	1,795,257	0	260,221

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 11

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νο		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual					
		-	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο		

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SAYLOR GREGG ARCHITECTS LAND TITLE BLDG STE 1100 100 S PHILADELPHIA, PA 19110	ARCHITECTURAL SVCS	1,477,632
HARMELIN MEDIA 525 RIGHTERS FERRY ROAD BALA CYNWYD, PA 19004	MEDIA CONSULTANT & PLACEMENT	1,115,818
ABM JANITORIAL LOCK BOX 6626 PO BOX 8500 PHILADELPHIA, PA 19178	OUTSOURCED CLEANING	637,105
C ERICKSON & SONS INC 2200 ARCH ST STE 200 PHILADELPHIA, PA 19103	CONSTRUCTION CONTRACTOR	577,003
COHEN-SELTZER INC 520 W PENNSYLVANIA AVE FORT WASHINGTON, PA 19034	INSURANCE	542,886
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►16) who received more than	

Page 8

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
## ##	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b	64,612				
	c c	Fundraising eve	ents 1c	511,543				
	d	Related organiz	ations 1d					
	e e	Government grants	s (contributions) 1e	170,170				
	l f	All other contribution	ons, gifts, grants, and 1f	5,238,256		ł		-
	'	sımılar amounts no	ot included above					
計る	g	lines 1a-1f \$	butions included in 94,621					
듯퍝	h	Total. Add lines	s 1a-1f	▶	5,984,581			
				Business Code				
Program Service Revenue	2a	MUSEUM ADMISSIO	ONS	900.099	8,317,599	8,317,599		
	Ь	ANCILLARY ACTIVI		900,099	1,731,402	1,731,402		
ar GE	_ _	EDUCATIONAL PRO		611,710	1,575,155	1,575,155		
Ě	ď	MUSEUM PROJECT		900,099				
ã				,	1,043,657	1,043,657	272.252	
Ē	e •	All other progra)	713,990	272,352		272,352	
ڻ اڳ	f	All other progra	am service revenue		100	100		
Δ	g	Total. Add lines	s 2a-2f		12,940,265			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)		819,095			819,095
	4		tment of tax-exempt bond p	-				
	5	Royalties			351,044			351,044
	_		(ı) Real	(II) Personal				
	6а b	Gross Rents Less rental						
	"	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	1,000,000					
		assets other than inventory						
	ь	Less cost or	1,290,647					
		other basıs and sales expenses						
	C	Gain or (loss)	-290,647					
	d		s)		-290,647			-290,647
άs	8a	Gross income f events (not inc	-					
ž			,543					
υ >>			reported on line 1c)					
ď		See Part IV, lin	le 18 a	107 504				
Other Revenue	ь	Less directev	penses b	187,584 256,640				
₹	_ c		(loss) from fundraising		-69,056			-69,056
	9a		rom gaming activities					
		See Part IV , lin						
			а					
	Ь		penses b					
	C 10-		loss) from gaming activ	/ities				
	IUa	Gross sales of returns and allo						
			а	1,537,281				
	ь	Less cost of g	oods sold b	811,806				
	С	Net income or (loss) from sales of inve	entory 🟲	725,475	725,475		
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
				▶				
	12	Total revenue.	See Instructions	· · •	20,460,757	13,393,388	272,352	810,436

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to	complete columi	ns (B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$, line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	250,000	250,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,795,257	1,095,171	494,655	205,431
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	7,191,968	6,046,032	443,611	702,325
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	860,846	684,024	89,872	86,950
9	Other employee benefits	1,246,074	991,793	129,474	124,807
10	Payroll taxes	705,334	560,455	 	71,242
11	Fees for services (non-employees)	, , , , ,	333,133	13,557	7 1,2 1.2
a	Management				
a L		F9 773	20,949	27 220	485
-	Legal	58,772	20,949	' 	403
C -	Accounting	41,500		41,500	61.072
d	Lobbying	61,073			61,073
e	Professional fundraising See Part IV, line 17			1	
f	Investment management fees				
g	Other	375,148		 	1,129
12	Advertising and promotion	849,477	841,954	 	
13	Office expenses	644,835	•		101,488
14	Information technology	179,390	,	 	1,280
15	Royalties	751,661	751,330		331
16	Occupancy	1,772,556	1,772,556		
17	Travel	196,583	166,143	16,645	13,795
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,584	20,646	6,765	4,173
20	Interest	692,220	692,220		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,253,224	6,253,224		
23	Insurance	402,272	298,253	104,019	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PROGRAM AND EXHIBIT SU	1,131,816	1,131,816		
b	MISCELLANEOUS	662,024	606,658	 	26,110
c	EVENT EXPENSES	286,546	,	†	79,794
	CONSULTING	217,551	120,999	· · ·	28,820
e		146,101	750		145,351
f	All other expenses	188,923			27,319
25	Total functional expenses. Add lines 1 through 24f	26,992,735		 	1,681,903
26		20,332,735	23,313,630	1,793,102	1,001,903
20	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet						
					(A)		(B)	
	Τ.				Beginning of year		End of year	
	1	Cash—non-interest-bearing				1		
	2	Savings and temporary cash investments	•		10,197,413 12,853,940	2	9,003,285	
	3	Pledges and grants receivable, net	,				9,689,268	
	4	Accounts receivable, net			2,033,622	4	1,241,935	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of						
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and				
		Schedule L				6		
ssets	7	Notes and loans receivable, net				7	_	
Š	8	Inventories for sale or use			331,755	8	283,040	
⋖	9	Prepaid expenses and deferred charges			622,852	9	533,867	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	123,511,316				
	ь	Less accumulated depreciation	10b	48,424,344	75,470,681	10c	75,086,972	
	11	Investments—publicly traded securities			27,441,041	11	32,817,151	
	12	Investments—other securities See Part IV, line 11			9,115,249	12	10,748,137	
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			203,797	15	168,143	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			138,270,350	16	139,571,798	
	17	Accounts payable and accrued expenses .			7,843,508	17	4,903,107	
	18	Grants payable				18		
	19	Deferred revenue			69,841	19	1,092,120	
	20	Tax-exempt bond liabilities						
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>-</u>		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			25,105,307	26	22,542,041	
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27				
φ		through 29, and lines 33 and 34.						
뮵	27	Unrestricted net assets			63,500,947	27	66,865,163	
Fund Balance	28	Temporarily restricted net assets	38,109,376	28	36,976,986			
Z	29	Permanently restricted net assets			11,554,720	29	13,187,608	
Ε		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ as	ıd con	nplet e				
٥		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32		
Š	33	Total net assets or fund balances			113,165,043		117,029,757	
	34	Total liabilities and net assets/fund balances			138,270,350	34	139,571,798	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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	Yes	
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	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization FRANKLIN INSTITUTE

Department of the Treasury Internal Revenue Service

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.

Inspection **Employer identification number**

									23-137050	01		
Pa	rt I	Reaso	n for Pul	blic Charity State	us (All org	anızatıons	must comp	olete this p	art.) See ins	structions		
he o	organiz	zation is	not a private	e foundation because	ıtıs (Forlı	nes 1 throu	gh 11, check	only one bo	x)			
1	Γ	A churc	h, conventio	on of churches, or ass	sociation of	churches s	ection 170(b)(1)(A)(i).				
2	Γ	A schoo	l described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedi	ule E)					
3	Γ	A hospi	tal or a coop	perative hospital serv	/ice organiza	ation descr	bed in sectio	n 170(b)(1)	(A)(iii).			
4	Γ			i organization operate ty, and state	d in conjunc	ction with a	hospital desc	cribed in sec	tion 170(b)(1	.)(A)(iii). Ent	erthe	
5	Γ	An orga	nızatıon ope	erated for the benefit	of a college	or universi	ty owned or o	perated by a	governmenta	al unit describ	— ed ın	
		section	170(b)(1)(<i>i</i>	A)(iv). (Complete Pa	rt II)							
6	Г	A federa	al, state, or	local government or	governmenta	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).			
7		describe	ed in	it normally receives a A)(vi) (Complete Pa		l part of its	support from	a governme	ntal unit or fro	om the genera	l public	:
8	Г			described in section		(vi) (Cor	nplete Part II	.)				
9	·			it normally receives					outions, memb	pership fees. a	nd aro	SS
	,			ities related to its exc								
		-		oss investment incom	-	_		•				
		• •	_	anization after June 3				•		ax,		
10	\vdash	•		janized and operated	•			•	•			
L1	<u>'</u>	_	_	janized and operated	•					carry out the	nurnos	sas of
e	· _	one or not the box a By chec	nore public ^l that describ Type I king this bo	y supported organizations the type of supported by Type II ox, I certify that the own managers and other	tions describ rting organiz c rganization	bed in sect zation and o Type III is not conti	on 509(a)(1) complete line - Functional colled directly) or section ! s 11e throug ly integrated or indirectly	509(a)(2) Se gh 11h I d y by one or mo	e section 509 Type II ore disqualifie	(a)(3). I - Oth d pers	Check ner ons
f		section If the or check tl	509(a)(2) ganızatıon ı nıs box	received a written det	termination f	from the IR	S that it is a [.]	Туре I, Туре	lI or Type II			
g			g persons?	.000, has the organiz	ation accept	teu any gnt	or contribution	on nom any	or the			
				rectly or indirectly co	ntrols, eithe	r alone or t	ogether with	persons des	crıbed ın (ıı)		Yes	No
		and (III)	below, the	governing body of the	the support	ed organiza	ation?			11g(i)		
		(ii) a fai	mily membe	r of a person describ	ed ın (ı) abo	ve?				11g(ii)		
		(iii) a 3	5% controll	led entity of a person	described in	n (ı) or (ıı) a	bove?			11g(iii		
h				ig information about t								
						_						
Name of (ii) (described on supported EIN lines 1- 9 above your governing col				Old you no organiza col (1) c	otify the ation in of your	(vi Is th organiza col (i) ord in the U	re tion in ganized	A m	vii) ount of oport?			
				instructions))	Yes	No	Yes	No	Yes	No]	
						1						
							1					
							1					
				 		1	+				+	

Support Schedule for Organizations Described in IRC 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.)

Sé	ection A. Public Support	d checked the	DOX OII IIIIE 3, 7	, or o or Fart I	•)			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	9,744,968	3 14,155,471	27,856,397	11,287,619	5	5,984,581	69,029,036
2	grants ") 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							
4	Total. Add lines 1 through 3	9,744,968	14,155,471	27,856,397	11,287,619	5	,984,581	69,029,036
5	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							2,836,734
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							66,192,302
Se	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	beginning in) A mounts from line 4	9,744,968	1,174,502	27,856,397	11,287,619	5	,984,581	69,029,036
8	Gross income from interest,	, ,		, ,	, ,			· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	900,530	1,174,502	1,516,623	1,736,140	1,	,170,139	6,497,934
9	Net income from unrelated							
	business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							75,526,970
12	Gross receipts from related activiti	es, etc (See ins	tructions)	•	•	12	•	74,984,559
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second,	thırd, fourth, or fı	fth tax year as a 5	501(c)(3	3) organız	zation,
Se	ection C. Computation of Pub							
14	Public Support Percentage for 2009	•		11 column (f))		14		87 640 %
15	Public Support Percentage for 2008	3 Schedule A , Pa	ırt II, lıne 14			15		89 080 %
16a	33 1/3% support test—2009. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more	, check t	hıs box ▶✓
b	33 1/3% support test—2008. If the				a, and line 15 is 3	3 1/3%	or more,	. —
17a	box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organiza	–2009. If the org	anization did not o	heck a box on lin	· · · · · · · · · · · · · · · · · · ·			▶
	in Part IV how the organization mee							ted F
b	10%-facts-and-circumstances test	_						•
	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	tion meets the "1	acts and circumst	ances" test The	organization quali	ıfıes as a	a publicly	▶[
18	Private Foundation If the organizat instructions	ion did not check	k a box on line 13,	16a, 16b, 17a or	· 17b, check this b	oox and	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314008030

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

f th	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Pail e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 3 ection 501(c)(4), (5), or (6) organizations Complete Part III			•	
Na	me of the organization ANKLIN INSTITUTE	•		ation numbe	er
ar	t I-A Complete if the organization is exempt under section 501(c) or is a sec	137050 tion 5 2		ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV				
2	Political expenditures	F	\$_		
3	V olunteer hours		_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	Þ	\$ _		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	>	\$ _		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?			┌ Yes	┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c) except sec	tion 5	01(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activit	ies 🕨	\$_		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	►	\$_		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	•	\$		
4	Did the filing organization file Form 1120-POL for this year?			┌ Yes	┌ No

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Fo	rm 5768	(election
4	Check If the filing organization belongs to a				
<u> </u>	Check I if the filing organization checked bo	x A and "limited control" provisions apply			
	Limits on Lobbying E (The term "expenditures" means a		Orga) Filing nization's otals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		61,073	
c	Total lobbying expenditures (add lines 1a and 1	b)		61,073	
d	Other exempt purpose expenditures			26,931,662	
е	Total exempt purpose expenditures (add lines 1	c and 1d)		26,992,735	
f	Lobbying nontaxable amount Enter the amount columns		1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		0	
i	Subtract line 1 f from line 1 c If zero or less ente		n		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000	
_ c	Total lobbying expenditures	192,180	181,775	186,688	61,073	621,716	
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000	
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000	
f	Grassroots lobbying expenditures						

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(a)	(b)
	Yes	No	A mount
the year, did the filing organization attempt to influence foreign, national, state or local ation, including any attempt to influence public opinion on a legislative matter or referendum, in the use of			
teers?			
taff or management (include compensation in expenses reported on lines 1c through 1i)?			
advertisements?			
gs to members, legislators, or the public?			
ations, or published or broadcast statements?			
s to other organizations for lobbying purposes?			
contact with legislators, their staffs, government officials, or a legislative body?			
s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
activities? If "Yes," describe in Part IV			
lines 1c through 1i			
e activities in line 1 cause the organization to be not described in section 501(c)(3)?		ŀ	
s," enter the amount of any tax incurred under section 4912			
s," enter the amount of any tax incurred by organization managers under section 4912		ľ	
filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		ļ	
s,	" enter the amount of any tax incurred under section 4912 " enter the amount of any tax incurred by organization managers under section 4912 ling organization incurred a section 4912 tax, did it file Form 4720 for this year?	" enter the amount of any tax incurred under section 4912 " enter the amount of any tax incurred by organization managers under section 4912 ling organization incurred a section 4912 tax, did it file Form 4720 for this year?	" enter the amount of any tax incurred under section 4912 " enter the amount of any tax incurred by organization managers under section 4912 ling organization incurred a section 4912 tax, did it file Form 4720 for this year?

501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	

Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part IV , Supplemental Information		DURING 2009, THE FRANKLIN INSTITUTE UTILIZED THE SERVICES OF A FEDERAL LOBBYIST TO SEEK FEDERAL FUNDING FOR THE INSPIRE SCIENCE CAPITAL CAMPAIGN, AND FROM A PENNSYLVANIA LOBBYIST TO SEEK STATE FUNDING FOR THE INSPIRE SCIENCE CAPITAL CAMPAIGN AND FOR ONGOING OPERATIONS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314008030

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** FRANKLIN INSTITUTE 23-1370501 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization of the taxable year 🛌	uring	
4	Number of states where property subject to conservation easement is located 🛌		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🟲		
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🕏 _		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	┌ Yes	┌ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe organization's accounting for conservation easements		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶\$_____

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

L A

3	Using the organization's accession and othe						•					ontinuea)
	ıtems (check all that apply) —		_	_								
а	Public exhibition		d	ı	Loan or	exc	hange progr	ams	;			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further	the	organızatıon	's e	xempt purp	ose in		
5	During the year, did the organization solicit								nılar	_	,	√ No
Da	assets to be sold to raise funds rather than to rt IV								/oc" to Fo		Yes	IA NO
	Part IV, line 9, or reported an ar						ii aliswele	u 1		1111 93	, , , , , , , , , , , , , , , , , , ,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributi	ons	or other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able		Г		1			
_	_						F			A mo	ount	
C	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
t	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\											
Pa	rt V Endowment Funds. Complete										(-\F\	/ Dl-
1_	Paginning of year balance	(a)Current Year 27,441,041	(1	Prior (d	year 9,403,247	(c)	Two Years Back	((a	i) i nree Years	васк	(e)Four	ears Back
1a L	Beginning of year balance	27,111,011			194,001			+		_		
b	Contributions	7,045,258		-10),509,035			+				
с	Investment earnings or losses	7,043,238		-10	1,309,033			+				
d	Grants or scholarships	2.040.071		-	647 172			+				
е	Other expenditures for facilities and programs	2,040,071		1	.,647,172							
f	Administrative expenses							\top				
g	End of year balance	32,446,228		27	,441,041			\dagger				
2	Provide the estimated percentage of the yea	r end halance held a	96			l						
		29 000 % %										
а	Board designated or quasi-endowment F	70										
b	r ermanent endowment 🗜 - 70											
С	Term endowment ► 64 000 % %						_					
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	that a	re held a	and a	administered	for	the		Yes	No
	(i) unrelated organizations									3a(i		110
	(ii) related organizations									3a(ii		
Ь	If "Yes" to 3a(II), are the related organization		d on S	ched	ule R?			٠.		3b		i
4	Describe in Part XIV the intended uses of th	e organization's end	dowm	ent fu	nds						_	
Pai	rt VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	0, P	art X, line	10.				
	Description of investment				Cost or ot		(b) Cost or ot basis (othe		(c) Accum deprecia		(d) Bo	ook value
	Land			1			12,000	,000			:	12,000,000
ь	Buildings						58,722		21,1	.06,935		37,615,822
	Leasehold improvements						, , , , , , , , , , , , , , , , , , ,		<u> </u>	-		
	Equipment						3,255	,078	1.7	86,630		1,468,448
	Other						49,533			30,779	-	24,002,702
	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		nn (B)), line	10(c).)					,	_	75,086,972
	. , , , ,	. ,			. , ,					lula D	<u> </u>	90) 2009

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives			
Closely-held equity interests Other			
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	10,748,137		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	, ,		
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,460,757
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,992,735
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,531,978
4	Net unrealized gains (losses) on investments	4	8,196,908
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,199,784
9	Total adjustments (net) Add lines 4 - 8	9	10,396,692
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	3,864,714
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	29,796,436
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 70,325		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	9,335,679
3	Subtract line 2e from line 1	3	20,460,757
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)	_	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	20,460,757
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1	Total expenses and losses per audited financial statements	1	28,131,506
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,138,771
3	Subtract line 2e from line 1	3	26,992,735
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	26,992,735
Pa	I XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Ident if ier	Return Reference	Explanat ion
Part V , Line 4	Description of Intended Use of Endowment Funds	The endowment funds support a variety of The Franklin Institute's activities based upon original donor intent. Activities supported include the following awards program, library, curatorial and collections, museum programs, subsidized admission to the science museum and general operations.
Part X	Description of Uncertain Tax Positions Under FIN 48	THE INSTITUTE HAS REVIEWED THEIR TAX POSITIONS AND DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS
Part XI, Line 8 - Other Adjustments		NET UNREALIZED GAIN ON INTEREST RATE SWAP 1546445 NET ACTUARIAL GAIN ON DEFINED BENEFIT RETIREMENT PLAN 653339
Part XII, Line 2d - Other Adjustments		COST OF GOODS SOLD 811806 FUNDRAISING EVENTS DIRECT EXPENSES 256640
Part XIII, Line 2d - Other Adjustments		COST OF GOODS SOLD 811806 FUNDRAISING EVENTS DIRECT EXPENSES 256640
		FOOTNOTE TEXT RE COLLECTION ASSETS - COLLECTION ASSETS OF THE INSTITUTE HAVE NOT BEEN CAPITALIZED OR RECOGNIZED COLLECTION ITEMS ARE HELD AS HISTORICAL TREASURES AND ARE UNDER THE STEWARDSHIP OF THE INSTITUTE ACTING THROUGH ITS PRESIDENT AND SENIOR CURATOR DESCRIPTION OF COLLECTION OF ASSETS THE HISTORICAL AND INTERPRETIVE COLLECTIONS OF THE FRANKLIN INSTITUTE ARE ORGANIZED INTO THREE TYPES OF HOLDINGS MUSEUM, ARCHIVES AND LIBRARY THEY EACH PLAY AN INSTRUMENTAL ROLE IN EDUCATIONAL AND PUBLIC PROGRAMMING THROUGH PERMANENT AND TEMPORARY GALLERY EXHIBITIONS, DEVELOPMENT INITIATIVES, OUTREACH, MARKETING, AND PROMOTIONAL ACTIVITIES, AND INTERNET-BASED PRESENTATIONS FOOTNOTE TEXT RE INCOME TAX STATUS - THE INSTITUTE HAS BEEN GRANTED EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("THE CODE") AND HAS BEEN CLASSIFIED AS AN ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE CERTAIN UNRELATED BUSINESS INCOME IS SUBJECT TO FEDERAL INCOME TAXES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314008030

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Totals .

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

2009

Open to Public

Interna	al Revenue Service					Inspection
	ne of the organization NKLIN INSTITUTE				Employer ide	entification number
					23-137050	1
Pä		rmation on Ac 990, Part IV, lir		de the United States	s. Complete if the orgai	nization answered
1	For grantmakers. Do	es the organiza	ition maintain r		the amount of the grant	
					lection criteria used to a	
2					ne use of grant funds outsic	
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	for region
	DLE EAST AND NORTH	0	0	FUNDRAISING		0

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

DLN: 93493314008030

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

FRANKLIN INSTITUTE Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table /:::\ D.d

(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo contribu Yes	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Total			۶			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

,			(a) Event #1 FRANKLIN AWARDS	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	
Ē	1	Gross receipts	699,127	7		699,127
Revenue	2	Less Charitable contributions	511,543	3		511,543
	_	Gross income (line 1 minus line 2)	187,584	1		187,584
	4	Cash prizes				
မွ	5	Non-cash prizes				
ense 	6	Rent/facility costs				
Expenses	7	Food and beverages	130,588	3		130,588
Direct Direct	8	Entertainment				
۵	9	Other direct expenses .	126,052	2		126,052
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	•	256,640
	11	Net income summary Combine Ii	nes 3, column d, and line	10		-69,056
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii	rganızatıon answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
<u> </u>	1 G	Gross revenue				
မှ	2 0	Cash prizes				
Expenses	3 N	Non-cash prizes				
	4 R	Rent/facility costs				
Direct	5 C	Other direct expenses				
	6 V	/olunteer labor	Г Yes	Г Yes	┌ Yes	
ļ		Direct expense summary Add line				
	8 N	let gaming income summary Com	bine lines 1, column d, a	nd line 7	<u> </u>	Yes No
9 a	Is the	r the state(s) in which the organizate organization licensed to operate		<u>- </u>		. 9a
b	1f "N	o," Explain				_
l0a		any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	10a
b						

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided •		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314008030

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Open to Public

Name of the organization						Employer identifica	ition number
FRANKLIN INSTITUTE						23-1370501	
Part I General Infor	mation on Grants	and Assistance				•	
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the grants	or assistance?				•	✓ Yes
Form 990, Part	IV, line 21 for any i	Governments and recipient that receive 0) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance

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

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
BO WER A WARD AND PRIZE FOR A CHIEVEMENT IN SCIENCE	1	250,000			
See Addıtıonal Data Table					

Part IV Supple	mental Information. Con	aplete this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Other Information	Part IV	THE FRANKLIN INSTITUTE AWARDS ONE INDIVIDUAL WITH THE BOWER AWARD AND PRIZE FOR ACHIEVEMENT IN SCIENCE EACH YEAR THE AWARD WINNER IS CHOSEN BY THE COMMITTEE ON SCIENCE AND THE ARTS, FOLLOWING A FORMAL NOMINATION AND DELIBERATION PERIOD THE PRIZE MONEY AWARDED IS NOT A GRANT, SO MONITORING THE USE OF FUNDS IS NOT REQUIRED OR APPROPRIATE THE FRANKLIN INSTITUTE MAKES DE MINIMIS SCHOLARSHIP AND PARTICIPANT SUPPORT/HONORARIA PAYMENTS TO INDIVIDUALS THROUGHOUT ITS NORMAL COURSE OF BUSINESS NONE OF THESE PAYMENTS EXCEEDS \$2,500 PAYMENTS FOR SCHOLARSHIPS ARE MADE TO THE STUDENTS' SCHOOLS DIRECTLY RATHER THAN TO THE INDIVIDUAL, THEREBY ENSURING PROPER USE OF SCHOLARSHIP FUNDS THE FRANKLIN INSTITUTE DOES NOT ISSUE GRANTS TO INDIVIDUALS OR ORGANIZATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493314008030

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

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

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.	Inspection	
Name of the organization FRANKLIN INSTITUTE		Employer identif	ication number

Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p					
	First-class or charter travel	\Box	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe			1b	Yes	
2	Did the organization require substantiation prior to reim					
	officers, directors, trustees, and the CEO/Executive Dir	ecto	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization u organization's CEO/Executive Director Check all that a	ppl	y			
	·		Written employment contract			
		고	Compensation survey or study			
	Form 990 of other organizations	~	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	men	t?	4a	Yes	
b	Participate in, or receive payment from, a supplemental	non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based	d co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	e th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must c	omp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc			7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Rein Part III			8		No
9	If "Yes" to line 8, did the organization also follow the reb	11++	able presumption procedure described in Pegulations	ٿ		
9	section 53 4958-6(c)?	Julli	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	ļ	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DENNIS M WINT PHD	(I) (II)	317,748 0	90,306	0	45,398	15,433 0	468,885)
LARRY DUBINSKI	(1) (11)	162,331 0	19,744	0	16,627	16,264 0	214,966)
JEFFERY W PERKINS	(ı) (ıı)	158,790 0	8,500	0	1 .,1	12,800	187,475)
FREDERIC MNBERTLEYPHD	(I) (II)	139,565	0	1	6,439	6,800	152,804	
TROY COLLINS	(ı) (ıı)	141,273 0	0 0	0	0	8,925 0	150,198	
RICHARD D RABENA	(ı) (ıı)	131,705 0	6,890	0	16,502	16,231 0	171,328	
PAUL RICCHIUTI	(ı) (ıı)	115,163 0	0 0	. ,	1,850	10,067	7 135,042	
STEVEN L SNYDER PHD	(1)	131,601	7,268	0 0	12,468	15,561 0	1 166,898)
REID O STYLES	(I) (II)	126,780 0	6,899	0	18,446	7,062	159,187	ر
MARISA WIGGLESWORTH	(1)	114,393	0		5,398	9,370	129,161)
RICHARD BLUHM	(I) (II)	108,339	0		7,123	4,072 0	2 119,534)
	'		<u> </u>	<u> </u>				
				-				
	 '	1	· ·		1			

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Supplemental Information		DURING 2009, THE FRANKLIN INSTITUTE REIMBURSED THE PRESIDENT AND CEO FOR FINANCIAL PLANNING SERVICES AND PROVIDED MEMBERSHIPS IN THE UNION LEAGUE OF PHILADELPHIA, IN THE CORINTHIAN YACHT CLUB, AND IN THE PHILADELPHIA CLUB FOR THE PRESIDENT AND CEO

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

DLN: 93493314008030

OMB No 1545-0047

Inspection

Schedule K (Form 990) 2009

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public

Name of the organization Employer identification number FRANKLIN INSTITUTE 23-1370501 Part I **Bond Issues** (h) O n (a) Defeased Behalf of (b) Issuer EIN (f) Description of Purpose (a) Issuer Name (c) CUSIP # (d) Date Issued (e) Issue Price Issuer Yes No Yes No NARBERTH BOROUGH REFINANCED DEBT, FUNDING INDUSTRIAL DEVELOPMENT 23-3077385 01-01-2004 5,725,000 FOR PRIOR CAPITAL PROJECTS Х Х **AUTHORITY** PHILADELPHIA AUTHORITY FOR REFINANCE DEBT, FUNDING INDUSTRIAL DEVELOPMENT 23-2237287 717818QG8 01-01-2006 14,095,000 FOR PRIOR CAPITAL PROJECTS Χ Х Part II **Proceeds** В C D Ε Α Total proceeds of issue 5,725,000 14,265,843 Gross proceeds in reserve funds Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 206,552 206,552 Working capital expenditures from proceeds Capital expenditures from proceeds Year of substantial completion Yes No Yes No Yes Yes Yes No No Were the bonds issued as part of a current refunding issue? Χ Х Were the bonds issued as part of an advance refunding issue? Χ Χ 10 Has the final allocation of proceeds been made? Х Χ 11 Does the organization maintain adequate books and records to support 12 Χ the final allocation of proceeds? Part III **Private Business Use** В С Ε Α D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, Х Χ which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Х Х which may result in private business use?

Cat No 50193E

Page 2 Part Private Business Use (Continued) C E В D Α Yes No Yes No Yes No Yes No Yes No Are there any management or service contracts with respect to the За Х Х financed property which may result in private business use? Are there any research agreements with respect to the financed property 3Ь Х Х which may result in private business use? Does the organization routinely engage bond counsel or other outside 3с counsel to review any management or service contracts or research Х Х agreements relating to the financed property? Enter the percentage of financed property used in a private business use 4 by entities other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use 5 as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 6 Has the organization adopted management practices and procedures to 7 Χ Χ ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage Α В C D Е Yes No Yes Nο Yes Nο Yes No Yes Nο Has a Form 8038-T. Arbitrage Rebate, Yield Reduction and 1 Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Χ Х Is the bond issue a variable rate issue? 2 Χ Χ Has the organization or the governmental issuer identified a 3a hedge with respect to the bond issue on its books and records? Χ Х CITIZENS BANK **BANK OF AMERICA** Name of provider Term of hedge 9 000000000000 20 000000000000 Were gross proceeds invested in a GIC? Х Х 4a Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available 5 temporary period? Х Х Did the bond issue qualify for an exception to rebate? 6

Χ

Χ

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization **Employer identification number** FRANKLIN INSTITUTE 23-1370501

Pa	rt I Types of Property				23-13/0501			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermı	nıng	
1	Art—Works of art	аррисавіе		<u>_</u>				
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	16	194,621	MARKET VALUE			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ▶()							
	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29		ı I	
20	Dumma tha construction		a har a a mhuiti a ta a a	uki, uzu zuki diin Bilitali	1 20 46 - 4 - 4		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangem			owaw of any ran atandand	a a ptrubutus = 2	31	Yes	
31	Does the organization have a gif	•		•		-31	i es	
32a	Does the organization hire or us contributions?	e third part • • •	les or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ь	If "Yes," describe in Part II							
	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II			•	•			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Third Party Use	, ,	THE FRANKLIN INSTITUTE UTILIZES A BROKER TO IMMEDIATELY SELL ANY GIFTS OF SECURITIES UPON RECEIPT OF THE GIFT

Schedule M (Form 990) 2009

OMB No 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

Name of the organization FRANKLIN INSTITUTE

Employer identification number

23-1370501

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		TRUSTEES FRANK BALDINO AND SANDRA BALDINO ARE MARRIED TO EACH OTHER TRUSTEE ELIZABETH GEMMILL IS THE LEAD DIRECTOR OF BENEFICIAL MUTUAL BANCORP INC, TRUSTEE GERRY CUDDY IS THE CEO OF BENEFICIAL
Form 990, Part VI, Section B, line 11		THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE DRAFT FORM 990, AND APPROVES THE FORM 990 PRIOR TO IT BEING FILED WITH THE IRS
Form 990, Part VI, Section B, line 12c		THE FRANKLIN INSTITUTE BOARD MEMBERS AND SENIOR MANAGEMENT STAFF COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE FORM, WHICH INCLUDES ACKNOWLEDGING RECEIPT OF AND FAMILIARITY WITH THE INSTITUTE'S CODE OF CONDUCT AND ETHICS POLICY IN ADDITION, ALL EMPLOYEES RECEIVE THE CODE OF CONDUCT AND ETHICS POLICY APPROVED BY THE BOARD OF TRUSTEES
Form 990, Part VI, Section B, line 15		KEY EMPLOYEES AND OFFICERS OF THE FRANKLIN INSTITUTE IN 2009 INCLUDED THE FOLLOWING INDIV DUALS DENNIS WINT, PRESIDENT AND CEO LARRY DUBINSKI, SENIOR VICE PRESIDENT OF EXTERNAL AFFAIRS AND GENERAL COUNSEL JEFFERY PERKINS, SENIOR VICE PRESIDENT OF FINANCE AND ADMINISTRATION TROY COLLINS, SENIOR VICE PRESIDENT OF PROGRAMS, MARKETING AND BUSINESS DEVELOPMENT FREDERIC BERTLEY, VICE PRESIDENT SCIENCE AND INNOVATION RICHARD RABENA, VICE PRESIDENT OF OPERATIONS AND CAPITAL PROJECTS PAUL RICCHIUTI, VICE PRESIDENT OF INFORMATION TECHNOLOGY SERVICES STEVEN SNYDER, VICE PRESIDENT OF EXHIBITS AND PROGRAM DEVELOPMENT REID STYLES, VICE PRESIDENT OF HUMAN RESOURCES MARISA WIGGLESWORTH, VICE PRESIDENT FOR DEVELOPMENT THE PROCESS THE FRANKLIN INSTITUTE USES TO ESTABLISH COMPENSATION FOR OFFICERS AND KEY EMPLOYEES INCLUDES A COMPLETE REVIEW OF EXECUTIVE COMPENSATION LEVELS BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF THE FRANKLIN INSTITUTE THE REVIEW IS BASED ON A MARKET ANALYSIS PREPARED BY MERCER HUMAN RESOURCES CONSULTING USING PUBLISHED COMPENSATION SURVEYS FOR BOTH NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS COMPARABLE IN SIZE TO THE FRANKLIN INSTITUTE COMPENSATION DECISIONS ARE MADE ON TWO LEVELS RECOMMENDATIONS ARE MADE BY THE PRESIDENT AND CEO TO THE COMPENSATION COMMITTEE FOR APPROVAL OF ACTIONS REGARDING THE COMPENSATION OF SENIOR VICE PRESIDENTS RECOMMENDATIONS ARE MADE BY THE SENIOR VICE PRESIDENTS TO THE PRESIDENT AND CEO FOR APPROVAL REGARDING THE COMPENSATION COMMITTEE DEVELOPS RECOMMENDATIONS FOR THE PRESIDENT AND CEO'S COMPENSATION AND REFERS ITS RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR APPROVAL THIS PROCESS WAS USED TO REVIEW THE COMPENSATION LEVELS OF ALL EXECUTIVES LISTED ABOVE AND TO SUBSTANTATE COMPENSATION ACTIONS IN 2009
Form 990, Part VI, Section C, line 19		THE FRANKLIN INSTITUTE'S FORM 990 IS POSTED ANNUALLY ON GUIDESTAR ORG THE FRANKLIN INSTITUTE PUBLISHES AN ANNUAL REPORT, WHICH INCLUDES THE AUDITED FINANCIAL STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS AND A SUMMARY OF THE AUDITED STATEMENT OF FINANCIAL POSITION
FORM 990, PART XI, LINE 2C		THE ORGANIZATION HAS A SEPARATE AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314008030

SCHEDULE R (Form 990)

FRANKLIN INSTITUTE

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

23-1370501

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets **(f)** Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

Legal domicile (state or foreign country)

PA

(d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

BARTOL RESEARCH FOUNDATION

C/O THE FRANKLIN INSTITUTE 222 N 20

PHILADELPHIA, PA 19103 23-2482657 INVESTS FUNDS TO SUPPORT BARTOL RESEARCH INSTITUTE AT THE UNIV OF DELAWARE

501(C)(3)

509(A)(3)

THE FRANKLIN INSTITUTE

Part III	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.)		

(a) Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Direct controlling entity

(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)

(f) Share of total income

(g) Share of end-of-year assets

(h) Disproprtionate allocations?

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

(j) General or managing partner?

Yes No Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign

country)

(d) Direct controlling entity

(e) Type of entity (C corp, S corp, or trust)

(f) Share of total ıncome

(g) Share of end-of-year assets

(h) Percentage ownership

(4)

(5)

(6)

	·			
Pa	Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35,	or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 0	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	b Gift, grant, or capital contribution to other organization(s)	1b		N
С	c Gift, grant, or capital contribution from other organization(s)	1c		N
d	d Loans or loan guarantees to or for other organization(s)	1d		N
е	e Loans or loan guarantees by other organization(s)	1e		N
f	f Sale of assets to other organization(s)	1f		N
g	g Purchase of assets from other organization(s)	1 g		N
h	h Exchange of assets	1h		N
i	i Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	j Lease of facilities, equipment, or other assets from other organization(s)	1 j		N
k	k Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	l Performance of services or membership or fundraising solicitations by other organization(s)	11		N
n	m Sharing of facilities, equipment, mailing lists, or other assets	1m	1	N
n	n Sharing of paid employees	1n		N
o	• Reimbursement paid to other organization for expenses	10		N
р	p Reimbursement paid by other organization for expenses	1 p		N
q	q Other transfer of cash or property to other organization(s)	1 q		N
r	r Other transfer of cash or property from other organization(s)	1 r		N
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 transa	ction thresholds		
	(a)		(c)	
	Name of other organization Transa type(Δmour	nt involve	ed
1)				
2)				
3)				

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

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

(a)
Name, address, and EIN of entity

(b)Primary activity

(c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID:

Software Version:

EIN: 23-1370501

Name: FRANKLIN INSTITUTE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	ı services			
(Code) (Expenses \$	6,945,444 including grants of \$) (Revenue \$	725,575)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours per		(C ition (that a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
DENNIS M WINT PHD PRESIDENT & CEO	37 50	X		Х				408,054	0	60,831	
MARSHA R PERELMAN CHAIR	1 00	Х		х				0	0	0	
FRANK BALDINO JR PHD TRUSTEE	1 00	х						0	0	0	
SCOTT A BATTERSBY TRUSTEE	1 00	Х						0	0	0	
DAVID J BERKMAN TRUSTEE	1 00	х						0	0	0	
WADE H BERRETTINIMDPH TRUSTEE	1 00	Х						0	0	0	
SUZANNE BODA TRUSTEE	1 00	X						0	0	0	
RAZA BOKHARI MD TRUSTEE	1 00	Х						0	0	0	
RENEE B BOOTH PHD TRUSTEE	1 00	Х						0	0	0	
DONALD E CALLAGHAN TRUSTEE	1 00	Х						0	0	0	
MICHAEL F CAMARDO TRUSTEE	1 00	Х						0	0	0	
ARTHUR L CAPLAN PHD TRUSTEE	1 00	X						0	0	0	
ROBERT M CHAPPALEAR TRUSTEE	1 00	X						0	0	0	
CARLOS CHOU TRUSTEE	1 00	X						0	0	0	
I MICHAEL COSLOV TRUSTEE	1 00	X						0	0	0	
GERARD P CUDDY TRUSTEE	1 00	Χ						0	0	0	
KEVIN F DONOHOE TRUSTEE	1 00	Х						0	0	0	
PHILIP J DUNFORD TRUSTEE	1 00	Χ						0	0	0	
DANIEL KFITZPATRICKCFA TRUSTEE	1 00	Х						0	0	0	
MICHAEL C FORMAN TRUSTEE	1 00	Х						0	0	0	
WILLIAM J FRIEL JR TRUSTEE	1 00	X						0	0	0	
TONI GARRISON TRUSTEE	1 00	X						0	0	0	
ELIZABETH H GEMMILL TRUSTEE	1 00	Х						0	0	0	
WILLIAM L GRAHAM TRUSTEE	1 00	Х						0	0	0	
RICHARD A GREENAWALT TRUSTEE	1 00	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion (that a	(che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
S MATTHEWS V HAMILTON TRUSTEE	1 00	×						0	0	0
PAUL C HEINTZ ESQ TRUSTEE	1 00	x						0	0	0
SUSAN Y KIM TRUSTEE	1 00	X						0	0	0
BARBARA KOWALCZYK TRUSTEE	1 00	X						0	0	0
CHARISSE R LILLIE ESQ TRUSTEE	1 00	X						0	0	0
IRA M LUBERT TRUSTEE	1 00	X						0	0	0
MIRIAM G MANDELL TRUSTEE	1 00	X						0	0	0
SANDRA G MARSHALL TRUSTEE	1 00	Х						0	0	0
ROBERT S MCMENAMIN TRUSTEE	1 00	X						0	0	0
DONALD E MOREL JRPHD TRUSTEE	1 00	X						0	0	0
SUSAN CAPPS MORRIS TRUSTEE	1 00	X						0	0	0
JOHN NUGENT TRUSTEE	1 00	Х						0	0	0
DENIS P O'BRIEN TRUSTEE	1 00	X						0	0	0
HERSHEL J RICHMAN ESQ TRUSTEE	1 00	X						0	0	0
WILLIAM H SHEA JR TRUSTEE	1 00	X						0	0	0
ANN R SORGENTI TRUSTEE	1 00	X						0	0	0
WILLIAM J STALLKAMP TRUSTEE	1 00	X						0	0	0
JOAN N STERN ESQ TRUSTEE	1 00	X						0	0	0
RICHARD W VAGUE TRUSTEE	1 00	X						0	0	0
DAVID R WHITE TRUSTEE	1 00	X						0	0	0
PAUL H WOODRUFF PE TRUSTEE	1 00	X						0	0	0
HAROLD L YOH III TRUSTEE	1 00	Х						0	0	0
WILLIAM J AVERY CHAIRMAN EMERITUS	1 00	X						0	0	0
HENRY M CHANCE II TRUSTEE EMERITUS	1 00	X						0	0	0
BOWEN C DEES PHD TRUSTEE EMERITUS	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per		(tion that a					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
JAMES J EBERL PHD TRUSTEE EMERITUS	1 00	Х			•			0	0	0
RICHARD T NALLE JR TRUSTEE EMERITUS	1 00	X						0	0	0
JAMES A UNRUH CHAIRMAN EMERITUS	1 00	Χ						0	0	0
SANDRA K BALDINO TRUSTEE EX-OFFICIO	1 00		Х					0	0	0
THE HONDARRELL LCLARKE TRUSTEE EX-OFFICIO	1 00		Х					0	0	0
GRETE GREENACRE TRUSTEE EX-OFFICIO	1 00		Х					0	0	0
MITCHELL P MARCUSPHD TRUSTEE EX-OFFICIO	1 00		Х					0	0	0
THE HON MICHAEL NUTTER TRUSTEE EX-OFFICIO	1 00		Х					0	0	0
STUART PITTEL PHD TRUSTEE EX-OFFICIO	1 00		X					0	0	0
THE HONEDWARD GRENDELL TRUSTEE EX-OFFICIO	1 00		Χ					0	0	0
THE HON ANNA C VERNA TRUSTEE EX-OFFICIO	1 00		X					0	0	0
LARRY DUBINSKI SECRETARY/SVP OF EXTERNA	37 50			X				182,075	0	32,891
JEFFERY W PERKINS TREASURER/SVP FIN&ADMIN	37 50			X				167,290	0	20,185
FREDERIC MNBERTLEYPHD VP SCIENCE LEARNING	37 50				X			139,565	0	13,239
TROY COLLINS SVP PROGRAMS&MARKETING	37 50				X			141,273	0	8,925
RICHARD D RABENA VP OPS&CAPITAL PROJECTS	37 50				X			138,595	0	32,733
PAUL RICCHIUTI VP INFO TECH SERVICES	37 50				X			123,125	0	11,917
STEVEN L SNYDER PHD VP EXHIBITS&PROGRAM DEV	37 50				Х			138,869	0	28,029
REID O STYLES VP HUMAN RESOURCES	37 50				X			133,679	0	25,508
MARISA WIGGLESWORTH ASST VP, DEVELOPMENT	37 50				Х			114,393	0	14,768
RICHARD BLUHM DIR EXPERIENCE DESIGN	37 50					Х		108,339	0	11,195

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
MUSEUM ADMISSIONS	900,099	8,317,599	8,317,599		
ANCILLARY ACTIVITIES	900,099	1,731,402	1,731,402		
EDUCATIONAL PRO GRAMS A	611,710	1,575,155	1,575,155		
MUSEUM PROJECTS	900,099	1,043,657	1,043,657		
THEATRES	713,990	272,352		272,352	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROGRAM AND EXHIBIT SU	1,131,816	1,131,816		
MISCELLANEOUS	662,024	606,658	29,256	26,110
EVENT EXPENSES	286,546	196,732	10,020	79,794
CONSULTING	217,551	120,999	67,732	28,820
CULTIVATION AND FUFLILL	146,101	750		145,351