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Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-004
2009
2003
Open to Public
1

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 Internal Revenue Service For the 2009 calendar year, or tax year beginning and ending Check if applicable Please C Name of organization D Employer identification number use IRS FRANKLIN 24, Address change label or 35-1925455 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 804 7TH STREET 812-548-2204 Specific Termination 1,029,974 City or town, state or country, and ZIP + 4 G Gross receipts\$ Instruc-47586 TELL CITY IN Amended return tions. F Name and address of principal officer H(a) Is this a group return for Application pending X No affiliates? Yes H(b) Are all affiliates included? Yes If "No." attach a list. (see instructions) **X** 501(c) 3) ◀ (insert no) 4947(a)(1) or 527 Tax-exempt status Website: ► N /A H(c) Group exemption number Type of organization X Corporation Year of formation 1994 M State of legal domicile KY Trust Association Part I Summary Briefly describe the organization's mission or most significant activities TO SUPPORT AT LEAST THREE 501(C)(3)EXEMPT ORGANIZATIONS (WHICH ARE NOT Governance PRIVATE FOUNDATIONS). 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) ಠ 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of employees (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part \ 7a b Net unrelated business taxable income from Form Pnor Year Current Year 8 8 Contributions and grants (Part VIII, line 1h) I 0 2010 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 4,431 20,025 -1,906,488 896,647 11 Other revenue (Part VIII, column (A), lines 5, 6d, \$c, 9c, 1166, -1,902,057 916,672 12 Total revenue - add lines 8 through 11 (must equal Part VIII 155,335 145,895 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 600 300 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,537 26,379 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 165,032 182,014 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 734,658 19 Revenue less expenses Subtract line 18 from line 12 -2,067,089 Beginning of Current Year End of Year 12,028,998 12,758,656 20 Total assets (Part X, line 16) 5,000 21 Total liabilities (Part X, line 26) 12,023,998 12,758,656 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer HERBERT SCHULTE VICE PRESIDENT Type or print name and title Preparer's identifying number Date Check if Preparer's Paid self-employed signature NANCY C LECKLIDER 05/05/10 P00215165 Preparer's 35-1181189 UMBACH & ASSOCIATES LLP CPAS EIN > Firm's name (or yours Use Only PO BOX 6017

47719

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EVANSVILLE,

if self-employed),

Yes No Form **990** (2009)

▶812-428-2244

<u>Form</u>	990 (2009) FRANKLIN	24, INC.		35-1925455			Page 2
Pa	ft III Statement of F	Program Servic	e Accomplishments				
T	Briefly describe the organizat O SUPPORT AT L RIVATE FOUNDAT	EAST THREE	E 501 (C) (3) EXEMPT	ORGANIZATIONS	(WHICH	ARE	NOT
	Did the organization undertake the prior Form 990 or 990-EZ If "Yes," describe these new	<u>7</u> 2	ogram services during the year walle O.	which were not listed on			es 🗓 No
	Did the organization cease of services? If "Yes," describe these chan	•	significant changes in how it con	ducts, any program		□ Y6	es 🗓 No
	Describe the exempt purpose Section 501(c)(3) and 501(c)	e achievements for (4) organizations ar	each of the organization's three land section 4947(a)(1) trusts are revenue, if any, for each program so	equired to report the amount of	="		
T F S	UNDS, INVEST TI UPPORTED 501(C)	N'S PURPOS HOSE FUNDS)(3)ORGANI	,335 including grants of\$ ES ARE TO RECEIV	RIBUTIONS TO THE RE NOT PRIVATE)
4b	(Code) (Expenses	\$ \$	including grants of\$) (Re	venue \$)
4c	(Code) (Expenses	s \$	including grants of\$) (Re	venue \$)
4d	Other program services (Des	scribe in Schedule (0)				
	(Expenses \$	ıncludın	g grants of\$) (Revenue \$)	
40	Total program service expe	nege 🕨	155 335				

<u>_P</u>	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			ĺ
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
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,"			ĺ
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
·	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	٣		
J	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1
		9		х
40	complete Schedule D, Part IV	"		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	ا مما		x
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>-^</u> -
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	مد ا		
	VII, VIII, IX, or X as applicable	11	X	_
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 related 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		X
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 12A X] .		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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 United States? If "Yes," complete Schedule F, Part II	15		X
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 United States? If "Yes," complete Schedule F, Part III	16		X
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		X
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		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	The tile difference of the or more cooping in 100, continue outload (1			

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) 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		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
_	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		\mathbf{x}_{-}
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		х
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b	x	
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 direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		x
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		X
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		X
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		\mathbf{x}_{-}
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
				(2009)

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 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable D Inter the number of Forms W-2G included in line 1a Enter -0- if not applicable D Inter the number of Forms W-2G included in line 1a Enter -0- if not applicable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b 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) 3a D off the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X* b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 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 accountil? 4 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 4 if "Yes," in line 5a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 if "Yes," to line 5a of 5b, did the organization file Form 8866-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 if "Yes," to line 5a of 5b, did the organization file Form 8866-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6		THE VICE CHARLES AND				V	Na.
U.S. Information Returns. Enter -0- if not applicable be Enter the number of Forms W2Ca included in line 1a Enter -0- if not applicable 1	12	Enter the number reported in Box 3 of Form 1006. Applied Summary and Transmittal of	, ,			Yes	No_
be Enter the number of Forms W-2G included in line 1a Enter -0- If not applicable Old the originazation comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize within 25 to Form W-3, Transmittal of Wage and Tax Salaments, Rie do the celared year ending with or within the year covered by this return If at least one is reported on line 2a, did the originazation the 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-fibe this return (see institutions) If If Yes, This at filed a Form 960-T for this year? If No,* provide an explanation in Schedule 0 If Yes, This at filed a Form 960-T for this year? If No,* provide an explanation in Schedule 0 If Yes, This at filed a Form 960-T for this year? If No,* provide an explanation in Schedule 0 If Yes, This at filed a Form 960-T for this year? If No,* provide an explanation in Schedule 0 If Yes, This at filed a Form 960-T for this year? If No,* provide an explanation in Schedule 0 If Yes, This thirt is a filed a Form 960-T for this year? If No,* provide an explanation in Schedule 0 If Yes, This thirt is a filed a Form 960-T for this year? If No,* provide an explanation in Schedule 0 If Yes, This thirt is a filed a Form 960-T for this year? If No,* provide an explanation in Schedule 0 If Yes, This thirt is a filed a Form 960-T for this year? If No,* provide an explanation in Schedule 0 If Yes, This thirt is a filed a Form 960-T for this year? If No,* provide an explanation in Schedule 0 If Yes, This thirt is a filed a Form 960-T for this year? If No,* If Yes, If year is a filed a Form 960-T for this year? If Yes, If year is a filed a filed a filed year year of the filed year of the origination of t	14	·	1a	0			-
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h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt interest received or accrued during the year 12b	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of	ontract	?	7f		X
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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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Interest Texas Interest Texas Interest Texas Interest Texas Interest Intere	h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10	98-C a	ıs			
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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		required?			7h		
organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	9				
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			пng		-		
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Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 10a 10b 11a 11a 11b 12a 12a	_	•					
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			المدا				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 11b 11a 12a 12a 13b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			144.				
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Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	J	•	116				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	I2a	·)41?	12a		
		The second of th			Form	990	(2009)

Form	990 (2009) FRANKLIN 24, INC. 35-1925455			Pa	age 6
	int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thro	ugh 7b b	elov	v, ar	nd
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, proce	sses, or o	har	nges	in
	Schedule O. See instructions			_	
Sec	tion A. Governing Body and Management				
		_		Yes	No
1a					
b	Enter the number of voting members that are independent 1b 5	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		ł		
	any other officer, director, trustee, or key employee?	-	2	_X_	
3	Did the organization delegate control over management duties customanly performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?	L	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	`	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?	—	7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	-	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following		_	•	
	The governing body?	—	8a	X	
	Each committee with authority to act on behalf of the governing body?	<u>-</u> -	8Ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		9		х
<u> </u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	نـــــــن	Λ
	tion B. Policies (This Section B requests information about policies not required by the Inter	IIai			
Rev	renue Code.)			Yes	No
100	Does the emanuration have local chanters, branches, or affiliates?	Г	10a	163	X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	-	i oa		
U	affiliates, and branches to ensure their operations are consistent with those of the organization?	1.	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	-	-		
• •	form?		11		x
112	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
	Does the organization have a written conflict of interest policy? If "No," go to line 13	ļ.	12a		x
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	<u> </u>			
-	rise to conflicts?	[.	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				-
•	describe in Schedule O how this is done	ļ.	12c		
13	Does the organization have a written whistleblower policy?	<u> </u>	13		X
14	Does the organization have a written document retention and destruction policy?	-	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		7		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	[
а	The organization's CEO, Executive Director, or top management official	[·	15a		Х
b	Other officers or key employees of the organization	[-	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
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?	Ŀ	16a		X
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	l	1		
	the organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE				
18	Section 6104 requires an organization to make its Forms 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				
	Own website Another's website Upon request				
19	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				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the				
	organization ► HERBERT J. SCHULTE 712 JEFFERSON ST	04.0			
TI	ELL CITY IN 47586	812-	54 '	<u>/−2</u>	<u> 334</u>

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Form 990 (2009)

Part VII 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 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organizate	on did not com	pens	ate	any	curr	ent o	ffice	r, director, or trustee		
(A) Name and Title	(B) Average	Posi	tion (C) k all	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOHN A. OBERHAUS										_
PRES/DIR	1.00	X		X			<u> </u>	100	0	0
ZAREDA A. SHERWO		l						100	ا م	_
SEC/TREAS/DR	1.00	X	_	X	_	\vdash	\vdash	100	0	0
	AUBLIN							100		o
DIRECTOR DANGEN	1.00	X	_				\vdash	100	0	
GUY N. RAMSEY DIRECTOR	1.00	x	l					o	o	o
LAVERNE T. RAMSE										
DIRECTOR	1.00	x						0	0	0
HERBERT J. SCHUL										
VP-NONVOTING	1.00			X				0	0	0
NEIL P. RAMSEY										
SEC-NONVOTIN	1.00			X				0	0	0
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Form **990** (2009)

Part \	/III Statement of Re	venue		- 74.		/01	(D)
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
원 1a	Federated campaigns	1a					
lar amounts p. o. g. g.	Membership dues	1b					
ة c	Fundraising events	1c					
를 q	Related organizations	1d					·
and other sim	Government grants (contributions)	1e					
j f	All other contributions, gifts, grants,		1				
븅	and similar amounts not included above	^{/e} 1f					
일 9	Noncash contributions included in lines	s 1a-1f :	5				
" h	Total. Add lines 1a-1f		<u> </u>	·			
2a b c d e e f			Busn. Code				
2a							
- b			 		- 		
c 5			-				
ຣັ d = -			 				
g e	· · All ather areas as as as as						
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	 All other program service re Total. Add lines 2a–2f 	evenue	L			·· · · · · ·	
3		na duade					
"	other similar amounts)	ing divide	inds, interest, and	22			2
4	Income from investment of	tay_ever					
5	Royalties	tax-cxci	inpr bond procedus				
"	(i) Real	ı I	(ii) Personal				
6a		784	(-)				
- 1		3,302					
- 1		7,482					
- 1	Net rental income or (loss)		•	127,482			127,48
	Gross amount from (i) Securit	ies	(II) Other			· · · · ·	
	sales of assets other than inventory	3	20,000				
Ь	Less. cost or other		-				
	basis & sales exps.						
c	Gain or (loss)	3	20,000				
d	Net gain or (loss)		<u> </u>	20,003			20,00
ը 8a	Gross income from fundraising	events					
odiei vevenue	(not including \$						
	of contributions reported on line	1c)					
5	See Part IV, line 18	а	-				İ
5 b	Less direct expenses	þĮ					
c	Net income or (loss) from f		g events				
9a	Gross income from gaming activ	vities					
	See Part IV, line 19	a					
	Less direct expenses	ρ[
	Net income or (loss) from g		ctivities >				-
10a	Gross sales of inventory, le	I I					
1.	returns and allowances	a					
	Less cost of goods sold]d					
<u>-</u>	Net income or (loss) from s Miscellaneous Reven		Busn. Code				
440			Duan. Code	769,165	-		769,16
11a	· ·		 	, 55, 105			,,,,,,,
b			 				
۲	All other revenue		 				
d	Total. Add lines 11a-11d		<u> </u>	769,165			
12	Total Revenue. See instruc	tione	.	916,672	0		0 916,672
	I TOTO HADE OCC HARIOC	,,,,,,,,		,	<u>_</u>		Form 990 (200

Form 990 (2009) FRANKLIN 24, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must co		<u> </u>		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S See Part IV, line 21	155,335	155,335		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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,			200	
	trustees, and key employees	300		300	
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				
8	Pension plan contributions (include section 401(k)				
^	and section 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes Fees for services (non-employees)				
11 a	Management				
a b	Legal	5,189		5,189	
C		1,925		1,925	
d		1,323			
	Professional fundraising services See Part IV, line	7			
f	Investment management fees				
g	Other		-		
12		-	" '		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expense	s			
	for any federal, state, or local public officials		···		
19	Conferences, conventions, and meetings	\ -			·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			· ,	
23	Insurance				
24	Other expenses. Itemize expenses not				
44	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below	1			
а	ADMINISTRATIVE EXPENSE	15,374		15,374	<u></u>
b	PROPERTY TAXES	2,590		2,590	
c	REPAIRS & MAINTENANCE	1,297		1,297	
d	MISCELLANEOUS EXPENSE	4		4	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 2	182,014	155,335	26,679	
26	Joint costs. Check here				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint cost	s			
	from a combined educational campaign and	-			
DAA	fundraising solicitation				Form 990 (2009)
D44					rom 330 (2009)

		K Balance Sheet				
	att)	S Balance Sheet		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		186,949	1	100,915
	2	Savings and temporary cash investments	ľ		2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director				
	•	employees, and highest compensated employees Co				
	İ	Schedule L	5			
	6	Receivables from other disqualified persons (as define	ed under section			
	ľ	4958(f)(1)) and persons described in section 4958(c)(
		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
	i .	other basis Complete Part VI of Schedule D	10a 2,793,202			
	Ь	Less accumulated depreciation	10b 489,089	2,358,186	10c	2,304,113
	11	Investments—publicly traded securities	430,000	11	430,000	
	12	Investments—other secunties See Part IV, line 11		9,053,713	12	9,922,878
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		150	15	750
	16	Total assets. Add lines 1 through 15 (must equal line	34)	12,028,998	16	12,758,656
		Accounts payable and accrued expenses			17_	
	1	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Ś	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trus	r			
☶		employees, highest compensated employees, and dis				
Ë		persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated the	urd parties		23	
	24		· .		24	
	25	Other liabilities Complete Part X of Schedule D		5,000	25	
		Total liabilities. Add lines 17 through 25		5,000	26	
Balances		Organizations that follow SFAS 117, check here	and	·		
Ĕ		complete lines 27 through 29, and lines 33 and 34.	-			
ᇹ	27	Unrestricted net assets		_	27	
<u>m</u>	28	Temporanly restricted net assets			28	
밀	29	Permanently restricted net assets	[29	
亞		Organizations that do not follow SFAS 117, check it	nere X			
6		and complete lines 30 through 34.	_			
छ	30	Capital stock or trust principal, or current funds			30	
Se	31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31	
AS	32			12,023,998	32	12,758,656
Net Assets or Fund	33	Total net assets or fund balances		12,023,998	33_	12,758,656
ž	34	Total liabilities and net assets/fund balances		12,028,998	34	12,758,656

Form **990** (2009)

Form 990 (2009) FRANKLIN 24, INC.	35-1925455		Pag	ge 12
Part XI Financial Statements and Reporting				
			Yes	No
1 Accounting method used to prepare the Form 990 X Ca	sh Accrual Other			
If the organization changed its method of accounting from a	а pпог year or checked "Other," explain in			
Schedule O				
2a Were the organization's financial statements compiled or re	viewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an	independent accountant?	2b		X
c If "Yes" to line 2a or 2b, does the organization have a com	mittee that assumes responsibility for oversight of			
the audit, review, or compilation of its financial statements	and selection of an independent accountant?	2c		
If the organization changed either its oversight process or s	selection process during the tax year, explain in			
Schedule O			l	
d If "Yes" to line 2a or 2b, check a box below to indicate whe	ther the financial statements for the year were	i i		
issued on a consolidated basis, separate basis, or both				
Separate basis Consolidated basis Both cor	solidated and separate basis			
3a As a result of a federal award, was the organization require	d to undergo an audit or audits as set forth in			
the Single Audit Act and OMB Circular A-133?		3a		X
b If "Yes," did the organization undergo the required audit or	audits? If the organization did not undergo the			
required audit or audits, explain why in Schedule O and de-	scribe any steps taken to undergo such audits	3b	<u> </u>	L
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRANKLIN 24, INC.

Employer Identification number 35-1925455

Pa	Part I Reason for Public Charity Status (All organizations must complete this part) See instructions									
The	orga	anization is not a private foundation beca	ause it is (For lines 1 through 1	1, check	only one	box)				
1	П	A church, convention of churches, or a	association of churches describe	ed ın sec	tion 170(b)(1)(A)	(i).			
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	П	A hospital or a cooperative hospital se	rvice organization described in	section	170(b)(1)	(A)(iii).				
4	П	A medical research organization opera	· · · · · · · · · · · · · · · · · · ·				70(b)(1)	(A)(iii).	Enter	the hospital's name,
	_	city, and state								•
5	\Box	An organization operated for the benef	it of a college or university own	ned or op	erated by	a gove	mmenta	al unit d	fescribe	ed in
•	ш	section 170(b)(1)(A)(iv). (Complete Pa				- 3				
c	\Box	A federal, state, or local government o	•	n coction	170(b)/	IVAYO				
6 7	Н	An organization that normally receives						n tho a	anarat i	nublic
′	Ш	•		ı ilolli a ç	Jovennie	illai uili	t or mon	ii uie g	eneral p	Dablic
_	\Box	described in section 170(b)(1)(A)(vi).								
8	Н	A community trust described in section							.	
9	Ш	An organization that normally receives								
		receipts from activities related to its exi	•							
		support from gross investment income			•		tax) fr	om bus	inesses	S
	$\overline{}$	acquired by the organization after June								
10	Ш	An organization organized and operate	•	=						
11	X	An organization organized and operate	•	•				-		
		purposes of one or more publicly supp	-							ection
		509(a)(3). Check the box that describe	_ · · · · · · · · · · · · · · · · · · ·			te lines	11e thr	ough 1	1h	
	_	a X Type I b Type II	c Type III–Function	ally integ	rated	d	Тур	e III–O	ther	
е	X	By checking this box, I certify that the o	organization is not controlled di	rectly or I	ndirectly I	by one o	or more	dısqua	lified	
		persons other than foundation manage	rs and other than one or more	publicly :	supported	i organi	zations	descnb	ed in s	ection
		509(a)(1) or section 509(a)(2)								
f		If the organization received a written de	etermination from the IRS that if	t is a Typ	e I, Type	II, or Ty	ype III s	upporti	ng	
		organization, check this box								П
g		Since August 17, 2006, has the organia	zation accepted any gift or con	tribution f	rom any	of the				_
ŭ		following persons?	, , ,							
		(i) A person who directly or indirectly	controls, either alone or togeth	er with p	ersons de	escribed	m (u)			Yes No
		and (iii) below, the governing body								11g(i) X
		(ii) A family member of a person desc	•••							11g(ii) X
		(iii) A 35% controlled entity of a person	**							11g(iii) X
h		Provide the following information about								<u> </u>
	Name	e of supported (ii) EIN	(iii) Type of organization		organization	(v) Did v	ou notify	(41)	s the	(viı) Amount of
(1)		anization	(described on lines 1–9	1	sted in your	the organ	nization in	organizat	on ın col	support
			above or IRC section	governing	document?	col (i) supp	of your		zed in the S?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
λī	75	EIMER'S ASSOCIATION		 		- 100	1	1.00		
м	141	EIMER 5 ASSOCIATION	9	ł	x	х		x		1,000
**	40 T	RICA NEEDS FATIMA	· · · · · ·	 			 	_		1,000
Ar	TET.	CICA NEEDS FATIMA		1	\ .			J		60
		7011 011000 00000	9	 	X_	X		X		
Αľ	1EF	RICAN CANCER SOCIETY						l	1	
			9		X	X		X		45
ΑN	MERICAN CIVIL RIGHTS UNION									
			9		X	X		X		90
Αŀ	ÆF	RICAN DIABETES ASSOC								
			9		Х	_ X		X		40
Tota				1		Ì	I	1	1	155.335

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

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

18

	edule A (Form 990 or 990-EZ) 2009 FRA					<u>-1925455</u>	Page 3
Pa	art III Support Schedule for C				(a)(2)		
	(Complete only if you ch	necked the bo	x on line 9 of	Part I.)			
	tion A. Public Support						
Ca	lendar 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 purpose						
3	Gross receipts from activities that 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	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		İ				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		ļ <u>.</u>				
C	Add lines 7a and 7b		ļ				
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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, 11,	I					
	and 12)		<u> </u>		<u> </u>	5044 3303	
14	First five years. If the Form 990 is for the	•	irst, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	. □
Sec	organization, check this box and stop he tion C. Computation of Public S		entage				₽
						145	
15 16	Public support percentage for 2009 (line Public support percentage from 2008 Sci	• •	-	numm (1 <i>))</i>		15	<u> </u>
	tion D. Computation of Investm					1 16 1	
17	Investment income percentage for 2009			13 column (f)\		17	%
18	Investment income percentage for 2009 Investment income percentage from 200	•	• •	. 13, Widnii (i <i>))</i>		18	<u>%</u> %
19a	33 1/3 % support tests—2009. If the org			line 14 and line	15 is more than 3		
ıJa	17 is not more than 33 1/3 %, check this	=					▶ □
b	33 1/3 % support tests—2008. If the org		-	•		-	and
-	line 18 is not more than 33 1/3 %, check	•					▶ □
20_	Private foundation. If the organization d		_			-	▶□

Schedule A (Form 990 or 990-EZ) 2009 FRANKLIN 24, INC. 35-1925455 Pag
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

PART I, LINE 11H - LIST OF SUPPOR			See II	istractions
NAME AND EIN TYPE IN GOV DOC				AMOUNT
AMERICAN HEART ASSOC				
9	x	x	\$	20
AMERICAN LIFE LEAGUE				
9	x	X	\$	100
AMERICAN LUNG ASSOC				
9	x	x	\$	10
AMERICAN RED CROSS				
9	x	x	ş	50
ARCHDIOCESE OF INDIANAPOLIS				
1 X	x	x	\$	57,000
ARTHRITIS FOUNDATION				
9	x	x	\$	30
BOYS TOWN				
9	x	ж	\$	140
CARDINAL NEWMAN SOCIETY				
9	x	ж	\$	110
CATHOLIC ADVOCATE				
9	x	x	\$	100
CATHOLIC ANSWERS				
9	x	x	\$	100
CATHOLIC RELIEF SERVICES				
1	x	x	\$	300
CATHOLIC WORLD MISSION				
1	x	x	\$	25
CITIZENS UNITED FOUNDATION				

Schedule A (Form 990 or 990-EZ) 2009 FRANKLIN 24, IN	c.	35-192	5455	Page 4
Part IV Supplemental Information. Complete this part II, line 17a or 17b, and Part III, line 12	part to provide the expla . Provide any other add	anations required <u>litional informatior</u>	by Part II, See instr	line 10; uctions.
9	x	x	\$	150
COALITION TO SALUTE AMER HEROES				
9	x	x	\$	180
COMMUNITY FOUNDATION ALLIANCE				
9	x	x	\$	1,000
CROSS INTERNATIONAL CATHOLIC				
9	x	x	\$	200
FREEDOM WORKS FOUNDATION				
9	x	x	\$	600
GLOBAL CHILDRENS EDUCATIONAL FOUND				
9	x	x	\$	5,000
GOOD COUNSEL, INC.				
9	x	x	\$	200
GRANDVIEW CARE, INC				
35-2106817 9	x	x	\$	50,000
HUMAN LIFE INTERNATIONAL				
9	x	x	\$	400
INDIANA RIGHT TO LIFE				
9	x	x	\$	600
KNIGHTS OF COLUMBUS				
9	x	x	\$	4,000
LEUKEMIA & LYMPHOMA SOCIETY				
9	x	x	\$	10
MARCH OF DIMES				
9	x	x	\$	20
MULTIPLE SCLEROSIS SOCIETY				
9	x	x	\$	40

Schedule A (Form 990 or 990-EZ) 2009 FRANKLIN 24, INC. 35-1925455 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. MUSCULAR DYSTROPHY ASSOCIATION \$ 120 9 X X NATIONAL CENTER PUBLIC POLICY RES X X 25 NATIONAL CHILDREN'S CANCER SOCIETY 9 X \$ 30 X NATIONAL PRO-LIFE ALLIANCE 25 X X NATIONAL RIGHT TO WORK COMM X X \$ 35 NORWOOD ATHLETIC BOOSTERS X X \$ 2,500 PERRY COUNTY COMMUNITY FOUNDATION Ŝ 100 9 X X PERRY COUNTY MEMORIAL HOSPITAL 3 200 X X \$ PRIESTS FOR LIFE 9 X X 350 SAINT BERNARD'S CHURCH \$ 100 1 X X SAINT MEINRAD 2 500 X X \$ SAINT MICHAEL CHURCH 500 1 X X SAINT PAUL MISSION X X 100 1 SAINT PAUL'S CHURCH

Control of the A (Form 990 or 990-EZ) 2009 FRANKLIN 24, IN Part IV Supplemental Information. Complete this	IC.	35-192	5455	Page 4
Part IV Supplemental Information. Complete this Part II, line 17a or 17b; and Part III, line 12	part to provide the exp Provide any other ac	ditional information	by Paπ II, n. See instr	uctions.
1	x	x	\$	3,450
SAINT PIUS CHURCH				
1	x	x	\$	200
SALVATION ARMY				
9	x	x	ş	500
SISTERS OF ST. BENEDICT				
. 1	x	x	Ş	1,500
SOCIAL SECURITY INSTITUTE				
9	x	x	\$	30
SPENCER COUNTY CHRISTIAN EDUCATION	I FDN			
9	x	x	\$	1,000
STUDENTS FOR LIFE			,	•
9	x	x	\$	50
TELL CITY CATHOLIC CHARITIES			•	
9	x	x	\$	100
TELL CITY HIGH SCHOOL			•	
2	x	x	\$	1,000
TELL CITY JUNIOR HIGH SCHOOL		••	*	_,,
2	x	x	ş	200
THE HERITAGE FOUNDATION	A	A	*	200
9	v	v	ė	100
	X	X	\$	100
UNITED WAY OF PERRY COUNTY		••	•	1 000
9	X	X	\$	1,000
UNIVERSITY OF LOUISVILLE				
23-7078461 2	х	X	\$	20,000
•				
SUPPLEMENTAL INFORMATION				

Schedule A (Form 990 or 990-EZ) 2009 FRANKLIN 24, INC.

35-1925455

Page 4

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

THE BYLAWS REQUIRE THAT FRANKLIN 24, INC WILL BE CONTROLLED AT ALL TIMES BY A MINIMUM OF THREE 501(C)(3) ORGANIZATIONS (WHICH ARE NOT PRIVATE FOUNDATIONS) THROUGH THEIR REPRESENTATION ON THE BOARD OF DIRECTORS. THE INITIAL THREE SUPPORTED ORGANIZATIONS WERE SPECIFIED BY THE BYLAWS. THE MAJORITY VOTE OF THE BOARD CAN CHOOSE TO REMOVE AND REPLACE A VOTING SUPPORTED ORGANIZATION. THE BOARD CAN CHOOSE TO SUPPORT ADDITIONAL 501(C)(3) ORGANIZATIONS (WHICH ARE NOT PRIVATE FOUNDATIONS) WITHOUT GIVING THEM A SEAT ON THE BOARD. ANY ORGANIZATION THAT CEASES TO QUALIFY AS A SUPPORTED ORGANIZATION WILL NO LONGER BE A SUPPORTED ORGANIZATION. THE CURRENT THREE SUPPORTED ORGANIZATIONS REPRESENTED ON THE BOARD ARE: THE ROMAN CATHOLIC CHURCH: ARCHDIOCESE OF INDIANAPOLIS; THE COMMUNITY FOUNDATION ALLIANCE, INC; AND THE SPENCER COUNTY CHRISTIAN EDUCATION FOUNDATION, INC.

SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No 1545-0047

Nam	e of the organization		Employer identification number
701	DANGET TAY 24 TAGE		25 1025455
	RANKLIN 24, INC. art I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts Complete if
Г	the organization answered "Yes" to Form 99	0 Part IV line 6	of Accounts. Complete if
	the organization anowered 100 to 100m oo	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor davisca fanas	(b) : and and calls decounts
2	Aggregate contributions to (during year)		
3	Aggregate continuations to (during year) Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	
·	funds are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors	•	
•	used only for chantable purposes and not for the benefit of the dono		
	purpose conferring impermissible private benefit?	or or defici advisor, or for any other	☐ Yes ☐ No
Pa	int II Conservation Easements. Complete if the o	rganization answered "Yes" to	
1	Purpose(s) of conservation easements held by the organization (che		10111 000, 1 011 14, 1110 1
•	Preservation of land for public use (e.g., recreation or pleasure)		mnortant land area
	Protection of natural habitat	Preservation of certified historic	-
	Preservation of open space	L 1 10301 Validit of Certified History	o oudduie
2	Complete lines 2a through 2d if the organization held a qualified coi	nservation contribution in the form of a	conservation
-	easement on the last day of the tax year	nacivation continuation in the form of a	CONSCIVATION
	····· , ···· , ···· , ···· , ···· , ···· , ···· , ···· , ···· , ···· , ···· , ···· , ···· , ···· , ···· , ····		Held at the End of the Tax Year
я	Total number of conservation easements		2a
b	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/	• •	2d
3	Number of conservation easements modified, transferred, released,		
•	the taxable year	exampliance, or terminated by the org	Janization daining
4	Number of states where property subject to conservation easement	is located	
5	Does the organization have a written policy regarding the periodic r		
•	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and en		
•		iorang concertation casements daming	and you.
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	og conservation easements during the	vear
•	▶ \$	ig teneer tasen tasemente taimig the	,54.
8	Does each conservation easement reported on line 2(d) above satisfied	sty the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	y are requirements or econom	☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservation eas	ements in its revenue and expense sta	
	balance sheet, and include, if applicable, the text of the footnote to	•	·
	the organization's accounting for conservation easements	•	
Pa	rt III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Otl	her 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 rep	port in its revenue statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherar	nce of public service,
	provide, in Part XIV, the text of the footnote to its financial statemen	ts that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report i	in its revenue statement and balance si	heet works of art,
	historical treasures, or other similar assets held for public exhibition,		
	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		▶ \$ <u> </u>
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial gai	in, provide the
	following amounts required to be reported under SFAS 116 relating		•
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ s

Sche	dule D (Form 990) 2009 FRANKLIN	24, INC.		<u> </u>	<u>25455</u>	Page 2
Pa	rt III Organizations Maintaining	Collections of A	rt, Historical Tr	easures, or Ot	her Similar A	Assets (continued)
3						
а	Public exhibition	d 🗌 Loar	or exchange progra	ams		
b	Scholarty research	e H Othe				
c	Preservation for future generations	• 🗀 ou	"			ı
	Provide a description of the organization's α	ollections and explain	how they further the	organization's exen	npt purpose in	
5	Part XIV Dunng the year, did the organization solicit of	or receive donations of	art, historical treasu	res, or other sımılar		
	assets to be sold to raise funds rather than t					Yes No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an ar				red "Yes" to	Form 990, Part
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for contributions of	or other assets not		
	included on Form 990, Part X?		•			☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the follo	owing table			
			g			Amount
	Beginning balance				1c	
					1d	
	Additions during the year				<u> </u>	
e	Distributions during the year				1e	·
-	Ending balance				1f	
	Did the organization include an amount on F		217			∐ Yes ∐ No
	If "Yes," explain the arrangement in Part XIV			-" t- C 000	D-4 IV I	40
<u>Pa</u>	rt V Endowment Funds. Comp					
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance					
	Contributions					
C	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance			1		
-	Provide the estimated percentage of the year	r end balance held as		•	•	
	Board designated or quasi-endowment	%				
	Permanent endowment ▶ %					
	Term endowment ▶ %					
	Are there endowment funds not in the posse	esion of the organization	on that are held and	administered for the	a	
- Ou	organization by	Solon of the organization	on that are new and	administered for the	9	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
	If "Yes" to 3a(II), are the related organizations	n listed as required on	Cahadula D2			3b
	• • • • • • • • • • • • • • • • • • • •	•				30
	Describe in Part XIV the intended uses of the rt VI Investments—Land, Building			000 Part Y lin	0.10	
_ га		ĭ '			T T	/d\ Dook value
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other	1 ''	umulated eciation	(d) Book value
) depir	SCIALION	701 (50
	Land	721,65			100 000	721,650
	Buildings	2,071,55	4	- '	189,089	1,582,463
	Leasehold improvements		-			
	Equipment		_			
	Other					
Total.	Add lines 1a through 1e (Column (d) must e	equal Form 990, Part >	(, column (B), line 10)(c))	<u>▶</u>	2,304,113

Schedule D (Form 990) 2009 FRANKLIN 24, INC.		35-1925455	Page 3
Part VII Investments—Other Securities. See Form 9	90, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	lue
Financial derivatives	9,922,878	MARKET	
Closely-held equity interests	3/322/3:5		
Other			
			
			
		· · · · · · · · · · · · · · · · ·	
			
		·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	9,922,878		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ► Part VIII Investments—Program Related. See Form 9			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market va	tue.
		Cost of end-of-year market va	
<u> </u>		·	
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description		(b) B	look value
			_
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	25	P_	
Part X Other Liabilities. See Form 990, Part X, line			
1 (a) Description of liability	(b) Amount		
Federal income taxes			
			
			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
FIN 48 Footnote. In Part XIV, provide the text of the footnote to the or	ganization's financial state	ments that reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 FRANKLIN 24, INC.	<u>35-192545</u>	<u> </u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Sta	teme	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	ſ	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	Ī	3	
4	Net unrealized gains (losses) on investments	Ī	4	
5	Donated services and use of facilities	ļ ,	5	
6	Investment expenses	ļ	6	
7	Prior penod adjustments	ļ	7	
8	Other (Describe in Part XIV)	ł	8	
	Total adjustments (net) Add lines 4 through 8	ŀ	9	
9	, , ,	<u>,</u>	10	
10 Do	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and rt XII. Reconciliation of Revenue per Audited Financial Statements.			·m
		ents with Revenue per		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	_1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a		2a		
b		2b		
С		2c		
d	Other (Describe in Part XIV)	2d		
6	Add lines 2a through 2d	-	2e	
3	Subtract line 2e from line 1		3	
4	Amounts 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)	4b		
С	Add lines 4a and 4b	<u> </u>	4c	
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
_Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	<u>ents With Expenses pe</u>	er R	<u>eturn</u>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
С	Other losses	2c		
d		2d		
e	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1	Ī	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ı		
a		4a	- 1	
	· · · · · · · · · · · · · · · · · · ·	4b		
	Add lines 4a and 4b	701	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	i i	5	
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, I	lines 1a and 4 Part IV lines 1	b	
	b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, l			
	art to provide any additional information	inies za ana 45 7 iso complete		
u us p	art to provide any additional information			
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public Inspection

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use **≗** □ (h) Purpose of grant GENERAL SUPPORT SUPPORT SUPPORT or assistance ×es GENERAL GENERAL Employer identification number (g) Description of non-cash assistance 35-1925455 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (c) IRC (d) Amount of cash gran; (e) Amount of non-cash (f) Metrod of valuation section (book, FMV, appraisal, assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 57,000 50,000 20,000 Part IV and Schedule I-1 (Form 990) if additional space is needed ო ო m 35-2106817 35-1018460 23-7078461 General Information on Grants and Assistance 2 Enter total number of section 501(c)(3) and government organizations (b) EIN the selection criteria used to award the grants or assistance? UNIVERSITY OF LOUISVILLE FOUNDATION INC IN 46202 KY 40243 KY 40292 (a) Name and address of organization FRANKLIN 24, 3 Enter total number of other organizations ARCHDIOCESE OF INDIANAPOLIS or government 1400 N MERIDIAN ST GRANDVIEW CARE INC 11620 MAIN STREET 2323 S BROOK ST Name of the organization INDIANAPOLIS LOUISVILLE LOUISVILLE Part

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

Schedule I (Form 990) 2009

06940 05/05/2010 1 33 PM

Schedule I (Form 990) 2009 FRANKLIN 24, INC. Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part IV Supplemental Information. Complete this part to provide the information required in Part I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS Schedule I (Form 990) if additional information in Information of non-cash assistance (id) Amount of (id) Amou	Individuals in the Individuals in the Individuals in the recipients recipients plete this part to pr FOR MONITOR (C) (3) QUAL	uals in the United States. Complete if the ber of cash grant non-cash assistants cash grant and cash grant to provide the information required in montants. MONITORING THE USE OF GRANT. 3) QUALIFIED ORGANIZATIONS.	als in the United States. Complete if the organization of the United States. Complete if the organization of the different of the organization of the information required in Part 1, line organizations. The state of the organizations. The state of the organizations. The state of the organizations.	(e) Method of valuation (book, FMV, appraisal, other) art 1, line 2, and any other THE GRANTS ARE	Page 2 Zation answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) FMV, appraisal, other) I, line 2, and any other additional information. IDS IE GRANTS ARE
FOR GENERAL SUPPORT OF THE ORGAN	RGANIZATION	IS SO NO MON	IZATIONS SO NO MONITORING IS NECESSARY	ECESSARY.	

Schedule 1 (Form 990) 2009

SCHEDULE L (Forth 990 or 990-EZ)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

Open To Public Inspection

Name of the organization FRANKLIN 24, IN	1C .							loyer id -192			n nun	ber	
Part I Excess Benefit Transactions (section 5						ns only)						
Complete if the organization answered "	res on F	·omi	990, Pan	TV, IINI	e 25a 01 .				ne 40		(c) (Correct	ed?
1 (a) Name of disqualified person						(b) Description	on of transactio	n 			Yes	ı	No
				 								+	
				<u> </u>								土	
2 Enter the amount of tax imposed on the organizat	tion mana	ners	or discuis	lified n	ersons d	unna the ve	- <u></u>						
under section 4958 3 Enter the amount of tax, if any, on line 2, above, in		•	,	·		uning the ye	ai		 				
Part II Loans to and/or From Interest				A/ line	o 26 or F	50m 000 E3	7 Dort V line	200					
Complete if the organization answered " (a) Name of interested person and purpose	(b) L or fro	oan to om the zation?	princ princ	Ongin upal am	al	T	lance due	(e) In (default?		ard or	(g) W agreer	
	⊢ <u> </u>	From	1					Yes	No	Yes		Yes	No
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•													
								 					
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			<u> </u>										
Otal Part III Grants or Assistance Benefitti						5				<u> </u>			
Complete if the organization answered " (a) Name of interested person	res on F	-orm				en interested	person and the	(c) A	moun	t and t	ype of	assist	ance
	_				orga	anızatıon		1					
					-			-					
									•				•
Part IV Business Transactions Involvi Complete if the organization answered "						b, or 28c		<u>.l</u>					
(a) Name of interested person	(b) F	Relation	onship betw person and anization	een	(c) A	mount of saction	(d) Desc	nption o	of tran	saction	1	of o	iues?
NEIL RAMSEY	SON		DIREC	CTOR		24,797	SEE AT	rach	ED	SCH	0	163	X

SCHEDULE O (Form 990)

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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRANKLIN 24, INC.

Employer Identification number 35-1925455

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS
GUY NEIL RAMSEY

LAVERNE T RAMSEY

SPOUSE

GUY NEIL RAMSEY

NEIL RAMSEY

FATHER/SON

RAMSEY CORPORATE LLC

HERBERT SCHULTE

SHAREHOLDER

EMPLOYER/EMPLOYEE

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE RETURN IS REVIEWED BY THE VICE-PRESIDENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

SCHEDULE O - ADDITIONAL INFORMATION

SUPPLEMENT TO SCHEDULE L PART IV DESCRIPTION OF BUSINESS RELATIONSHIPS
FRANKLIN 24, INC MAINTAINS AN INVESTMENT IN DSF, GLOBAL, LLC ("DSF"). DSF
IS A SECURITIES INVESTMENT LLC WHICH INVESTS IN NUMEROUS TYPES OF
INVESTMENTS. COMPANIES CONTROLLED BY NEIL RAMSEY, PROVIDE SOME OF THE
INVESTMENT MANAGEMENT SERVICES TO DSF. NEIL RAMSEY IS THE SON OF BOARD
MEMBERS GUY NEIL AND LAVERNE RAMSEY AND IS ALSO THE NONVOTING ASSISTANT
SECRETARY FOR FRANKLIN 24, INC.

Page 2

Name of the organization

FRANKLIN 24, INC.

Employer identification number 35-1925455

FRANKLIN 24, INC. HAD AN INVESTMENT OF \$10,677,247 IN THIS FUND AT 12/31/09 WHICH REPRESENTS APPROXIMATELY 5.28% OF THE TOTAL NET ASSETS OF THE FUND. ALL INVESTORS IN THE FUND ARE CHARGED A MONTHLY MANAGEMENT FEE EQUAL TO 1/12 OF .25% OF THE NET ASSET VALUE, DETERMINED AS OF THE END OF THE MONTH (0.25% ON AN ANNUAL BASIS). FRANKLIN 24, INC BELIEVES THIS RATE IS REASONABLE AND IS WELL BELOW THE MARKET RATE OF 1% AND 10% OF PROFITS ABOVE LIBOR.

THE FUND PAID SECURITIES MANAGEMENT FEES DIRECTLY OR INDIRECTLY TO
ENTITIES CONTROLLED BY NEIL RAMSEY RELATED TO FRANKLIN 24'S INVESTMENT IN
THE FUND TOTALLING \$24,797 DURING 2009. ALL FEES PAID BY DSF
TO THESE ENTITIES ARE CONSIDERED REASONABLE AND AT MARKET RATES.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

OMB No 1545-0172 2009

Attachment Sequence No 67 ► Attach to your tax return. Identifying number Name(s) shown on return 35-1925455 FRANKLIN 24, INC. Business or activity to which this form relates PLAZA EAST SHOPPING CENTER Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. Total cost of section 179 property placed in service (see instructions) 2 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If mamed filing separately, see instructions 5 (b) Cost (business use only) (a) Description of property 6 7 Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) 35,888 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property placed in service (business/investment use (e) Convention (f) Method (g) Depreciation deduction only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs S/L Residential rental 27 5 yrs MM property 27 5 yrs MM S/L ММ Nonresidential real 39 yrs S/L property MM Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L ММ S/L 40-year 40 yrs Part IV Summary (See instructions)

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

Listed property Enter amount from line 28

35,888

21

22

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 2009

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

Attach to your tax return.

Attachment Sequence No 67

Name	e(s) shown on return	04						number
		IN 24, INC				35-	192	5455
	ess or activity to which this form relates							
	/3 BRANCH BANK BU			! 4 7 0				
Pa	•		perty Under Sect			- D-41	1	
_			erty, complete Par		you complete	e Pan I		250 000
1	Maximum amount See the instru	•		ses			1	250,000
2	Total cost of section 179 property		•				3	800,000
3	Threshold cost of section 179 pro- Reduction in limitation Subtract I			structions)			4	800,000
4	Dollar limitation for tax year Subtract I		•	d filing conomi	ohu ooo inatalahooo		5	
<u>5</u>	(a) Description			ost (business u		ected cost		
<u> </u>	(4) 5004.510.	· or proporty	(3) 5	201 (20011000 G	(0, 2,			
								
7	Listed property Enter the amoun	it from line 29			7	•		
8	Total elected cost of section 179		ints in column (c) lines	6 and 7		1	8	
9	Tentative deduction Enter the si			o and 7			9	
10	Carryover of disallowed deduction					ŀ	10	
11	Business income limitation Enter	•		nan zero) or i	ine 5 (see instruc	tions)	11	
12	Section 179 expense deduction		•	•	0 (000	,,	12	
13	Carryover of disallowed deduction	-		•	13	اا		
	: Do not use Part II or Part III belo				1 .0 1			
	rt II Special Depreciat			iation (Do	not include	listed p	rope	erty.) (See instr.)
14	Special depreciation allowance for							
• •	duning the tax year (see instruction		(outer that noted prope	inty) placed in	. 0011100		14	
15	Property subject to section 168(f	Ì	15					
16	Other depreciation (including AC	ì	16					
	rt III MACRS Deprecia		clude listed proper	v.) (See ir	nstructions)			·
		, , , , , , , , , , , , , , , , , , ,	Section A	7.7 (7	•		
17	MACRS deductions for assets pla	aced in service in ta	x years beginning before	e 2009			17	5,641
18	If you are electing to group any assets				set accounts, check	here 🕨		
			vice During 2009 Tax				Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property							
b	5-year property]						
С	7-year property							
d	10-year property					_		
е	15-year property							
f_	20-year property							
_ 9	25-year property			25 yrs		S/L		
h	Residential rental			27 5 yrs	ММ	S/L		
	property			27 5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	ММ	S/L		
	property				ММ	S/L		
	Section C—Asse	ets Placed in Servi	ce During 2009 Tax Ye	ar Using the	Alternative Dep	reciation	Syst	em
<u>20a</u>	Class life			<u></u>		S/L		
<u>b</u>	12-year			12 yrs	ļ	S/L		
	40-year			40 yrs	MM	S/L		
<u>Pa</u>	rt IV. Summary (See ins							
21	Listed property Enter amount fro					Ļ	21	
22	Total. Add amounts from line 12,	•	•	10,		e		
	and on the appropriate lines of ye		•		tions		22	5,641
23	For assets shown above and place	`	•	the				
	portion of the basis attributable to	section 263A costs	 		23			4500

Form. 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172 2009 Attachment Sequence No 67

Identifying number Name(s) shown on return FRANKLIN 24, INC. 35-1925455 Business or activity to which this form relates BRICKYARD WAREHOUSE Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 250,000 Maximum amount. See the instructions for a higher limit for certain businesses Total cost of section 179 property placed in service (see instructions) 2 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If mamed filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only 6 7 Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Part Ili 9,302 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction релоф only-see instructions) service 19a 3-year property 5-year property b 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs Residential rental 27 5 yrs S/L property 27 5 yrs MM S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year S/L S/L 40-year MM 40 yrs Summary (See instructions) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 9,302 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form. 4562

Depreciation and Amortization

(Including Information on Listed Property)

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OMB No 1545-0172 2009

Department of the Treasury Internal Revenue Service (

► See separate instructions.

► Attach to your tax return.

rn. Attachment Sequence No 67

. 10.	FRANKL	IN_24, INC	:					5455
	ness or activity to which this form relates ELLERSBURG HOUSE							
P	_		operty Under Sect			·		
			erty, complete Par		you comple	te Part	<u> </u>	
1	Maximum amount. See the instru	_		es			1	250,000
2	Total cost of section 179 property	•	•				2	222
3	Threshold cost of section 179 pr		•	tructions)			3	800,000
4	Reduction in limitation Subtract I						4	
5	Dollar limitation for tax year Subtract I						5_	
<u>6</u>	(a) Description	or property	(b) Co	st (business u	se only) (c)	Elected cost		
						-		
_	Lated accorde Enter the accord				T			
7	Listed property Enter the amoun		unto un column (a) lunco	C and 7	7		_	
8 9	Total elected cost of section 179 Tentative deduction Enter the si		• • •	o and 7			_ 8 9	
10	Carryover of disallowed deduction						10	
11	Business income limitation Enter			an zero) or l	ina 5 /caa inctr	ictions)	11	
12	Section 179 expense deduction		•	•	ine o (see insti-	acuons,	12	
13	Carryover of disallowed deduction	•		•	13		_ '-	
	: Do not use Part II or Part III belo				, ,		_	I
			and Other Depred	iation (Do	not include	e listed p	rope	ertv.) (See instr.)
14	Special depreciation allowance for							
	dunng the tax year (see instruction		(pp-	.,, ,			14	
15	Property subject to section 168(f	•					15	
16	Other depreciation (including AC	RS)					16	
Pá			clude listed propert	y.) (See ir	nstructions.)			
			Section A					
17	MACRS deductions for assets pl	aced in service in ta	ax years beginning befor	e 2009		_	17	3,242
<u>18</u>	If you are electing to group any assets							
	Section B—As	T**-	vice During 2009 Tax \		ne General Dep	reciation	Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meti	hod	(g) Depreciation deduction
<u>19a</u>	3-year property							
b	5-year property	ļ			ļ			
<u>c</u>	7-year property			<u> </u>	ļ			
<u>d</u>	10-year property			<u> </u>		ļ		
e	15-year property							
_ <u>f</u> _	20-year property		<u></u>	<u> </u>		ļ		
9	25-year property			25 yrs		S/L		
h	Residential rental property			27 5 yrs	MM	S/L		
	• • •	<u>.</u>		27 5 yrs	MM	S/L		
ı	Nonresidential real property			39 yrs	MM	S/L		
		ate Placed in Servi	ce During 2009 Tax Ye	r Heina the	Altomative De	S/L	Syst	
202	Class life	Stated III Selvi	Ce During 2005 Tax Te	or Using the	Alternative De	1	Jysu	=
	12-year			12 yrs		S/L S/L		
	40-year			40 yrs	MM	S/L	-	
	rt IV Summary (See in:	structions)		1 40 115	T INITY	J 5/L		
21	Listed property Enter amount fro						21	
22	Total. Add amounts from line 12,		'. lines 19 and 20 in coli	ımn (a) and	line 21 Enter h	_{ere}		
	and on the appropriate lines of ye	our return Partnersl	hips and S corporations	-see instruct			22	3,242
23	For assets shown above and place portion of the basis attributable to	· · · · · · · · · · · · · · · · · · ·	•	urie	23			

06940 FRANKLIN 24, INC. 35-1925455 FYE: 12/31/2009		5/5/2010 1 [.] 33 PM										
F1E.,123112000												
Taxable Interest on Investments												
Description	Unrelated Amount Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75								
OLD NATIONAL BANK-TELL CITY TOTAL	\$ <u>22</u> \$ <u>22</u>	14										
Tax-Exempt Dividends from Securities												
Description PEOPLES BANCSHARES CORP K-1	Unrelated Amount Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75								
TOTAL	\$ 0	* -										

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