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DLN: 93493309006345

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A F	or the 201	.4 cale	endar year, or tax year beginning	g 01-01-2014 , and ending 12-31-	2014			
B Cl	neck if applic	cable	C Name of organization FRANKLIN INSTITUTE			D Empl	oyer ide	ntification number
☐ Ac	ldress chang	je	THE WINDS AND THE STATE OF THE			23-1	37050	1
∏ Na	ame change		Doing business as					
☐ In	ıtıal return					E Teleph	none num	ber
	nal turn/termına	ated	Number and street (or P O box if m 222 N 20TH STREET	aail is not delivered to street address) Roor	n/suite)448-1	
_	nended retui oplication per		City or town, state or province, cour PHILADELPHIA, PA 19103	ntry, and ZIP or foreign postal code		G Gross	receipts s	\$ 46,535,677
			F Name and address of prir	ncipal officer	H(a) Is	this a grou	p return	for
			LARRY DUBINSKI 222 N 20TH STREET			bordinates		┌ Yes ┌ No
			PHILADELPHIA, PA 19103	3		e all subord	lınates	┌ Yes ┌ No
I T	ax-exempt s	status	▼ 501(c)(3)	insert no)			h a lıst	(see instructions)
J W	/ebsite: ►	- ww	W FI EDU		H(c) G	roup exemp	tion nui	mber ►
K Fo	rm of organiz	zation	Corporation Trust Associatio	n	L Year o	f formation 1	824 M	State of legal domicile PA
			mary	.,				
Governance	INS	STITU	JTE IS TO INSPIRE A PASSIO	COVERY EMBODIED BY BENJAMI N FOR LEARNING ABOUT SCIENC Scontinued its operations or dispos	CE AND TECH	NO LO GY		
بن بخ	3 Nun	nber o	of voting members of the govern	ing body (Part VI, line 1a)			з	46
les es				of the governing body (Part VI, line			4	44
Activities &	5 Tota	al nur	mber of individuals employed in o	calendar year 2014 (Part V, line 2a)		5	466
र्	6 Tota	al nur	mber of volunteers (estimate if n	ecessary)			6	1,545
				art VIII, column (C), line 12			7a	490,401
	b Net	unrel	lated business taxable income fi	rom Form 990-T, line 34			7b	98,780
	8 C		hutuans and grants (Dart VIII lu	ne 1h)		Prior Year 15,267	620	Current Year 17,807,535
ē	1			ne 2g)		17,922		20,990,122
Rayenue				(A), lines 3, 4, and 7d)		1,447		1,957,635
æ				lines 5, 6d, 8c, 9c, 10c, and 11e)			,331	946,268
	1		_	(must equal Part VIII, column (A)	line	35,616	050	41,701,560
_				IX, column (A), lines 1-3)	_	250		250,000
				X, column (A), line 4)			0	0
	15 S	alarıe	es, other compensation, employe	ee benefits (Part IX, column (A), lin		13,909	281	14,783,530
\$		-10)		column (A), line 11e)			,920	15,131
Expenses			ndraising expenses (Part IX, column (D		· · 	75	,920	15,131
Д					-	1 4 707	000	10.000.630
				lines 11a-11d, 11f-24e) st equal Part IX, column (A), line 29		14,797 29,033		18,908,629
	1		·	18 from line 12		6,582		7,744,270
Net Assets or Fund Balances			·			ning of Curro Year		End of Year
ess Bak	20 T	otal a	assets (Part X, line 16)			164,434	,454	159,972,701
2 g	21 T					34,940		24,974,365
			sets or fund balances Subtract ature Block	line 21 from line 20		129,494	,399	134,998,336
Unde my k	er penaltie knowledge arer has a	es of pand bany kn	perjury, I declare that I have exa pelief, it is true, correct, and con nowledge	amined this return, including accom nplete Declaration of preparer (othe				
	17	P	rınt/Type preparer's name	Preparer's signature		Check If	PTIN	4000
Pai	d	⊢	TACY CULLEN Irm's name TAIT WELLER & BAKER	STACY CULLEN	2015-11-05	self-employed Firm's EIN ► 2	•	
	parer							
Use	e Onlv	Fi	ırm's address 🟲 1818 MARKET STREET	SUITE 2400		Phone no (21	5) 979-8	ผบบ

PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

✓ Yes ☐ No

Form	990 (2	14)	Page 2
Par	t III	tatement of Program Service Accomplishments heck if Schedule O contains a response or note to any line in this Part III	
1		lescribe the organization's mission	
		T OF INQUIRY AND DISCOVERY EMBODIED BY BENJAMIN FRANKLIN, THE MISSION OF THE FRANKLIN A PASSION FOR LEARNING ABOUT SCIENCE AND TECHNOLOGY	INSTITUTE IS
_	5		
2		organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	Yes ▽ No
_		describe these new services on Schedule O	
3		organization cease conducting, or make significant changes in how it conducts, any program	Yes ▽ No
_		describe these changes on Schedule O	
4	expens	e the organization's program service accomplishments for each of its three largest program services, as measu s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 14,695,366 including grants of \$) (Revenue \$ 12,93	27,751)
	PHILAI IN 201 REPRE LONGS EXCEL REMAI INSTIT PHILAI EDUCA PROGR ALLOW COINS CATAS WORLI THE W BODY DIFFEI BEHIN CHANG INVENI TRULY GALLEI AND A EXPER FRAME GARDE VARAE BUILD: PLANE UPDAT INSTIT 1,545 FESTIN THE TO WELCO ADDIT AS MU THE ES SCIEN VOLUN	ADMISSIONS & OPERATIONS AS THE MOST-VISITED MUSEUM IN THE COMMONWEATH AND A TOP-FIVE TOURIST DESTINATION IN TEPHIA, THE FRANKLIN INSTITUTE SERVES & BOTH A PROMISENT EDUCATIONAL AND CULTURAL RESOLDE, AND AS AN ANCHOR OF THE THE INSTITUTE WELCOMED 761, 667 VISITORS TO THE MUSEUM, INCLUDING 187, 751 CHILDREN WHO CAME AS PART OF SCHOOL GRENTING EVERY COUNTY IN PERNSYLVABIA AND SURROUNDING STATES INCLUDING THE YERSEY, DELAWARE, AND NEW YORK THE FREN NOTING REPUTATION HELPS TO ELEVATE THE COMMONWEALTH AND THE CITY OF PHILADELPHIA AS MODELS FOR CULTURAL AND INFORMED THE INSTITUTE WELCOMES VISITORS OF ALL AGES TO EXPLORE SCIENCE IN INTERACTIVE EXHIBITS AND PUBLIC PROGRAMS. THE FULLY COMMITTED TO PROVIDING AN EXCEPTIONAL EXPERIENCE FOR ITS MANY VISITORS AND INCREASING SERVICE TO ITS AUDIENCE. THE INSTITUTE WELCOMES VISITORS OF ALL AGES TO EXPLORE SCIENCE AND THE CONTROL OF THE ADDITION OF THE PROVIDING AND THE CAME AND THE CONTROL OF THE ADDITION. THE PROVIDING AND THE CAME AND THE ADDITION OF THE AD	HE LOCAL ECONOMY DUPS, INKLIN INSTITUTE'S RMAL EDUCATION INSTITUTE CE, EXTENDING THE GREATER S AND MANY STUDENT ACCESS POMPEII, WHICH GLADIATORS, E THE VOLCANO'S O HOSTED BODY PHYSIOLOGY OF ALL ABOUT THEIR BY WORKS DURING ENTIFIC SECRETS IONS THAT K AT THE NY LOCATED ON THE FER ITS VISITORS A VELING EXHIBITION J. THE NICHOLAS VISITOR N GARDEN THAT DING THE RAIN S AND ATHENA THE INSTITUTE'S IE FELS HE FREQUENTLY STORMOS AMONGST HE FIRST FRANKLIN 14 CALENDAR YEAR, HIA SCIENCE LITTERALLY NSTITUTE SCHEDULES IN LINE SCHEDULES IN LINE SCHEDULES IN LINE E FLOOR EXPLAINING E CAREERS IN TO BE OTHER TES EACH YEAR, HIES ECHEDULES IN LINE E FLOOR EXPLAINING E CAREERS IN TO BE OTHER TES EACH YEAR, HIES EACH YEAR,
4b	(Code) (Expenses \$ 1,222,874 including grants of \$ 250,000) (Revenue \$ 1,3	361,731)
	OUTST THE IN DINNE SHARE SESSIG AND T CEREN LEADE EXTRE FOR A CONCI OTHER INCLU ENGIN AND D THE U THROL THE YI AND W AS A P WEBSI PRESE THE R WEALT LESSO NATIO VACAT	NINSTITUTE AWARDS AND OTHER PROJECTS FOR NEARLY TWO CENTURIES THE FRANKLIN INSTITUTE AWARDS PROGRAM HAS RECOG LIDING ACHIEVEMENTS IN SCIENCE AND TECHNOLOGY, CELEBRATED THE PURSUIT OF EXCELLENCE, AND PROVIDED DYNAMIC CONNECTITUTE AND THE ACADEMIC, SCIENTIFIC, AND BUSINESS COMMUNITIES ON APRIL 24, THE SOLD-OUT FRANKLIN INSTITUTE AWARDS OF AMAINSTICE OF THE AWARDS OF THE COLUMINATION OF A FULL WEEK OF INSPIRING EVENTS AWARDS WEEK, WHICH BEGAN THE MONDAY BEFORE THE AWARDS OF INCLUDED A SERIES OF PUBLIC SYMPOSIA AND LECTURES THAT PROVIDED OPPORTUNITIES FOR THE INTERNATIONALLY DISTINGUISH HEIR DISCOVERIES, EXPERIENCES, AND VIEWS WITH PUBLIC AUDIENCES OTHER AWARDS WEEK ACTIVITIES INCLUDED LAUREATES' LAT THE INSTITUTE IN WHICH THE LAUREATES PARTICIPATED IN INTERACTIVE DEMONSTRATIONS OF THEIR WORK GEARED TOWARD VAIL AT THE INSTITUTE IN WHICH THE LAUREATES PARTICIPATED IN INTERACTIVE DEMONSTRATIONS OF THEIR WORK GEARED TOWARD VAIL AND DINNER WAS THE CONFERRING OF THE 2014 BOWER BUSINESS AWARD TO WILLIAM W GEORGE HE RECEIVED THIS AWARD IN PROPERTY OF MEDITIONIC CONTRIBUTION FOR THE 2014 BOWER BUSINESS AWARD TO WILLIAM W GEORGE HE RECEIVED THIS AWARD IN PROPERTY OF MEDITIONIC CONTRIBUTIONS OF DEDUCATION AND HEALTH CARE THROUGH THE GEORGE FAMILY FOUNDATION THE 2014 IEVEMENT IN SCIENCE AND ITS ACCOMPANYING \$250,000 PRIZE WAS CONFERRED TO EDMUND M CLARKE, PH D FOR HIS LEADING ITION AND DEVELOPMENT OF TECHNIQUES FOR AUTOMATICALLY VERIFYING THE CORRECTNESS OF A BROAD ARRAY OF COMPUTER SYSCIENTISTS, EACH OF WHOM REPRESENT THE PINNACLE OF REVOLUTIONARY ACHIEVEMENT IN THEIR RESPECTIVE FIELDS, RECEIVED AND AND DEVELOPMENT OF TECHNIQUES FOR AUTOMATICALLY VERIFYING THE CORRECTNESS OF A BROAD ARRAY OF COMPUTER SYSCIENTISTS, EACH OF WHOM REPRESENT THE PINNACLE OF REVOLUTIONARY ACHIEVEMENT IN THEIR RESPECTIVE FIELDS, RECEIVED AND AS A STATES, HAS INCREASED THE VOLUME OF ARTICLES PER ISSUE, AS WELL AS THE READERSHIP ALL 1899 YEARS OF JOURNALS ARE THE INSTITUTE OF THE VISIT OF EXPERIENCE AT THE FRANKLIN INSTITUTE IS SCIENCE FOR CRAINED FO	FIONS BETWEEN CEREMONY AND CEREMONY AND CEREMONY AND CEREMONY AND CED LAUREATES TO ABORATORY, A JUSTING STUDENTS, AWARDS FOR HIS VISIONARY HIP, AS WELL AS HIS BOWER AWARD ROLE IN THE CETEMS SEVEN AWARDS, ECTRICAL CAL ENGINEERING) JS PUBLICATION IN AVAILABLE ONLINE SERAMMING DURING H RELATED THEATER TINUES TO SERVE JUSTIED THE SCIENCE SHOWS HERS THROUGHOUT INSTITUTE'S O THEIR DAILY EDUCATION WITH KENDS AND
4c	(Code) (Expenses \$ 6,444,455 including grants of \$) (Revenue \$ 6,44	35,961)
	EDUCA (PACT STUDE SCHOL STUDE SERVI	ONAL PROGRAMS, SERVICES AND GRANTSCOMPLETING ITS 21ST YEAR IN 2014, THE PARTNERS FOR ACHIEVING CAREERS IN TECHNOL PROGRAM IS ONE OF THE REGION'S OLDEST AND MOST COMPREHENSIVE SCIENCE IMMERSION PROGRAMS FOR DIVERSE URBAN HIGH SPACETS SERVES 150 STUDENTS FROM MORE THAN 40 PHILADELPHIA PUBLIC SCHOOLS 2014 WAS THE FIFTH YEAR FOR THE INSTITUS ISHIP PROGRAMS, A CONCENTRATED PROGRAM OF 15 STUDENTS EACH YEAR WHO SHOW HIGH INTEREST IN AND APTITUDE FRO STENDED STENDED STEMS OF THE PROGRAM CONTINUED TO RESERVE STEM EDUCATION AND MENTORING THROUGHOUT THEIR HIGH SCHOOL YEARS, IN 2014 THE PROGRAM CONTINUED TO RESERVE STUDENTS TOTAL PACTS AND STEM SCHOLARS PROVIDE STUDENTS WITH ACCESS TO STEM PROFESSIONALS AS WELL AS COLLEGENDAMS AND SERVICES, APPLICATION AND FINANCIAL AID COUNSELING, EXPOSURE TO STEM CAREERS, AND ANNUAL ROBOTICS PROGRAMS	LOGY AND SCIENCE I SCHOOL JTE'S STEM M FIELDS THESE JN AT CAPACITY, EDUCATIONAL

THAN 1,000 PARTICIPANTS. THESE TWO PROGRAMS DELIVER UNIQUE STEM PROGRAMMING TO A DIVERSE AUDIENCE AS THE ORGANIZER OF THE PHILADELPHIA SCIENCE FESTIVAL, THE FRANKLIN INSTITUTE HELPED 200 PARTNERS TO REACH MORE THAN 54,000 PEOPLE TOTAL (EXCLUDES SCIENCE NIGHT AT THE BALLPARK AS IT WAS CANCELED DUE TO INCLEMENT WEATHER) IN NEIGHBORHOODS ACROSS THE CITY WITH HANDS-ON WORKSHOPS AND DEMONSTRATIONS IN ITS FOURTH YEAR IN 2014 FEATURING A CARNIVAL ON THE PARKWAY THAT WAS ATTENDED BY 175 EXHIBITORS AND MORE THAN 40,000 PEOPLE, THE FESTIVAL ALSO HELD STARGAZING EVENTS ON CITY CORNERS AND OFFERED SYMPOSIA AT LOCAL UNIVERSITIES FROM PRESENTING THE SCIENCE OF SPICY FOOD TO "GREAT GIGS" EVENTS WHERE SCIENTISTS TALKED TO STUDENTS ABOUT THEIR JOBS, THIS YEAR'S FESTIVAL PARTNERS PRODUCED AN INCREDIBLE SLATE OF EVENTS OVER ELEVEN DAYS THE INSTITUTE ALSO WORKS CLOSELY WITH THE SCIENCE LEADERSHIP ACADEMY (SLA), A MAGNET HIGH SCHOOL THAT STANDS AS A OVER ELEVEN DATS THE INSTITUTE ALSO WORKS CLOSELY WITH THE SCIENCE LEADERSHIP ACADEMY (SLA), A MAGNET HIGH SCHOOL THAT STANDS AS A FURTHER TESTAMENT TO THE INSTITUTE'S COMMITMENT OT FORMAL EDUCATION AN INQUIRY-BASED, SCIENCE AND TECHNOLOGY-FOCUSED SCHOOL FOUNDED IN 2006 THROUGH A UNIQUE COLLABORATIVE BETWEEN THE FRANKLIN INSTITUTE AND THE SCHOOL DISTRICT OF PHILADELPHIA, SLA QUICKLY EARNED A NATIONAL REPUTATION FOR EXCELLENCE ITS STUDENTS ARE CONSISTENTLY AMONG THE TOP PERFORMERS ON STATE STANDARDIZED TESTS, EXCEEDING THE CITY AND STATE AVERAGES IN EVERY SUBJECT IT HAS A 98% GRADUATION RATE AS COMPARED TO THE 64% GRADUATION RATE OF THE REST OF THE SCHOOL DISTRICT THE INSTITUTE LOOKS FORWARD TO CONTINUING THIS UNIQUE PARTNERSHIP WITH THE SCHOOL DISTRICT TO PROVIDE MEMORABLE OPPORTUNITIES FOR SLA'S STUDENTS, WHO COME FROM MORE THAN 60 DIFFERENT MIDDLE SCHOOLS THE FRANKLIN INSTITUTE ALSO DEVELOPS MODEL PROGRAMS IN SCIENCE LEARNING FOR THE K-12 EDUCATION COMMUNITY THAT ARE DELIVERED BOTH INSIDE AND OUTSIDE THE MUSEUM WALLS, INCLUDING IN 52 BRANCHES OF THE FREE LIBRARY OF PHILADELPHIA

Other program services (Describe in Schedule O)

See Additional Data

4d

5,596,436 including grants of \$) (Revenue \$ 264,679) (Expenses \$

4e Total program service expenses ▶ 27,959,131

art TV	Check	list 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 (see instructions)? 🕏	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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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	11b	Yes	
С	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	11c		No
d	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	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f G}$	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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 (see instructions)	17	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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), 501(c)(4), and 501(c)(29) 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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Νo
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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 11b and 19?	38	Yes	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 154			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			ı
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	I
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 (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	ı
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ī	The rest, to line 50 of 55, and the organization merchines of the rest.	5c		
	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 as charitable contributions?	6a		No
b	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).			ı
	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 to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	}		
11	Section 501(c)(12) organizations. Enter			
а	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ı
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		L
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

Check if Schedule O	contains a response or note to any line in this Part VI	_					_	V
Check if Schedule O	contains a response or note to any line in this Part VI							

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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 R	evenu	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed ▶ PA , NJ , CA , CT , FL , MD , MA , NY
- 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 made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

- 1.9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►KSIOBHAN KEEFE

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- ♣ 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is l	ne l both	box, an d	officer stee)	į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	2,428,015	0	305,301

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►15

			Yes	NO			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	,					
	on the factor respectively of such marviaga.	3		No			
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						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No			

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SKANSKA USA 518 E TOWNSHIP LINE RD STE 200 BLUE BELL, PA 19422	BUILDING CONSTRUCTION	6,400,979
HARMELIN MEDIA 525 RIGHTERS FERRY ROAD BALA CYNWYD, PA 19004	MEDIA CONSULTATION & PLACEMENT	1,477,283
LEXINGTON ACQUISITION INC 12660 BRANFORD STREET ARLETA, CA 91331	CREATIVE DESIGN/CUSTOM FABRICATION	979,121
UNIFIED FIELD 3 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016	EXPERIENTIAL/INTERACTIVE MEDIA DEVELOPME	873,762
FROG COMMISSARY CATERING 222 N 20TH STREET PHILADELPHIA, PA 19103	CATERING & FOOD SERVICE	758,801
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	_

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶34

Part V	/++1	Statement of	of Revenue ule O contains a respor	ase or note to any lin	e in this Part VIII			Г
		CHECK II SCHOOL	ule o comunis a respon	ise of noce to diffy in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ம உ	1a	Federated cam	paigns 1a					
and the	ь	Membership du	ues 1b	110,149				
9 E	c	Fundraising ev	ents 1c	652,578				
Ē,Š	d	Related organiz						
<u>:</u>		Government grant		50,000				
ons, Gifts, Grants Similar Amounts	e	_			ļ	ļ		
rtio er	f	All other contributions in the similar amounts in	ons, gifts, grants, and 1f ot included above	16,994,808				
Contributic and Other	g		ions included in lines	4,093,463	j	į		
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add line	s 1a-1f		17,807,535			
O E	<u>"</u>	Total: Add line	314 11	· · · •				
e E	22	MUSEUM ADMISSI	ONE	Business Code	7 201 402	7 204 402		
Je.	2a	GRANTS	ONS	900099	7,391,492	7,391,492		
2 <u>2</u> 0	b	ANCILLARY ACTIVI	TTTEC	900099	3,885,573	3,885,573	427.600	
Š	d	EDUCATIONAL PRO	<u> </u>	900099 611710	3,778,019 2,550,388	3,340,329 2,497,677	437,690 52,711	
Program Serwce Revenue	e e	MEMBERSHIPS		900099	2,550,388	2,497,677	52,711	
Ē	f		am service revenue	900099	1,361,731	1,361,731		
ွို	-					1,301,731		
	g		s 2a-2f	-	20,990,122			
	3		come (including dividend ar amounts)		655,531			655,531
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties .		🕨	421,868			421,868
	-	Cross rents	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	_	expenses Rental income						
	С	or (loss)						
	d	Net rental inco	me or (loss)	-				
	7a	Gross amount from sales of	(ı) Securities 5,855,149	(II) O ther				
		assets other than inventory						
	ь	Less cost or other basis and	4,553,045					
	c	sales expenses Gaın or (loss)	1,302,104					
	d		[] ss)		1,302,104			1,302,104
Ð			from fundraising					
Other Revenue		of contributions	s reported on line 1c)					
čč		See Part IV, lir	a la	133,682				
the	ь	Less direct ex	penses b	281,072				
5	c	Net income or	(loss) from fundraising	events 🛌	-147,390			-147,390
	9a	Gross income t See Part IV, lir	from gaming activities ne 19					
	ь	Less direct ex	a penses b					
	С		loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	owances .	674.700				
	.		a	671,790				
	b c		oods sold b (loss) from sales of inve	entory b	671,790	671,790		
	Ť	Miscellaneou	· · · · ·	Business Code	_,	., 3		
	11a							
	ь							
	С							
	d	All other reven	ue					
	е	Total. Add line	s 11a-11d	🕨				
	12	Total revenue.	See Instructions		41,701,560	21,171,511	490,401	2,232,113
	1			I	11,101,000	,-,-,-11	7,70,701	رد در د

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete colu

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	250,000	250,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,150,785	1,151,188	631,794	367,803
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	9,787,304	7,465,533	1,436,036	885,735
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	475,225	344,209	81,365	49,651
9	Other employee benefits	1,541,065	1,175,915	214,078	151,072
10	Payroll taxes	829,151	600,560	141,961	86,630
11	Fees for services (non-employees)				
а	Management				
ь	Legal	238,160		238,160	
c	Accounting	49,250		49,250	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	15,131			15,131
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,133,693	910,939	150,447	72,307
12	Advertising and promotion	1,873,214	1,851,680	3,072	18,462
13	Office expenses	939,906	535,048	65,709	339,149
14	Information technology	202,712	200,432		2,280
15	Royalties	445,530	445,314		216
16	Occupancy	2,443,281	2,441,559		1,722
17	Travel	583,824	539,710		15,528
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	,
19	Conferences, conventions, and meetings	56,614	50,616	3,417	2,581
20	Interest	591,330	591,330		·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,005,106	5,005,106		
23	Insurance	434,307	357,471	76,836	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROGRAM AND EXHIBIT SU	2,272,426	2,263,181	9,245	
b	MISCELLANEOUS	1,571,466	1,369,926	161,601	39,939
c	CULTIVATION AND FUFLILL	550,440	68,833	8,202	473,405
d	EVENT EXPENSES	517,370	340,581	31,485	145,304
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	33,957,290	27,959,131	3,331,244	2,666,915
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				_,

Part X Balance Sheet

Par	tΧ	Check if Schedule O contains a response or note to any line i	n this F	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			10,662,673	2	8,631,089
	3	Pledges and grants receivable, net			9,119,744	3	4,977,127
	4	Accounts receivable, net			3,440,590	4	1,491,298
	5	Loans and other receivables from current and former officers employees, and highest compensated employees Complete Schedule L	, dırect Part II	ors, trustees, key of		5	
Assets	6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions) Complete Part II of Schedul	ibuting employers		6		
82	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use			17,534	8	15,571
	9	Prepaid expenses and deferred charges			1,352,329	9	1,425,700
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	165,034,749	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,
	Ь	Less accumulated depreciation	10b	76,169,188	87,449,749	10c	88,865,561
	11	Investments—publicly traded securities			38,104,799	11	38,156,270
	12	Investments—other securities See Part IV, line 11			13,706,761	12	15,841,574
	13	Investments—program-related See Part IV, line 11			451,579	13	451,579
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			128,696	15	116,932
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			164,434,454	16	159,972,701
	17	Accounts payable and accrued expenses			11,375,963	17	8,435,191
	18	Grants payable			, ,	18	-,,
	19	Deferred revenue			7,207,238	19	784,174
	20	Tax-exempt bond liabilities			16,356,854	20	15.755.000
	21	Escrow or custodial account liability Complete Part IV of Sc				21	10,100,000
Liabilities	22	Loans and other payables to current and former officers, directly employees, highest compensated employees, and disquared employees.	ctors, t			21	
졅		persons Complete Part II of Schedule L				22	
ï	23	Secured mortgages and notes payable to unrelated third part				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F	lated tl Part X o	nird parties, of Schedule			
]	D			34,940,055	25 26	24,974,365
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶			34,940,033	26	24,974,303
Fund Balance		lines 27 through 29, and lines 33 and 34.			04 000 070		04 404 000
<u>8</u>	27	Unrestricted net assets			81,608,878	27	84,401,990
ă	28	Temporarily restricted net assets			31,739,289	28	32,327,547
Ĭ	29	Permanently restricted net assets			16,146,232	29	18,268,799
ΓFL		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨	- and			
S 0.	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or othe				32	
Šet	33	Total net assets or fund balances			129,494,399	33	134,998,336
Z	34	Total liabilities and net assets/fund balances			164,434,454	34	159,972,701
	L .	-,			, ,		Form 000 (2014)

Dar	t XI Reconcilliation of Net Assets			<u>'</u>	age ==		
- C	Check if Schedule O contains a response or note to any line in this Part XI		•		▽		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		41.5	701,560		
2	Total expenses (must equal Part IX, column (A), line 25)			41,/	01,500		
_	, star expenses (mast equal) are 17,7 or anim (17,7 mile 26).	2		33,9	57,290		
3	Revenue less expenses Subtract line 2 from line 1	3		7 7	44,270		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				,		
		4		129,4	194,399		
5	Net unrealized gains (losses) on investments	5		- 5	548,268		
6	Donated services and use of facilities				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		6					
7	Investment expenses	7					
8	Prior period adjustments						
		8					
9	9 Other changes in net assets or fund balances (explain in Schedule O)						
10	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		134,9	98,336		
Par	t XII Financial Statements and Reporting				. ᅜ		
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<u> </u>				
				Yes	No		
1	Accounting method used to prepare the Form 990						
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on					
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate					
	▼ Separate basis						
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	e			3		
	Single Audit Act and OMB Circular A-133?		За	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			

Additional Data

Software ID:

Software Version:

EIN: 23-1370501

Name: FRANKLIN INSTITUTE

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

(Code) (Expenses \$	5,596,436	ıncludıng grants of \$) (Revenue \$	264,679)
ANCILLARY ACTIVITIES	, DEPRECIATION A	ND INTEREST	NOT INCLUDED ABOVE		

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) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(1) DENNIS M WINT PHD	37 50	х		х				537,680	0	56,681
PRESIDENT & CEO (1) LARRY DUBINSKI	37 50	X		×				375,568	0	41,597
PRESIDENT & CEO (2) DONALD E MOREL JR PHD	1 00	х		х				0	0	0
CHAIR (3) SANDRA K BALDINO	1 00	X						0	0	0
TRUSTEE (4) MICHAEL F BARRY	1 00	х						0	0	0
TRUSTEE (5) DAVID J BERKMAN	1 00							_		
TRUSTEE (6) JOEL A BERNSTEIN	1 00	X						0	0	0
TRUSTEE		Х						0	0	0
(7) WADE H BERRETTINI MD PHD TRUSTEE	1 00	×						0	0	0
(8) SUZANNE BODA TRUSTEE	1 00	х						0	0	0
(9) RENEE B BOOTH PHD	1 00	х						0	0	0
TRUSTEE (10) DONALD E CALLAGHAN TRUSTEE	1 00	х						0	0	0
(11) MICHAEL F CAMARDO	1 00	х						0	0	0
TRUSTEE (12) TROY CARTER	1 00	х						0	0	0
TRUSTEE (13) ROBERT M CHAPPELEAR	1 00	x						0	0	0
TRUSTEE (14) PETER K CLASSEN	1 00	x						0	0	0
TRUSTEE (15) KEVIN F DONOHOE	1 00							-		
TRUSTEE (16) STEPHEN J FELICE	1 00	Х						0	0	0
TRUSTEE (17) MICHAEL C FORMAN	1 00	X						0	0	0
TRUSTEE		Х						0	0	0
TRUSTEE	1 00	х						0	0	0
(19) CHRISTOPHER GALI TRUSTEE	1 00	х						0	0	0
(20) ANTOINETTE GARRISON TRUSTEE	1 00	х						0	0	0
(21) ELIZABETH H GEMMILL TRUSTEE	1 00	х						0	0	0
(22) RICHARD J GREEN	1 00	х						0	0	0
TRUSTEE (23) GRETE GREENACRE	1 00	Х						0	0	0
TRUSTEE (24) RICHARD A GREENAWALT	1 00	X						0	0	0
TRUSTEE									0	

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

(A)

(B)

(C)

(D)

Compensated Employees, and Inde	1	ntracto	rs					I	1	1
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th person and a	ion (nan o n is b	ne b oth	ox, ι an o	ınless fficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) S MATTHEWS V HAMILTON JR TRUSTEE	1 00	х						0	0	0
(1) PAUL C HEINTZ ESQ TRUSTEE	1 00	х						0	0	0
(2) FRANCES E JENSEN MD FACP TRUSTEE	1 00	х						0	0	0
(3) NOORUDDIN KARSAN	1 00	х						0	0	0
TRUSTEE (4) STEPHEN E KELLY	1 00	X						0	0	0
TRUSTEE (5) CHARISSE R LILLIE ESQ	1 00									
TRUSTEE (6) IRA M LUBERT	1 00	X						0	0	0
TRUSTEE		Х						0	0	0
(7) THOMAS LYNCH TRUSTEE	1 00	х						0	0	0
(8) JAMES J MAGUIRE JR TRUSTEE	1 00	×						0	0	0
(9) MIRIAM G MANDELL	1 00	х						0	0	0
TRUSTEE (10) SANDRA G MARSHALL TRUSTEE	1 00	х						0	0	0
(11) ROBERT S MCMENAMIN TRUSTEE	1 00	х						0	0	0
(12) DENIS P O'BRIEN	1 00	х						0	0	0
TRUSTEE (13) PAUL OFFIT MD	1 00	X						0	0	0
TRUSTEE (14) MARVIN SAMSON	1 00							0	0	
TRUSTEE (15) MICHAEL A SANCHEZ	1 00	X							0	
TRUSTEE (16) WILLIAM SIGMUND	1 00	Х						0	0	0
TRUSTEE		х						0	0	0
(17) JOAN N STERN ESQ TRUSTEE	1 00	х						0	0	0
(18) JAMES G STEWART TRUSTEE	1 00	х						0	0	0
(19) I STEVEN UDVARHELYI MD TRUSTEE	1 00	х						0	0	0
(20) RICHARD W VAGUE	1 00	х						0	0	0
TRUSTEE (21) TINA WELLS	1 00	х						0	0	0
TRUSTEE (22) DAVID R WHITE	1 00	X						0	0	0
TRUSTEE (23) PAUL H WOODRUFF PE	1 00							_		
TRUSTEE (24) HAROLD L YOH III	1 00	X						0	0	0
TRUSTEE		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			ion (e nan o	ne b oth ctor,	ox, u an of trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 1130)	2,1033 11130)	related organizations
(51) KAREN ZIMMER MD	1 00	l x						0	0	0
TRUSTEE								-	_	
(1) THE HONORABLE DARRELL L CLARKE	1 00	×						0	0	0
TRUSTEE EX-OFFICIO (2) THE HONORABLE TOM CORBETT	1 00									
		x						0	0	0
TRUSTEE EX-OFFICIO (3) WILLIAM R HITE	1 00					1				
		х						0	0	0
TRUSTEE EX-OFFICIO (4) MOLLY LAWRENCE	1 00									
		x						0	0	0
TRUSTEE EX-OFFICIO (5) THE HONORABLE MICHAEL NUTTER	1 00									
		x						0	0	0
TRUSTEE EX-OFFICIO (6) DENNIS M O'BRIEN	1 00									
		×						0	0	0
TRUSTEE EX-OFFICIO (7) NANCY RONNING	1 00									
TRUSTEE EX-OFFICIO		x						0	0	0
(8) MARSHA R PERELMAN	1 00									
TRUSTEE EMERITUS		Х						0	0	0
(9) WILLIAM J AVERY	1 00									
TRUSTEE EMERITUS		X						0	0	0
(10) JAMES J EBERL PHD	1 00									
TRUSTEE EMERITUS		X						0	0	0
(11) JAMES A UNRUH	1 00							_	_	_
TRUSTEE EMERITUS		X						0	0	0
(12) K SIOBHAN KEEFE	37 50			Ų				126,004	^	15 570
VP FINANCE & TREASURER				X				136,994	0	15,578
(13) FREDERIC MNBERTLEYPHD	37 50				х			203,952	0	20.296
SVP SCIENCE					_^			203,932	0	29,286
(14) TROY COLLINS	37 50				x			231,163	0	27,073
SVP OF EARNED REVENUE, MKTG AND OPS								231,103		21,013
(15) RICHARD D RABENA	37 50				x			163,877	0	35,260
VP OPS&CAPITAL PROJECTS									-	
(16) REID O STYLES	37 50				x			158,671	0	24,184
VP HUMAN RESOURCES								,		
(17) KATHRYN GIORGIANNI	37 50					×		130,929	0	24,324
AVP IT SERVICES	27.50									
(18) JULIE APPOLLONI	37 50					x		148,674	0	10,546
VP DEVELOPMENT (10) LOIS SWITKIN	27.50					1				
(19) LOIS SWITKIN	37 50					×		114,953	0	14,598
DIR SALES & CATERING (20) KARA CALLAHAN	37 50					1				
	37 50					×		113,062	0	12,451
DIR MARKETING (21) KAREN ELNICH	37 50					1				
						x		112,492	0	13,723
DIR SCIENCE CONTENT & LEARNING	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>			<u> </u>

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SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization **Employer identification number** FRANKLIN INSTITUTE 23-1370501 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 6,251,106 11,452,312 10,813,204 15,267,620 17,807,535 61,591,777 not include any "unusual 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 6,251,106 11,452,312 10,813,204 15,267,620 17,807,535 61,591,777 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 13,523,145 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 48,068,632 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (e) 2014 (f) Total (d) 2013 beginning in) 🟲 6,251,106 11,452,312 10,813,204 15,267,620 17,807,535 Amounts from line 4 61,591,777 Gross income from interest, dividends, payments received on securities loans, rents, royalties 949,642 1,335,424 1,209,233 1,121,728 1,077,399 5,693,426 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 67,285,203 through 10 12 Gross receipts from related activities, etc (see instructions) 95,006,137 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 71 440 % Public support percentage for 2013 Schedule A, Part II, line 14 15 69 540 % 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493309006345

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	me of the organization ANKLIN INSTITUTE	Employer ider	Employer identification number				
				23-1370501			
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.		
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaign act	ivities in Part IV			
2	Political expenditures			▶	\$		
3	Volunteer hours						
Par	Complete if the or	ganization is exempt under	section 501(c)(3).			
1		e tax incurred by the organization und					
2	·	e tax incurred by organization manag			\$		
3		ection 4955 tax, did it file Form 472			⊤ Yes		
4a	Was a correction made?	,	•		☐ Yes ☐ No		
b	If "Yes," describe in Part IV						
Par		ganization is exempt under	section 501(c), except section 50)1(c)(3).		
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$		
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organızatıons	s for section 527 ►	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	¢.		
4	Did the filing organization file F	Form 1120-POL for this year?			→ Yes		
5	Enter the names, addresses ar organization made payments f amount of political contribution separate segregated fund or a	m the filing organization's to a separate political orga	funds Also enter the anization, such as a				
	(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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶ □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,	,
		expenses, and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means a	(a) Filing organization's totals	(b) Affiliated group totals		
a	Total lobbying expenditures to influence public of		0		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		0	
c	Total lobbying expenditures (add lines 1a and 1	b)		0	
d	Other exempt purpose expenditures			33,957,290	
e	Total exempt purpose expenditures (add lines 1	c and 1d)		33,957,290	
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 1f from line 1c If zero or less, ente		0		
j	If there is an amount other than zero on either li	720 rep	porting		

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 separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total					
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000					
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000					
_с	Total lobbying expenditures	6,000				6,000					
d	Grassroots nontaxable 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										

	art II-B Complete if the organization is exempt under s filed Form 5768 (election under section 501(h)).	-			
For e	each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed	description of the lobbying	(8	a) I	(1	b)
activ	ıvıty.		Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, legislation, including any attempt to influence public opinion on a legisl through the use of Volunteers?					
b c		on lines 1c through 1i)?				
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a le	gıslatıve body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or Other activities?	any sımılar means?				
j	Total Add lines 1c through 1i					
2a	5	section 501(c)(3)?				
b	, , , , , , , , , , , , , , , , , , , ,					
C	, , , , , ,					
	If the filing organization incurred a section 4912 tax, did it file Form 47	-				
Par	art III-A Complete if the organization is exempt under s	ection 501(c)(4), section !	501(c))(5), c	r sect	ion
	501(c)(6).				Ye	es No
1	Were substantially all (90% or more) dues received nondeductible by n	nembers?		Г	1	-3 1
2	Did the organization make only in-house lobbying expenditures of \$2,0			⊢	2	
3	Did the organization agree to carry over lobbying and political expendit				3	
Pai	art III-B Complete if the organization is exempt under s	ection 501(c)(4), section !				
	501(c)(6) and if either (a) BOTH Part III-A, line line 3, is answered "Yes."	es I and 2, are answered	NO C	ж (в)	Рагі	11-A,
1			1			
2		ot include amounts of political				
а	Current year		2a			
b	Carryover from last year		2b			
C			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondec	uctible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on does the organization agree to carryover to the reasonable estimate of					
	political expenditure next year?		4			
5	, 5 1 , , ,	5)	5			
	Part IV Supplemental Information					
	rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I- (see instructions), and Part II-B, line 1 Also, complete this part for any accomplete the part for accomplete the part for any accomplete the part for accomplete th		ıp lıst),	Part II	-A , lines	s 1 and
	Return Reference Explanati	on				

Part IV Supplemental Info	Part IV Supplemental Information (continued)						
Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2014

DLN: 93493309006345

OMB No 1545-0047

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	me of the organization		Employer identification number
гкА	ANKLIN INSTITUTE		23-1370501
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990,	, Part IV, line 6.	Funds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization of		nor advised Yes No
	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit?		
a	rt II Conservation Easements. Complete if	the organization answered "Yes"	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education)	n historically important land area certified historic structure
	Complete lines 2a through 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
a	Total number of conservation easements		2a
- b	Total acreage restricted by conservation easements		2b
2	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c
i	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferre	ed, released, extinguished, or terminat	ed by the organization during
	the tax year -		
	Number of states where property subject to conservati	on easement is located be	
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?		ndling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments during the year
	· ·		
	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	ts during the year
	* \$		
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?		☐ Yes ☐ No
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia nts	al statements that describes
ali	Complete if the organization answered "Ye		or Other Similar Assets.
3	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	, or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	e statement and balance sheet
	(i) Revenue 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, historic following amounts required to be reported under SFAS:		for financial gain, provide the
3	Revenue included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990. Part X		▶- \$

Part	Organizations Maintaining Co	llections of Art,	Historica	ıl Treas	ures, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	_		_	-	e of its
а	Public exhibition		d	oan or ex	change progra	ms	
b	Scholarly research		e	Other			
c	Preservation for future generations						
4	Provide a description of the organization's c Part XIII	ollections and explain	how they	urther the	e organızatıon's	s exempt purpose	ın
5	During the year, did the organization solicit						F., F.,
Day	assets to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold						Γ Yes No
Fall	Part IV, line 9, or reported an ar				Jii alisweleu	res to roilli	790,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				or other asse		┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing tal	ole	_		
						An	nount
c	Beginning balance					lc	
d	Additions during the year				<u> </u>	ld	
e	Distributions during the year				_	le	
f	Ending balance					lf	
2a	Did the organization include an amount on F	orm 990, Part X, line ?	21, for esc	row or cus	stodial accoun	t liability?	┌ Yes ┌ No
ь	If "Yes," explain the arrangement in Part XI						<u>'</u>
Pa	rt V Endowment Funds. Complete	if the organization (a)Current year	(b)Prior yea			Part IV, line 10. (d)Three years back	(e)Four years back
1a	Beginning of year balance	38,104,799	33,79		31,319,598	34,065,273	32,446,228
b	Contributions		1,16	1,210	164,210		-
C	Net investment earnings, gains, and losses	1,565,619	4.61	0,933	3,716,123	-1,290,611	3,177,093
d	Grants or scholarships	1,303,019	4,01	0,933	3,710,123	-1,290,011	3,177,093
e	Other expenditures for facilities						
	and programs	1,514,148	1,46	3,711	1,401,564	1,455,064	1,558,048
f	Administrative expenses						
g	End of year balance	38,156,270	38,10	<u> </u>	33,798,367	31,319,598	34,065,273
2	Provide the estimated percentage of the cur	·	(line 1g, c	olumn (a)) held as		
а	Board designated or quasi-endowment 🕨	27 000 %					
b	Permanent endowment ► 6 000 %						
С	Temporarily restricted endowment ► 67 The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%					
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that ar	e held and	administered	for the	
	organization by (i) unrelated organizations					3a	Yes No Yes
	(ii) related organizations					3a(
b	If "Yes" to 3a(II), are the related organization		on Schedul	eR?.		3	
4	Describe in Part XIII the intended uses of the						
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		e organız	ation ans	swered 'Yes'	to Form 990, Pa	art IV, line
	Description of property	10.		ost or other investment)			(d) Book value
1a					12,000,0	000	12,000,000
	Buildings				88,659,9		
	Leasehold improvements				<u> </u>		1
d	Equipment				7,238,0	4,865,50	3 2,372,507
	Other				57,136,7	758 41,892,78	
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		column (B)	line 10(c).)		88,865,561
	- · · · · ·	· ,	. , ,	. ,) (Form 990) 2014

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of va	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests			
(3)Other (A) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	15,829,328	F	
(B) BENEFICIAL INTEREST IN CHARITABLE GIFT			
ANNUITIES	12,246	F	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	, ,		arm 000 Down IV line 11 c
Part VIII Investments—Program Related. Cor See Form 990, Part X, line 13.	<u> </u>		
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
			_
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization (a) Descrip		, Part IV , line 11d See F	Form 990, Part X, line 15 (b) Book value
(4) 5 656115	Alon .		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nization answered 'Yes' to	Form 990, Part IV, I	ine 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			

A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments	Sched	lule D (Form 990) 2014			Page 4
Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments	Par			er R	eturn Complete if
a Net unrealized gains (losses) on investments 2a -548,268 b Donated services and use of facilities 2b 18,750 c Recoveries of prior year grants 2c 2c 3 d Other (Describe in Part XIII) 2d 281,072 e Add lines 2a through 2d 3 41,701,560 3 Subtract line 2e from line 1 3 41,701,560 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 0 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a 5 5 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered Yes' to Form 990, Part IV, line 12a 5 1 Total expenses and losses per audited financial statements 5 1 34,294,112 6 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2b 2a 55,750 a Donated services and use of facilities 2c 2c 3 Subtract line 2e from line 1 2 2c 3 336,822 3 Subtract line 2e from line 1 3 34,294,112 6 3 Subtract line 2e from line 1 3 34,294,112 7 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not include on Form 990, Part IX, line 26, and 4b, and Part IXI, lines	1	Total revenue, gains, and othe	er support per audited financial statements	1	41,453,114
b Donated services and use of facilities	2	Amounts included on line 1 bu	ut not on Form 990, Part VIII, line 12		
C Recoveries of prior year grants 2c	а	Net unrealized gains (losses)	on investments 2a -548,268		
Material Content Part XIII Part XI	b	Donated services and use of f	facilities		
Add lines 2a through 2d	c	Recoveries of prior year grant	ts 2c		
Subtract line 2e from line 1	d	Other (Describe in Part XIII))		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4b Other (Describe in Part XIII)	e	Add lines 2a through 2d .	 .	2e	-248,446
a Investment expenses not included on Form 990, Part VIII, line 7b . 4b 4b 4b 4b 4c 4b 4b 4c 4c	3	Subtract line ${f 2e}$ from line ${f 1}$.		3	41,701,560
b Other (Describe in Part XIII)	4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1		
Add lines 4a and 4b	а	Investment expenses not incl	luded on Form 990, Part VIII, line 7b . 4a		
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	b	Other (Describe in Part XIII)) 4b		
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	c	Add lines 4a and 4b		4 c	0
If the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line 12)	5	41,701,560
Total expenses and losses per audited financial statements	Part			per	Return. Complete
a Donated services and use of facilities	1			1	34,294,112
to Other losses	2	A mounts included on line 1 bu	ut not on Form 990, Part IX, line 25		
to Other losses	а	Donated services and use of fa	facilities 2a 55,750		
d Other (Describe in Part XIII)	b	Prior year adjustments	2b		
Add lines 2a through 2d	c	Otherlosses	2c		
Subtract line 2e from line 1	d	Other (Describe in Part XIII)) 2d 281,072		
A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII)	e	Add lines 2a through 2d		2e	336,822
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	3	Subtract line ${f 2e}$ from line ${f 1}$.		3	33,957,290
b Other (Describe in Part XIII)	4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
Add lines 4a and 4b	а	Investment expenses not incl	luded on Form 990, Part VIII, line 7b 4a		
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	b	Other (Describe in Part XIII))		
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	c	Add lines 4a and 4b		4c	0
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	5	33,957,290
Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	Part	XIII Supplemental Inf	formation		
Return Reference Explanation	Part	V, line 4, Part X, line 2, Part XI			de any additional
		Return Reference	Explanation		
ART III, LINE 1A COLLECTION ASSETS OF THE INSTITUTE HAVE NOT BEEN CAPITALIZED NOR RECOGNIZED	PART	III, LINE 1A			

Return Reference	Explanation
PART III, LINE 1A	COLLECTION ASSETS OF THE INSTITUTE HAVE NOT BEEN CAPITALIZED NOR RECOGNIZED COLLECTION ITEMS ARE HELD AS HISTORICAL TREASURES AND ARE UNDER THE STEWARDSHIP OF THE INSTITUTE ACTING THROUGH ITS PRESIDENT AND SENIOR CURATOR
PART V, LINE 4	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, LINE 2	MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS (2011-2013) OR EXPECTED TO BE TAKEN IN THE INSTITUTE'S 2014 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENTS DIRECT EXPENSES 281,072
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENTS DIRECT EXPENSES 281,072
PART III, LINE 4	FOOTNOTE TEXT RE COLLECTION ASSETS - COLLECTION ASSETS OF THE INSTITUTE HAVE NOT BEEN CAPITALIZED NOR 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

Jenedale 2 (1 31111 33 3) 23 13		age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493309006345

Statemen

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

	e of the organization NKLIN INSTITUTE				Employer ident	ification number			
IVAI	VKEIN INSTITOTE				23-1370501				
Pa	rt I General Information "Yes" to Form 990, Par			he United States. C	omplete if the organiz	ation answered			
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.								
3	Activites per Region (The follow	ung Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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	(f) Total expenditures for and investments in region			
(1)	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	6		DEVELOPMENT OF STEM SCHOOL IN EGYPT	448,337			
	EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING					
(3)									
(4)									
(5)									
За	Sub-total	0	6			448,337			
_	Total from continuation sheets to Part I	0	0			C			
c	Totals (add lines 3a and 3b)	0	6			448,337			

Schedule F (Form 990) 2014

Pa				i zations or Entitie ived more than \$5,0		•	9		to Form 990,
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

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.

Part III can be duplicated if additional space is needed.												
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												
(17)												
(18)												
	1			l .								

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	ি	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 23-1370501

Name: FRANKLIN INSTITUTE

Schedule F (Form 990) 2014

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DLN: 93493309006345

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

FRΔ	NKLIN INSTITUTE							
	THE THOUSE					23-1370501		
Pa	rt I Fundraising Acti filers are not requi			anızatıo	on answered "Yes" to	Form 990, Part IV,	lıne 17. Form 990-EZ	
1	Indicate whether the organ	nization raised funds tl	nrough ar	ny of the 1	following activities Che	ck all that apply		
а	✓ Mail solicitations			е	Solicitation of non	-government grants		
b	✓ Internet and email soli	ıcıtatıons		f	Solicitation of gov	ernment grants		
c	Phone solicitations			g	Special fundraisin	g events		
d	✓ In-person solicitations	5						
2a	Did the organization have a or key employees listed in						Ves I N	
b	If "Yes," list the ten highes to be compensated at leas			undraise	rs) pursuant to agreeme	ents under which the fur		
	(i) Name and address of individual	(ii) Activity	fundrais	Did ser have	(iv) Gross receipts from activity	(v) A mount paid to (or retained by)	(vi) A mount paid to (or retained by)	
	or entity (fundraiser)		cont	ody or rol of outions?		fundraiser listed in col (i)	organization	
			Yes	No				
1	PENTERA 8650 COMMERCE PARK PLACE SUITE G	PLANNED GIVING CONSULTANT		No	0	15,000	-15,000	
	INDIANAPOLIS, IN 46268							
2								
3								
4								
5								
6								
7								
8								
9								
10								
Γota	al			>		15,000	-15,000	
3	List all states in which the registration or licensing	organization is regist	ered or li	ensed to	o solicit contributions o	r has been notified it is	exempt from	

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 FRANKLIN AWARDS (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	786,260		(**************************************	786,260
Revenue	2	Less Contributions	652,578			652,578
	3	Gross income (line 1 minus line 2)	133,682			133,682
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
<u>8</u> 8	7	Food and beverages .	147,925	5		147,925
Dreat	8	Entertainment				
흅	9	Other direct expenses .	133,147	7		133,147
	10	Direct expense summary Add lin	es 4 through 9 in columr	n(d)		(281,072)
	11	Net income summary Subtract li				-147,390
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue	1		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Gross revenue				
Expenses	2	Cash prizes				
ed S	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor		┌ Yes %		_
		Direct expense summary Add line				
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)	<u> </u>	
9 a b	Ist	er the state(s) in which the organization licensed to conduct No," explain	t gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3							
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity									
	formed to administer charitable gaming	J ²		Г _{Yes} Г	— No							
13	Indicate the percentage of gaming acti		1 1	,								
а	The organization's facility		13a		%							
b	An outside facility				%							
14	Enter the name and address of the pers	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 fro	om whom the organization receives gaming									
154	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 of the third party											
	Name 🟲											
	Address 🏲											
16	Gaming manager information											
	Name 🟲											
	Gaming manager compensation 🕨 \$		······									
	Description of services provided											
	Director/officer	_ Employee	☐ Independent contractor									
17	Mandatory distributions											
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to									
	retain the state gaming license?			Γ _{Yes} [Γ _{No}							
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent									
	ın the organization's own exempt activi		·									
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr									
	Return Reference		Explanation									

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493309006345 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) 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 Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number FRANKLIN INSTITUTE 23-1370501 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of (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	
(1) BOWER AWARD CASH PRIZE TO LAUREATE	1	250,000				

Part IV Suppleme	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation								
PART I, LINE 2	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 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 EXCEED \$5,000 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								

DLN: 93493309006345

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization FRANKLIN INSTITUTE

Employer identification number

23-1370501

Pai	rt I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	First-class or charter travel Housing allowance or residence for personal use						
	Tax idemnification and gross-up payments • Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
	The same of the change of the same of the						
D	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	١_	v				
	directors, trustees, officers, including the CLO/Executive Director, regarding the Items checked in fine 1a.	2	Yes				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III						
	▼ Compensation committee ▼ Written employment contract						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	Receive a severance payment or change-of-control payment?	4a		Νo			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo			
c							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of						
a	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 $1a$, did the organization pay or accrue any compensation contingent on the net earnings of						
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 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 $4958-6(c)$?	9					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 DENNIS M WINT PHD, PRESIDENT & CEO	(i)	388,073	11,811	137,796	31,454	25,227	' I ' I	
	(ii)	0	0	0	0	0	0	0
2 LARRY DUBINSKI, PRESIDENT & CEO	(i)	305,344	, 30,204		17,861	23,736	417,165	0
	(ii)	0	0	0	0	0	0	0
3 K SIOBHAN KEEFE, VP FINANCE & TREASURER		132,329	5,000	-335	7,940	7,638	152,572	0
THATCE & TREADORER	(ii)	0	0	0	0	0	0	0
4 FREDERIC MNBERTLEYPHD, SVP	(i)	171,440	32,182	330	10,286	19,000	233,238	0
SCIENCE SCIENCE	(ii)	0	0	0	0	0	0	0
5 TROY COLLINS, SVP OF EARNED REVENUE, MKTG	(i)	193,741	36,622	800	11,624	15,449	258,236	0
AND OPS	(ii)	0	0	0	0	0	0	0
6 RICHARD D RABENA, VP OPS&CAPITAL PROJECTS	(i)	151,282	15,301	-2,706	12,904	22,356	199,137	0
	(ii)	0	0	0	0	0	0	0
7 REID O STYLES, VP HUMAN RESOURCES	(i)	142,848	12,653	3,170	14,975	9,209	182,855	0
HOMAN RESOURCES	(ii)	0	0	0	0	0	0	0
8 KATHRYN GIORGIANNI, AVP IT SERVICES	(i)	140,651	0	-9,722	8,439	15,885	155,253	0
	(ii)	0	0	0	0	0	0	0
9 JULIE APPOLLONI, VP DEVELOPMENT	(i)	148,051	1,500	-877	8,883	1,663	159,220	0
DEVELOPMENT	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	DURING 2014, THE FRANKLIN INSTITUTE PROVIDED MEMBERSHIP IN THE UNION LEAGUE OF PHILADELPHIA FOR THE PRESIDENT AND CEO
	(LARRY DUBINSKI), AND PROVIDED MEMBERSHIP IN THE UNION LEAGUE OF PHILADELPHIA, THE PHILADELPHIA CLUB AND THE
	CORINTHIAN YACHT CLUB FOR THE PRESIDENT AND CEO (DENNIS WINT)

Schedule J (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 23-1370501

Name: FRANKLIN INSTITUTE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title (B) Breakd (i) Base Compensation		(i) Base	f W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
1 DENNIS M WINT PHD, PRESIDENT & CEO	(I) (II)		11,811	137,796	31,454 0	25,227 0	594,361 0	0	
1 LARRY DUBINSKI, PRESIDENT & CEO	(I) (II)	,	58,264 0	11,960 0	17,861 0	23,736 0	417,165 0	0	
2 K SIOBHAN KEEFE, VP FINANCE & TREASURER	(I) (II)	ll	5,000 0	-335 0	7,940 0	7,638 0	152,572 0	0	
3 FREDERIC MNBERTLEYPHD, SVP SCIENCE	(I) (II)	,	32,182 0	330 0	10,286 0	19,000 0	233,238 0	0	
4 TROY COLLINS, SVP OF EARNED REVENUE, MKTG AND OPS	(I) (II)	· ·	36,622 0	800 0	11,624 0	15,449 0	258,236 0	0	
5 RICHARD D RABENA, VP OPS&CAPITAL PROJECTS	(I) (II)		15,301 0	-2,706 0	12,904 0	22,356 0	199,137 0	0	
6 REID O STYLES, VP HUMAN RESOURCES	(I) (II)		12,653 0	3,170 0	14,975 0	9,209 0	182,855	0	
7 KATHRYN GIORGIANNI, AVP IT SERVICES	(I) (II)	140,651 0	0	-9,722 0	8,439 0	15,885 0	155,253 0	0	
8 JULIE APPOLLONI, VP DEVELOPMENT	(I) (II)		1,500	-877 0	8,883 0	1,663 0	159,220	0	

DLN: 93493309006345

OMB No 1545-0047

2014

Open to Public

Schedule K (Form 990)

Department of the Treasury

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 Part VI. ► Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

	ertment of the Treasury Ernal Revenue Service	►Informatio	n about Schedule K	K (Form 990) and its	instruction:	s is at <u>wı</u>	<u>ww.irs</u>	s.gov/form	<u>1990</u> .				Inspec		
	ne of the organization									Emp	ployer id	entifica	ation num	nber	
FKA 	ANKLIN INSTITUTE									23	-13705	01			
P	art I Bond Issues														
i	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)) Descriptio	n of purpose	(g) De	(g) Defeased (h				Pool
i			1								behalf of Issuer		IIIIa	ancing	
										Yes	No	Yes	No	Yes	No
A	PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT	23-2237287		09-30-2013	11,0		FUND: PROJE	DING FOR C JECTS	CAPITAL		Х		Х		Х
В	PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT	23-2237287	717818QG8	03-22-2006	14,0	•		PRIOR CAP	BT, FUNDING PITAL		Х		Х		X
Pa	art III Proceeds														
1				A		В		С			D				
1_		A mount of bonds retired							840,000						
_2		A mount of bonds legally defeased													
3	<u> </u>	Total proceeds of issue						1	14,265,843						
4	Gross proceeds in reserve fund						$\bot \bot$								
_5	Capitalized interest from proce	∍eds													
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds	,					206,552								
8	Credit enhancement from proce	eeds					5,358								
9	Working capital expenditures fr	rom proceeds													
10	Capital expenditures from proc	ceeds				4,491,3	1,358								
11	O ther spent proceeds														
12	O ther unspent proceeds														
13	Year of substantial completion	ı			20	14		199	90	•					
					Yes	No		Yes	No	Yes	N	No	Yes	\perp	No
14	Were the bonds issued as part	of a current refundi	ng issue?			×			х						
15	Were the bonds issued as part	of an advance refur	nding issue?			Х		Х							
16	Has the final allocation of proce	eeds been made?			Х			х			1				
17	Does the organization maintain allocation of proceeds?	n adequate books ar	nd records to suppo	ort the final	Х			Х			†				
Pa	rt IIII Private Business Us	se													
i						Ą		В	1		C	\longrightarrow		D	
i					Yes	No	-	Yes	No	Yes	N	lo	Yes	+	No
1	Was the organization a partner	.C, which owned	1	X			х								

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Par	Private Business Use (Continued)									
				4	E	3		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			Х		Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		Х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance									
4	Enter the percentage of financed property used in a private business use b other than a section $501(c)(3)$ organization or a state or local government									
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х	Х					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			Х		х				
<u></u>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of								•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements unc Regulations sections 1 141-12 and 1 145-2?		Х		Х					
Par	t IV Arbitrage							,		
		А	_		В		С		D	
		Yes	No	Yes	No	Y	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X	×						
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?	Х								
b	Exception to rebate?		X							
С	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				•	•	•	•		
3	Is the bond issue a variable rate issue?	Х		Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х	Х					_	
ь	Name of provider			BANKOF	AMERICA					
С	Term of hedge			20 00	000000000	00				
d	Was the hedge superintegrated?				Х					
е	Was the hedge terminated?				Х					

	Part LV Arbitrage (Continued)									
		А	В		С		D			
		Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X					
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyond an available temporary period?		Х		Х					
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X						
,	· · · · · · · · · · · · · · · · · · ·	×		X						

Part V Procedures To Undertake Corrective Action

	Α		В		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2014

DLN: 93493309006345

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Noncash Contributions

Name of the organization FRANKLIN INSTITUTE

Employer identification number

D۵	t I Types of Property							
<u>r a</u>	TYPES OF FIOPERTY	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	17	4,093,463	MARKET VALUE			
.0	Securities—Closely held stock .							
.1	Securities—Partnership, LLC, or trust interests							
.2	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial							
7	Real estate—O ther							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	O ther ▶ ()							
6	O ther ▶()							
	O ther ►()							
	O ther ► ()							
	Number of Forms 8283 received for which the organization comple				29		w I	N 1-
≀∩-a	During the year, did the organiza	tion receiv	a by contribution any prope	arty reported in Part I lines	1 through 28 that		Yes	No
va								
	it must hold for at least three ye for exempt purposes for the enti				red to be used	30a		Νo
b	If "Yes," describe the arrangem					30a		INO
1	Does the organization have a gif	ft acceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	ı
2a	Does the organization hire or us contributions?					22-	V	
b	If "Yes," describe in Part II					32a	Yes	
33	If the organization did not report describe in Part II	t an amount	in column (c) for a type of	property for which column (a) is checked,			

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

number of items fer	number of items received, of a combination of both. Also complete this part for any additional information.				
Return Reference	Explanation				
	WITH TWO EXCEPTIONS IN 2014, THE FRANKLIN INSTITUTE UTILIZES A BROKER TO IMMEDIATELY SELL ANY GIFTS OF SECURITIES UPON RECEIPT OF THE GIFT THE TWO EXCEPTIONS IN 2014 WERE MADE FOR GIFTS OF 96,700 SHARES OF AMREP STOCK RECEIVED ON MARCH 10, 2014 AND FOR VARIOUS STOCKS RECEIVED AS RETRIBUTION FOR				
	MISMANAGEMENT ON THE PART OF THE CUSTODIAN FOR A PERPETUAL TRUST THE BLOCK OF AMREP STOCK WAS SOLD IN MARCH AND APRIL 2014, WHILE THE STOCK RECEIVED AS RETRIBUTION FOR THE PERPETUAL TRUST IS REQUIRED TO BE HELD IN PERPETUITY BASED ON THE PERPETUAL TRUST AGREEMENT				

Schedule M (Form 990) (2014)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493309006345

Open to Public Inspection

	Employer identification number
FRANKLIN INSTITUTE	
	23-1370501

FRANKLIN INSTITUTE		- ,					
	23-1	370501					
990 Schedule O, Supplemental	Information						
Return Reference Explanation							
FORM 990, PART VI, SECTION A, LINE	·						
FORM 990, PART VI, SECTION B, LINE	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE	 EDRAFT FORM 990, AND					
11	APPROVES THE FORM 990 PRIOR TO IT BEING FILED WITH THE IRS A COMPLETE COPY OF FORM 990 IS PROVIDED TO						
	THE BOARD PRIOR TO FILING WITH THE IRS						
FORM 990, PART VI, SECTION B, LINE 12C	THE FRANKLIN INSTITUTE BOARD MEMBERS AND SENIOR MANAGEN ANNUAL CONFLI CT OF INTEREST QUESTIONNAIRE AND DISCLOSURE FORM, WHICH II						
	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	KEY EMPLOYEES AND OFFICERS OF THE FRANKLIN INSTITUTE IN 20						
15	INDIVI DUALS DENNIS WINT, PRESIDENT AND CEO LARRY DUBINSKI, COO/	PRESIDENT AND CEO TROY					
	COLLINS, SENIOR VICE PRESIDENT OF EARNED REVENUE, MARKETING AND O	PERATIONS FREDERIC BERTLEY,					
	SENIOR VICE PRESIDENT FOR SCIENCE RICHARD RABENA, VICE PRESIDENT (PROJE	OF OPERATIONS AND CAPITAL					
	CTS REID STYLES, VICE PRESIDENT OF HUMAN RESOURCES MARIS/ PRESIDENT FOR	A WIGGLESWORTH, VICE					
	DEVELOPMENT SIOBHAN KEEFE, VICE PRESIDENT OF FINANCE & TRI VICE PR	EASURER JULIE APPOLLONI,					
	ESIDENT FOR DEVELOPMENT THE PROCESS THE FRANKLIN INSTITUTION	TE USES TO ESTABLISH					
	FOR OFFICERS AND KEY EMPLOYEES INCLUDES A COMPLETE REVIE COMPENSATION LEVELS	EW OF EXECUTIVE					
	BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THE REV	OF THE FRANKLIN INSTITUTE					
	IEW IS BASED ON A MARKET ANALYSIS PREPARED BY THE HAY GICOMPENSATION S						
	URVEYS FOR BOTH NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATION THE FRAN						
	KLIN INSTITUTE. COMPENSATION DECISIONS ARE MADE ON TWO LE						
	THE PRESIDENT AND CEO TO THE COMPENSATION COMMITTEE FOR REGARDING THE						
	COMPENSATION OF SENIOR VICE PRESIDENTS AND VICE PRESIDENT COMMITTEE DE VELOPS RECOMMENDATIONS FOR THE PRESIDENT AND CEO'S COM						
	RECOMMENDAT ONS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES						
	WAS US ED TO REVIEW THE COMPENSATION LEVELS OF ALL OF ITS EXECUT						
	SUBSTANT IATE COMPENSATION ACTIONS IN 2014	7, 25 2, 5 1 2 7, 8 5 7 2 7, 8 5 7 5					
FORM 990, PART VI, SECTION C, LINE	THE FRANKLIN INSTITUTE'S FORM 990 IS POSTED ANNUALLY ON GL	JIDESTAR ORG THE FRANKLIN					
19	INSTIT UTE PUBLISHES AN ANNUAL REPORT, WHICH INCLUDES THE AUDITE AND CHA	ED STATEMENT OF OPERATIONS					
	NGES IN NET ASSETS AND THE AUDITED STATEMENT OF FINANCIAL	. POSITION					
FORM 990, PART XI, LINE 9	NET UNREALIZED LOSS ON INTEREST RATE SWAP - 147,127 NET AC BENEFIT RETIREMENT PLAN - 1,507,938 IN-KIND DIFFERENCE - 37,000	CTUARIAL LOSS ON DEFINED					
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A SEPARATE AUDIT COMMITTEE THAT AS	SUMES RESPONSIBILITY FOR					
	THE OVERSI GHT OF THE ALIDIT. THERE HAS REEN NO CHANGE FROM THE PRIOR						

GHT OF THE AUDIT THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR