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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2014

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

| For ca | lendar year 2014, or tax year beginning | , 2014, | , and ending | , | |
|-------------|---|------------------------------------|---------------------------|---|--|
| FRAN | KLIN FAMILY FOUNDATION | | A | Employer identification num 45-5096710 | nber |
| | INDCASTLE DR HARLES, MO 63304 | | В | Telephone number (see instr 314-739-1414 | uctions) |
| | · | | С | If exemption application is | pending, check here |
| G Ch | eck all that apply Initial return | Initial return of a form | ner public charity D | 1 Foreign organizations, chec | k here |
| | Address change | Name change | | 2 Foreign organizations meets here and attach computatio | ing the 85% test, check |
| H Ch | eck type of organization X Section 50 Section 4947(a)(1) nonexempt charitable | 1(c)(3) exempt private f | | · | |
| I Fair | | counting method X Ca | | If private foundation status under section 507(b)(1)(A), | |
| • | m Part II, column (c), line 16) | Other (specify) | F | If the foundation is in a 60- | |
| ► \$ | | , column (d) must be or | | under section 507(b)(1)(B) | |
| | Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| <u> </u> | Contributions, gifts, grants, etc, received (attach schedule) | 97,500. | | | |
| ਭ ಾ | 2 Ck Lif the foundn is not required to attach Sch B | | | | |
| 20 | 3 Interest on savings and temporary cash investments | 59. | 59. | 59. | |
| | Dividends and interest from securities Gross rents | 2,912. | 2,912. | 2,912. | |
| | b Net rental income or (loss) | | | | |
| | 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all | 9. | | | |
| € ₹ | assets on line 6a 7 Capital gain net income (from Part IV, line 2) | | 9. | | |
| SN | 8 Net short-term capital pain RECEIV | ED | <u></u> | | |
| S E | 9 Income modifications 10 a Gross sales less | ()I | | | |
| | allowances | NG 9 | | | |
| | b Less Cost of goods sold | 200 X | | | |
| | C Gross profit or (loss) (attach schedule) Other income (attach schedule) OGDEN | UT | | | |
| | SEE STATEMENT 1 | 90. | 90. | 90. | |
| | 12 Total. Add lines 1 through 11 | 100,570. | 3,070. | 3,061. | |
| | 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages | 0. | | | |
| | 15 Pension plans, employee benefits | | | | |
| A | 16a Legal fees (attach schedule) b Accounting fees (attach sch) SEE ST 2 | 1 000 | | 1 222 | |
| M | b Accounting fees (attach sch) SEE ST 2 c Other prof fees (attach sch) SEE ST 3 | 1,000. 1,619. | 1,619. | 1,000. 1,619. | |
| Ö Í | 17 Interest | 1,013. | 1,013. | 1,013. | |
| O P E R A T | 18 Taxes (attach scheduleXsee instrs) SEE STM 4 | 4. | 4. | 4. | |
| A A | 19 Depreciation (attach sch) and depletion | | | | |
| N V | 20 Occupancy 21 Travel, conferences, and meetings | | | | |
| _ | 22 Printing and publications. | | | | |
| A E X P E | 23 Other expenses (attach schedule) | | | | |
| N S | 24 Total operating and administrative | | | | |
| Š | expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid PART XV | 2,623. | 1,623 | 2,623. | 30 707 |
| | 26 Total expenses and disbursements. | 39,787. | | | 39,787. |
| | Add lines 24 and 25 27 Subtract line 26 from line 12: | 42,410. | 1,623. | 2,623. | 39,787. |
| | a Excess of revenue over expenses | | | | |
| | and disbursements b Net investment income (if negative, enter -0-) | 58,160. | 1,447 | | |
| | C Adjusted net income (if negative, enter -0-) | | | 438. | |

| Par | t II | Balance Sheets | column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
|-------------------|----------|---|---|---------------------------|--|-----------------------|
| | T 1 | Cash - non-interes | | (a) Book value | (D) BOOK Value | (c) Fall Warket Value |
| | 2 | | rary cash investments | 227,048. | 58,449 | FO 440 |
| | 3 | Accounts receivable | - | 221,046. | 58,445 | 58,449. |
| | " | Less allowance for | | | | |
| | 4 | Pledges receivable | | | | |
| | - | Less allowance for | doubtful accounts | | | |
| | 5 | Grants receivable | | | | |
| | 6 | | cers, directors, trustees, and other | | | |
| | " | disqualified persons (atta | ch schedule) (see instructions) | | | |
| | 7 | Other notes and loans red | ceivable (attach sch) | | | |
| Ą | | Less allowance for | doubtful accounts | | | |
| Š | 8 | Inventories for sale | or use | | | |
| A S E T | 9 | Prepaid expenses a | nd deferred charges | | | |
| Ś | 10 8 | a Investments – US obligations (attach s | and state government schedule) | | | |
| | l | • Investments — corporate | stock (attach schedule) .STATEMENT 5 | | 223,698 | 229,104. |
| | (| : Investments — corporate | bonds (attach schedule) | | | |
| | 11 | Investments – land equipment basis | , buildings, and ▶ | | | |
| | | Less: accumulated depred (attach schedule) | ciation • | | | |
| | 12 | Investments - mort | gage loans. | | ······································ | |
| | 13 | Investments - other | r (attach schedule) STATEMENT 6 | | 3,061 | 3,186. |
| | 14 | Land, buildings, and | f equipment basis ► | | | |
| | | Less. accumulated depred (attach schedule) | eration • | | | |
| | 15 16 | Other assets (descri Total assets (to be see the instructions | be >) completed by all filers -) Also, see page 1, item I). | 227,048. | 285,208 | 3. 290,739. |
| ᆫ | 17 | | nd accrued expenses | 227,0207 | | |
| I A | 18 | Grants payable | | | - | |
| A B | 19 | Deferred revenue | | | | |
| Ľ | 20 | Loans from officers, direc | tors, trustees, & other disqualified persons | | | |
| Ī | 21 | Mortgages and other note | s payable (attach schedule) | | | |
| Ţ | 22 | Other liabilities (des | cribe •) | | | |
| E S | 23 | Total liabilities (add | l lines 17 through 22) | 0. | (|). |
| | | Foundations that fo | llow SFAS 117, check here ► X | 0. | | <u>'</u> |
| | | and complete lines | 24 through 26 and lines 30 and 31. | | | |
| N F E U T N | 24 | Unrestricted | | 227,048. | 285,208 | <u> </u> |
| ΤŇ | 25 | Temporarily restricted | | | | |
| D | 26 | Permanently restrict | | | | _ |
| A B S A E L A | | Foundations that do and complete lines | o not follow SFAS 117, check here > 27 through 31. | | | |
| EL | 27 | Capital stock, trust (| orincipal, or current funds | | | |
| SN | 28 | Paid-in or capital surplus | , or land, bldg , and equipment fund | | | |
| OE | 29 | Retained earnings, accum | ulated income, endowment, or other funds | | | |
| ŔŠ | 30 | | fund balances (see instructions) | 227,048. | 285,208 | <u>3.</u> |
| | 31 | (see instructions) | net assets/fund balances | 227,048. | 285,208 | , |
| Parl | | ` | iges in Net Assets or Fund Balance | | 203,200 | 7.1 |
| | | | alances at beginning of year — Part II, colu | | ree with | |
| | end- | of-year figure reporte | d on prior year's return) | .,, - , - , | | 227,048. |
| | | r amount from Part I, | | | <u> </u> | 2 58,160. |
| | | increases not included in li | nne 2 (itemize) | | | 3 |
| _ | | lines 1, 2, and 3 | (4 | | <u> </u> | 285,208. |
| 5 | | ases not included in line 2 | ` ' | | | 5 |
| 6 | rota | net assets or fund b | alances at end of year (line 4 minus line 5) | - Part II, column (b), li | ne 30 | 6 285,208. |

| (a) List and descr 2-story brick wareho | d Losses for Tax on Investmen tibe the kind(s) of property sold (e.g., re buse, or common stock, 200 shares ML | eal estate, C Company) | How acquired — Purchase — Donation | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|--|--|------------------------------------|--|----------------------------------|
| 1a CAPITAL GAIN DIVI | DENDS | | Donation | | |
| b | | | | | |
| <u> </u> | | | | | |
| <u>d</u> | | | | | |
| (e) Gross sales price | (f) Depreciation allowed | (a) Cost or other bosis | | (h) Com or | (1) |
| (c) Gross sales price | (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (e) plus (f) m | |
| а | | | | | |
| <u> </u> | | | | | |
| d d | | | | | |
| e | | | | | |
| - | owing gain in column (h) and owned by | the foundation on 12/31/69 | | W 0 40 L | |
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | | (I) Gains (Coli ain minus column (k an -0-) or L osses (fr |), but not less |
| а | | | | | 9. |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | , | |
| 2 Capital gain net income or (| If (loss), enter | enter in Part I, line 7 er -0- in Part I, line 7 | 2 | | 9. |
| 3 Net short-term capital gain of | or (loss) as defined in sections 1222(5) | and (6) | | | |
| If gain, also enter in Part I, I in Part I, line 8 | line 8, column (c) (see instructions) If | (loss), enter -0- | 3 | | 0 |
| | ler Section 4940(e) for Reduced | Toy on Not Investmen | | <u></u> | 0. |
| | section 4942 tax on the distributable ar qualify under section 4940(e) Do not co | | period? | Yes | X No |
| 1 Enter the appropriate amount | in each column for each year, see the inst | tructions before making any ent | ries | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (colu | (d) Distribution umn (b) divided | ratio by column (c)) |
| 2013 | 25,150. | 120, | 712. | | 0.208347 |
| 2012 | 11,000. | 11,9 | 904. | | 0.924059 |
| 2011 | | | | | |
| 2010 | | | | | |
| 2000 | | | | | |
| 2009 | | | | | |
| 2009 2 Total of line 1, column (d). | | | 2 | | 1.132406 |
| 2 Total of line 1, column (d).3 Average distribution ratio for | the 5-year base period – divide the to | otal on line 2 by 5, or by the 5 years | 2 | | 1.132406 |
| 2 Total of line 1, column (d).3 Average distribution ratio for number of years the foundat | the 5-year base period — divide the to tion has been in existence if less than haritable-use assets for 2014 from Part | 5 years | | | |
| 2 Total of line 1, column (d).3 Average distribution ratio for number of years the foundat | tion has been in existence if less than | 5 years | 3 | | 0.377469 |
| 2 Total of line 1, column (d). 3 Average distribution ratio for number of years the foundat 4 Enter the net value of nonch 5 Multiply line 4 by line 3 | tion has been in existence if less than | 5 years | 3 | | 0.377469 |
| 2 Total of line 1, column (d). 3 Average distribution ratio for number of years the foundat 4 Enter the net value of nonch 5 Multiply line 4 by line 3 | tion has been in existence if less than a | 5 years | 3 4 5 | | 0.377469 207,383. 78,281. |
| 2 Total of line 1, column (d). 3 Average distribution ratio for number of years the foundat 4 Enter the net value of nonch 5 Multiply line 4 by line 3 6 Enter 1% of net investment 7 Add lines 5 and 6 8 Enter qualifying distributions | tion has been in existence if less than a naritable-use assets for 2014 from Part income (1% of Part I, line 27b) | 5 years X, line 5 | 3 4 5 6 7 8 | | 0.377469 207,383. 78,281. |

| Forn | n 990-PF (2014) FRANKLIN FAMILY FOUNDATION 45-5096710 | | F | age 4 |
|--------|--|-----------------|----------|----------------|
| | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction | s) | | |
| 1 : | a Exempt operating foundations described in section 4940(d)(2), check here | _ | _ | |
| | Date of ruling or determination letter (attach copy of letter if necessary – see instrs) | | | |
| ı | b Domestic foundations that meet the section 4940(e) requirements in Part V, | | | 29. |
| | check here ► and enter 1% of Part I, line 27b | | | |
| • | c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | | _ |
| _ | foundations only Others enter -0-). | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | | | 29. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | | 0. |
| 5 6 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments | | | 29. |
| - | a 2014 estimated tax pmts and 2013 overpayment credited to 2014 | | | |
| | Exempt foreign organizations — tax withheld at source | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c 50. | | | |
| | Backup withholding erroneously withheld 6 d | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | 50. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | | | 30. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. | | | 21. |
| 11 | Enter the amount of line 10 to be. Credited to 2015 estimated tax | | | 0. |
| Par | t VII-A Statements Regarding Activities | | | |
| | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| 1 6 | participate or intervene in any political campaign? | 1 a | | X |
| F | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes | | | |
| _ | (see Instructions for the definition)? | 1 b | | Х |
| | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published | | | |
| | or distributed by the foundation in connection with the activities. | 1 | | |
| | Did the foundation file Form 1120-POL for this year? | 1 c | | X |
| d | I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation ►\$ 0. (2) On foundation managers ►\$ 0. | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | |
| | foundation managers >\$ 0. | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| | If 'Yes,' attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | |
| | of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | 3 | | <u>X</u> |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4 a | | X |
| b | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | 4 b | N | /A |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| _ | If 'Yes,' attach the statement required by General Instruction T | 1 | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | | v |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | 7 | X | X |
| | Enter the states to which the foundation reports or with which it is registered (see instructions) | - | Α. | ├── |
| | MO | | | |
| | o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | |
| | (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | 8 b | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) | | | |
| - | for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV | 9 | ļ | X |
| 10 | | | | |
| | and addresses | 10 | <u> </u> | X_ |
| BAA | A FO | orm 99 1 | U-Pt (| ZU14) |

| Pa | rt VII-A Statements Regarding Activities (continued) | _ | | |
|-----|---|---------------|------------|-----------------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | 11 | | х |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions) | 12 | | х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address N/A | | | |
| 14 | The books are in care of ► MICHAEL FRANKLIN Telephone no ► 314- | 39-1 | 414 | |
| 4.5 | Located at 19 WINDCASTLE DR ST CHARLES MO ZIP + 4 > 63304 | | . _ | . - |
| 13 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year | . N/A | • | |
| | | | Yes | N/A No |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | res | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If 'Yes,' enter the name of the foreign country | | | |
| Pai | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| • | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | <u> </u> | Yes | No |
| 1 2 | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No | | | |
| t | If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1 b | N, | /A |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? | 1 c | | х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? Yes X No | | | |
| | If 'Yes,' list the years ► 20 , 20 , 20 , 20 | | | |
| t | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions). | 2 b | N | /A |
| c | : If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | <u></u> | 14 | |
| | ► 20 _ , 20 <u>,</u> 20 , 20 | | | |
| 3 a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No | | | |
| b | olf 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014) | 3 b | N, | /A_ |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4 a | | х |
| t | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of | | | <u> </u> |
| _ | the tax year beginning in 2014? | 4 b | | Х |
| BAA | | orm 99 | 0-PF (| |

| Form 990-PF (2014) FRANKLIN FAMILY FO | | | 45-50 | 96710 | Page 6 |
|---|---|---|--|-----------------------|------------------------|
| Part VII-B Statements Regarding Activit | | n 4720 May Be Req | uired (continued) | | |
| 5 a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt | = | - (tion 4045(-))2 | | | |
| (2) Influence the outcome of any specific pub | _ | | ∐ Yes X | No | |
| on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel, | ation drive? | • | | No | |
| | | • | Tes _K | No | |
| (4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions | | | Yes X | No | |
| (5) Provide for any purpose other than religio educational purposes, or for the prevention | n of cruelty to children | or animals? | | No | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)? | the transactions fail to a current notice regard | qualify under the excep ding disaster assistance | tions e | 5 Ь | N/A |
| Organizations relying on a current notice rega | rding disaster assistand | ce check here | ► [| | |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon | sibility for the grant? | · | N/A Yes | No | |
| If 'Yes,' attach the statement required by Regi | | (-) | | | |
| 6 a Did the foundation, during the year, receive ar on a personal benefit contract?b Did the foundation, during the year, pay prem | | | _ Yes X | No 6 b | x |
| If 'Yes' to 6b, file Form 8870 | ams, ancony or manec | ay, on a personal bene | nt contract | 0.5 | ^ |
| 7 a At any time during the tax year, was the found | · | | ا اسا | No | |
| b If 'Yes,' did the foundation receive any procee Part VIII Information About Officers, Di | | | | I/A 7b | |
| Part VIII Information About Officers, Diand Contractors | rectors, Trustees, | Foundation Manag | gers, Hignly Pald E | mpioyees | , |
| 1 List all officers, directors, trustees, foundation | n managers and their | compensation (see inst | ructions). | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense other all | e account, lowances |
| MICHAEL FRANKLIN | TRUSTEE | 0. | 0. | | 0. |
| 19_WINDCASTLE_DR | 0 | | | 1 | |
| ST CHARLES, MO 63304 | . | | | | |
| DEBORAH FRANKLIN | TRUSTEE | 0. | 0. | | 0. |
| 19_WINDCASTLE_DR | 0 | | | | |
| ST CHARLES, MO 63304 | | | | <u> </u> | · <u>-</u> |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employees (of | ther than those included | on line 1 – see instructio | ns). If none, enter 'NONE | <u> </u> | |
| (a) Name and address of each employee | (b) Title, and average | (c) Compensation | (d)Contributions to | (e) Expense | e account. |
| paid more than \$50,000 | hours per week devoted to position | | employee benefit plans and deferred compensation | | lowances |
| NONE | | | , , | | |
| | | | -14 12 | | |
| | | | | | |
| | | | | - | |
| | | | | | |
| | | | | | · |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid over \$50,000 |) | | | Form 990- | 0 PF (2014) |

| and Contractors (continued) | dation Managers, Highly Paid E | mployees, |
|--|-------------------------------------|---------------------------|
| 3 Five highest-paid independent contractors for professional services (see in | structions). If none, enter 'NONE.' | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
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| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services . | - | 0 |
| | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc. | I information such as the number of | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see Instruc | ctions) | |
| Describe the two largest program-related investments made by the foundation during the | tax year on lines 1 and 2 | Amount |
| 1 | tonyou on miss your | |
| N/A | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | , | |
| <u> </u> | | |
| | | |
| Total. Add lines 1 through 3 | - | 0. |
| BAA | | Form 990-PF (2014) |

45-5096710

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Form 990-PF (2014) FRANKLIN FAMILY FOUNDATION

| Part X | I MINIMUM Investment Return (All domestic foundations must complete this part. For see instructions.) | reign | foundations, |
|-----------------|--|---------|--------------|
| 1 Fair | market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes rage monthly fair market value of securities. | | 100.000 |
| | rage monthly cash balances | 1 a | 122,918. |
| | market value of all other assets (see instructions) | 1 b | 87,623. |
| | · | 1 c | 070 |
| | il (add lines 1a, b, and c) | 1 d | 210,541. |
| | uction claimed for blockage or other factors reported on lines 1a and 1c | | |
| • | ach detailed explanation) [1e] 0. uisition indebtedness applicable to line 1 assets | | • |
| | tract line 2 from line 1d | 2 | 0. |
| 3 Sub | | 3 | 210,541. |
| | n deemed held for charitable activities Enter 1-1/2% of line 3 greater amount, see instructions) | 4 | 3,158. |
| 5 Net | value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 207,383. |
| 6 Mini | mum investment return. Enter 5% of line 5 | 6 | 10,369. |
| Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operational and certain foreign organizations check here ► and do not complete this part.) | ting f | oundations |
| 1 Minii | mum investment return from Part X, line 6 | 1 | 10,369. |
| 2 a Tax | on investment income for 2014 from Part VI, line 5 | | |
| b inco | me tax for 2014 (This does not include the tax from Part VI) | 1 | |
| c Add | lines 2a and 2b | 2 c | 29. |
| 3 Distr | abutable amount before adjustments. Subtract line 2c from line 1 | 3 | 10,340. |
| 4 Reco | overies of amounts treated as qualifying distributions | 4 | |
| 5 Add | lines 3 and 4 | 5 | 10,340. |
| 6 Ded | uction from distributable amount (see instructions) | 6 | |
| 7 Dist | ributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 10,340. |
| Part XII | Qualifying Distributions (see instructions) | | |
| 1 Amo a Expe | unts paid (including administrative expenses) to accomplish charitable, etc, purposes enses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 39,787. |
| b Prog | ram-related investments – total from Part IX-B | 1 b | |
| 2 Amo | unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. | 2 | |
| 3 Amo | ounts set aside for specific charitable projects that satisfy the. ability test (prior IRS approval required) | 3a | |
| | n distribution test (attach the required schedule) | 3 b | |
| | lifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 39,787. |
| 5 Foun Ente | dations that qualify under section 4940(e) for the reduced rate of tax on net investment income or 1% of Part I, line 27b (see instructions) | 5 | |
| | sted qualifying distributions. Subtract line 5 from line 4 | 6 | 39,787. |
| Note | The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years | ndation | l |

BAA

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|--|----------------------|----------------------------|--------------------|--------------------|
| 1 Distributable amount for 2014 from Part XI, | | | | |
| Inne 7 2 Undistributed income, if any, as of the end of 2014 | | | | 10,340. |
| a Enter amount for 2013 only | | | 0. | |
| b Total for prior years: 20 , 20 , 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2014 | | · · · | | |
| a From 2009 | | | | |
| b From 2010 | | | | |
| c From 2011 | | | | |
| d From 2012 10, 602. | | | | |
| e From 2013 19, 115. | | | | |
| f Total of lines 3a through e | 29,717. | | | |
| 4 Qualifying distributions for 2014 from Part | | | | |
| XII, line 4 ► \$39, 787. | | | | |
| a Applied to 2013, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | 0. | | |
| c Treated as distributions out of corpus | _ | | | |
| (Election required – see instructions) | 0. | | | |
| d Applied to 2014 distributable amount | 00.445 | | | 10,340. |
| e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2014 | 29,447. | | | |
| (If an amount appears in column (d), the | 0. | | | 0. |
| same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 59,164. | | | ŕ |
| b Prior years' undistributed income Subtract | 33,101. | | | ···· |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable amount — see instructions | | 0. | | |
| e Undistributed income for 2013 Subtract line 4a from line 2a, Taxable amount — see instructions | | | | |
| inie za. Takapie amount — See mstructions | | | 0. | |
| f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a | 59,164. | | | |
| 10 Analysis of line 9 | 35,104. | - | | |
| a Excess from 2010 | | | | 16 |
| b Excess from 2011 | | | | |
| c Excess from 2012 10, 602. | | | | |
| d Excess from 2013 19,115. | | | | |
| e Excess from 2014 29, 447. | | | | |

| Form 990-PF (2014) FRANKLIN FAMILY | | | | 45-5096710 | |
|---|---|--|---|------------------------|-------------------|
| Part XIV Private Operating Found | | | | | N/A |
| 1 a If the foundation has received a ruling or de is effective for 2014, enter the date of the | e ruling | | • | • | |
| b Check box to indicate whether the found | | erating foundation of | | 4942(j)(3) or | 4942(j)(5) |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | · | |
| investment return from Part X for each year listed | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) Total |
| b 85% of line 2a | | | | | |
| Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a 'Assets' alternative test — enter | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | <u> </u> |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c 'Support' alternative test - enter. | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | ' | | | | |
| Part XV Supplementary Information | n (Complete this | part only if the | foundation had | \$5,000 or more | in |
| assets at any time during t | | structions.) | | | |
| 1 Information Regarding Foundation Man | | | | | |
| a List any managers of the foundation who hat close of any tax year (but only if they hat NONE | ve contributed more to ve contributed more | nan 2% of the total co than \$5,000) (See | ontributions received section 507(d)(2)) | by the foundation befo | ore the |
| b List any managers of the foundation who ov | n 10% or more of the | stock of a corneration | on (or an equally large | nortion of the owner | ship of |
| a partnership or other entity) of which th | e foundation has a 1 | 0% or greater inter- | est | e portion of the owner | siiip oi |
| 2 Information Regarding Contribution, Gr | ant Gift Loon Sobo | Jarchia ata Brassa | | · | |
| Check here ► ☐ If the foundation only needing to requests for funds. If the foundation makes | nakes contributions to | preselected charitable | le organizations and | | |
| complete items 2a, b, c, and d | or a mail add cf t | ho norgan to sub-a | nahaatiana ahaiita ii | oddroecod | |
| a The name, address, and telephone number | or e-mail address of t | ne person to wnom a | pplications should be | addressed | |
| ССС СТАТСМЕМО 7 | | | | | |
| SEE STATEMENT 7 b The form in which applications should be | submitted and info | mation and materia | als they should inclu | ıde | |
| | | mation and materia | als they should incit | ide | |
| SEE STATEMENT FOR LINE 2A | | | | | |
| c Any submission deadlines. | | | | | |
| SEE STATEMENT FOR LINE 2A | | | | | |
| d Any restrictions or limitations on awards | , such as by geograp | ohical areas, charita | able fields, kinds of | institutions, or other | tactors. |
| SEE STATEMENT FOR LINE 2A | | - | | | · |
| RAA | TC | EA03101 06/17/14 | | | orm 990-PE (2014) |

| 3 Grants and Contributions Paid During the Y Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | | |
|--|---|----------------------|----------------------------------|---------|
| Name and address (home or business) | foundation manager or | status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | substantial contributor | Toopion | | |
| SEE STATEMENT 8 | | | | |
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| | | | | |
| | | | | |
| Total | | | ► 3a | 39,787. |
| b Approved for future payment | | | | 39,161. |
| | | | | |
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| | | | | |
| Total | | | ► 3b | |

| nter gross amounts unless otherwise indicated | Unrelated t | ousiness income | Excluded by | section 512, 513, or 514 | (e) |
|--|-------------------------|----------------------|-----------------------|--------------------------|--|
| | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | Related or exempt function income (See instructions) |
| 1 Program service revenue | | | code | | |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | · | | | |
| f | | - 11 - | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | · |
| 3 Interest on savings and temporary cash investments | | | 14 | 59. | |
| 4 Dividends and interest from securities | | | 14 | 2,912. | |
| 5 Net rental income or (loss) from real estate | | - | | | · _ |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | 9. | |
| Net income or (loss) from special events. | | | | | |
| Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue | | | | | |
| a MISCELLANEOUS INCOME | | | 14 | 90. | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| 2 Subtotal Add columns (b), (d), and (e) | | | | 3,070. | |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 _ | 3,070 |
| ee worksheet in line 13 instructions to verify calculation | ons) | | | | |
| art XVI-B Relationship of Activities to the | Accomplish | ment of Exem | ot Purpose | s | |
| ine No. Explain below how each activity for which in | ncome is reporte | ed in column (e) of | Part YVI-A co | ontributed importantly | v to the |

| Line No. ▼ | accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions) |
|---------------|--|
| N/A | |
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| 4 Dulaba assass | | | |) | Yes No |
|--|---|--|--|-----------------------------------|----------------------------|
| described in se | ation directly or indirectly ction 501(c) of the Code ical organizations? | engage in any of the following wi (other than section 501(c)(3) orgai | in any other organization hizations) or in section 527, | | |
| | | to a noncharitable exempt organiz | ation of: | | ļ (|
| (1) Cash | the reporting loandation | to a nonchantable exempt organiz | ation of | 1 a (1) | |
| (2) Other asse | ς. | | | 1 a (2) | X |
| b Other transaction | | | | 14(2) | ^ |
| | sets to a noncharitable e. | vemnt organization | | 16(1) | |
| ` ' | | itable exempt organization | | 1 b (2) | X |
| , , | cilities, equipment, or other | · • | | 1 b (3) | X |
| \- / | nent arrangements | 101 433013 | | 1 b (4) | X |
| (5) Loans or lo | - | | | 1 b (5) | X |
| \- / | • | ship or fundraising solicitations | | 1 b (6) | X |
| ` ' | | lists, other assets, or paid employ | 200 | 1c | X |
| o channing or lacin | ties, equipment, maning | nists, other assets, or paid employ | CC3. | | |
| d If the answer to the goods, other | any of the above is 'Yes assets, or services given b | s,' complete the following schedule by the reporting foundation of the four | Column (b) should always | show the fair market val | ue of |
| any transaction | or sharing arrangement, | show in column (d) the value of the | ne goods, other assets, or s | services received | |
| | ount involved (c) Nam | e of noncharitable exempt organization | (d) Description of transfers | , transactions, and sharing arrai | ngements |
| N/A | | | | | |
| | | | | | |
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| 2 a Is the foundation | directly or indirectly affiliat | ted with, or related to, one or more ta | x-exempt organizations | | |
| | * * | (other than section 501(c)(3)) or in | section 527? | Yes | s X No |
| | te the following schedule | , | | | |
| | of organization | (b) Type of organization | (c) De | escription of relationship | |
| <u>N/A</u> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | l | | |
| Under penalties of correct, and comp | perjury, I declare that I have exa | amined this return, including accompanying so er than taxpayer) is based on all information o | hedules and statements, and to the last which preparer has any knowledge | pest of my knowledge and belief, | ıt ıs true, |
| Sign | 2 7 1 |) n | | May the | IRS discuss |
| Here VILDIN | inh hitm | WARRAN IVE-22-11 | CDA | preparer | rn with the shown below |
| Signature of off | cer or trustee | Date | S CPA Title | | ructions)? |
| | pe preparer's name | Preparer's signature | Date | LOTIN | Yes No |
| | | 1 - 0° 01 \ | 1 111- | Check | E 2 2 0 |
| | ARD F. WAIGAND, | | (ma) 4 12/15 | self-employed P0054! | 2220 |
| Preparer Firm's r | | | Firn | 1'S EIN 43-1764273 | |
| Use Only Firm's a | | | | (211) 552 | 2222 |
| | SAINT LOU | JIS, MO 63131-1891 | Pho | ne no (314) 569- | |
| RAA | | | | Form 90 | 30-PF (2014) |

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

| Hame of the organization | | Employer identification number |
|---|---|-------------------------------------|
| FRANKLIN FAMILY FOUNDATION | | 45-5096710 |
| Organization type (check one) | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a | private foundation |
| | 527 political organization | |
| | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a privi | ate foundation |
| | 501(c)(3) taxable private foundation | |
| | | |
| Check if your organization is covered by the Go | eneral Rule or a Special Rule | |
| Note. Only a section 501(c)(7), (8), or (10) orga | anization can check boxes for both the General Rule and a S | special Rule. See instructions |
| General Rule | | |
| X For an organization filing Form 990, 990-E2 | Z, or 990-PF that received, during the year, contributions total | aling \$5,000 or more (in money or |
| property) from any one contributor. Comple | ete Parts I and II See instructions for determining a contribu | tor's total contributions |
| | | |
| Special Rules | | |
| For an organization described in section 50 | I1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, | ort test of the regulations |
| received from any one contributor, during t | he vear, total contributions of the greater of (1) \$5 000 or (2) | 2% of the amount on (i) |
| Form 990, Part VIII, line 1h, or (ii) Form 99 | 0-EZ, line 1 Complete Parts I and II | |
| For an organization described in section 50 | 11(c)(7), (8), or (10) filing Form 990 or 990-FZ that received t | rom any one contributor |
| during the year, total contributions of more | 1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 exclusively for religious, charitable, scientific, li | terary, or educational |
| purposes, or for the prevention of crueity to | children or animals. Complete Parts I, II, and III | |
| December described a cost of 50 | 14070 (0) (10) (1 5 000 000 57) | |
| during the year, contributions exclusively for | r1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to religious, charitable, etc., purposes, but no such contribution | from any one contributor, |
| \$1,000 If this box is checked, enter here the | ne total contributions that were received during the year for a | n <i>exclusively</i> religious, |
| | any of the parts unless the General Rule applies to this orga | |
| it received <i>nonexclusively</i> religious, charitat | ole, etc., contributions totaling \$5,000 or more during the year | ar |
| | | |
| | | |
| Caution: An organization that is not covered by | the General Rule and/or the Special Rules does not file Sci | nedule B (Form 990, 990-F7, or |
| 990-PF), but it must answer 'No' on Part IV, lin | ie 2. of its Form 990, or check the box on line H of its Form. | 990-F7 or on its Form 990-PF |
| | e filing requirements of Schedule B (Form 990, 990-EZ, or 9 | · |
| BAA For Paperwork Reduction Act Notice, se or 990-PF. | e the Instructions for Form 990, 990EZ, Schedule B (F | Form 990, 990-EZ, or 990-PF) (2014) |

| | • | |
|--|--------------------------------|--------|
| Schedule B (Form 990, 990-EZ, or 990-PF) (2014) | Page 1 of 1 of 1 | Part 1 |
| Name of organization | Employer identification number | |
| FRANKLIN FAMILY FOUNDATION | 45-5096710 | |
| | | |

| Parti | Contributors (see instructions) Use duplicate copies of Part I if additional space | is needed. | |
|---------------|--|-------------------------------|---|
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | FRANKLIN ELECTRONICS COMPANY | | Person X |
| | 4328 BRIDGETON INDUSTRIAL DR | \$15,000. | Payroll Noncash |
| | BRIDGETON, MO 63304 | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | FERRO MAGNETICS CORPORATION | | Person X |
| | 4328 BRIDGETON INDUSTRIAL DR | \$32,500. | Payroll |
| | BRIDGETON, MO 63304 | | (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | FRANKLIN ACQUISITIONS | | Person X |
| | 4328 BRIDGETON INDUSTRIAL DR | \$50,000. | Payroll Noncash |
| , | BRIDGETON, MO 63304 | | (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |

1 to 1 of Part II
Employer identification number

Name of organization

FRANKLIN FAMILY FOUNDATION

45-5096710

| Part II | Noncash Property (see instructions) Use duplicate copies of Part II if additional sp | pace is needed. | |
|---------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | N/A | | |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | - |
| | | | |
| | <u> </u> | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | " |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| BAA | Scher | dule B (Form 990, 990-EZ, c | or 990-PF) (2014) |

1 to

of Part III

Name of organization
FRANKLIN FAMILY FOUNDATION

Employer identification number 45-5096710

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) States of the year of the year in the year. (Enter this information once.) | | | | | |
|---------------------------|---|---|--|--|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | N/A | | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Relat | ionship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | (e) Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | (e) Transferee's name, address, and ZIP + 4 | | Relat | ionship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Relat | ionship of transferor to transferee | | |
| } | | | | | | |

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|---|---|-----------------------------|
| • | FRANKLIN FAMILY FOUNDATION | 45-5096710 |
| STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME | | |
| MISCELLANEOUS INCOME | (A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME 1 TOTAL \$ 90. \$ 90. \$ \$ 90. \$ 90. \$ \$ 90. \$ | (C) ADJUSTED NET INCOME 90. |
| STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES | | |
| TAX PREPARATION | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 1,000. TOTAL \$ 1,000. \$ 0. \$ 1,000. | (D) CHARITABLE PURPOSES 0. |
| STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES | | |
| INVESTMENT FEES | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 1,619. \$ 1,619. \$ 1,619. \$ 1,619. \$ 1,619. \$ 1,619. | (D) CHARITABLE PURPOSES 0. |
| STATEMENT 4 FORM 990-PF, PART I, LINE 18 TAXES | | |
| FOREIGN TAXES | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME S 4. \$ 4. \$ 4. TOTAL \$ 4. \$ 4. \$ 4. \$ 4. | (D) CHARITABLE PURPOSES 0. |
| | | |

| 2014 | FEDERAL ST | ATEMENTS | | | | PAGE |
|---|--|----------------------------|----|----------------------|----------|----------------------|
| · | FRANKLIN FAMIL | FRANKLIN FAMILY FOUNDATION | | | 45-50967 | |
| STATEMENT 5 FORM 990-PF, PART II, LINE 10 INVESTMENTS - CORPORATE | DB STOCKS | | | | | |
| CORPORATE_STOCKS | | VALUATION METHOD | | BOOK ALUE | FA | IR MARKET VALUE |
| INVESTMENT ACCOUNT | | COST TOTAL | \$ | 223,698. 223,698. | \$ | 229,104. 229,104. |
| STATEMENT 6 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER | 3 | | | | - | <u> </u> |
| | | VALUATION METHOD | | BOOK ALUE | | R MARKET VALUE |
| OTHER INVESTMENTS INVESTMENT ACCOUNT | | _ COST | \$ | 3,061. | Ś | 3,186. |
| | | TOTAL | | 3,061. | | 3,186. |
| | | | | | | |
| STATEMENT 7 FORM 990-PF, PART XV, LINE 2 APPLICATION SUBMISSION IN NAME OF GRANT PROGRAM: NAME: CARE OF: STREET ADDRESS: CITY, STATE, ZIP CODE: TELEPHONE: E-MAIL ADDRESS: FORM AND CONTENT: SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS: | FRANKLIN FAMILY FOMICHAEL FRANKLIN 19 WINDCASTLE DR ST CHARLES, MO 63: 314-739-1414 NO SPECIFIC FORMA' NONE NONE | 304 | | | | |

EDUCATIONAL

EXEMPT

\$

7,000.

NONE

ELON UNIVERSITY 100 CAMPUS DRIVE ELON, NC 27244

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|--------|----|---|---|

FEDERAL STATEMENTS

PAGE 3

FRANKLIN FAMILY FOUNDATION

45-5096710

STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE C | | AMOUNT |
|--|-----------------------|---------------------------|----------------------|----------|---------|
| IMMANUEL LUTHERAN CHURCH 115 S. 6TH ST. ST CHARLES, MO 63301 | NONE | EXEMPT | RELIGIOUS | \$ | 27,287. |
| SPECIAL OLYMPICS 1001 DIAMOND RIDGE, STE 800 JEFFERSON CITY, MO 65109 | NONE | EXEMPT | COMMUNITY SUPPORT | | 1,000. |
| ST JUDE CHILDREN'S HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105 | NONE | EXEMPT | MEDICAL | | 1,000. |
| WOUNDED WARRIOR PROJECT 7400 COLLEGE BOULEVARD, SUITE 350 OVERLAND PARK, KS 66210 | NONE | EXEMPT | COMMUNITY SUPPORT | | 1,000. |
| LUTHERAN HIGH SCHOOL 5100 MEXICO ROAD ST. PETERS, MO 63376 | NONE | EXEMPT | RELIGIOUS | | 2,500. |
| | | | , | TOTAL \$ | 39,787. |

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is atwww.irs.gov/form8868.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part fon page 2 of this form). Do not complete Part II unlessyou have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visitwww irs gov/efile and click on e-file for Charities & Nonprofits Partill Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension- check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print FRANKLIN FAMILY FOUNDATION 45-5096710 Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) File by the due date for 19 WINDCASTLE DR filing your City, town or post office, state, and ZIP code For a foreign address, see instructions return See instructions ST CHARLES, MO 63304 Enter the Return code for the return that this application is for (file a separate application for each return) 04 Application Is For Return Application Return ls For Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 05 Form 990-T (section 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► MICHAEL FRANKLIN Telephone No ► 314-739-1414 Fax No. ► If the organization does not have an office or place of business in the United States, check this box , If this is for the whole group, If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ▶ ☐ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members check this box the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15____, 20 15__, to file the exempt organization return for the organization named above. The extension is for the organization's return for: |X| calendar year 20 14 or tax year beginning ____, 20 ___, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return I Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3 a \$ nonrefundable credits. See instructions 50.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

EFTPS (Electronic Federal Tax Payment System) See instructions.

tax payments made. Include any prior year overpayment allowed as a credit

0.

50.

3 b S