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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

2015

Department of the Treasury Internal Revenue Service

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_						* <u>*</u>		
Fo	r cale	ndar year 2015 or tax year beginning	, 2015, and ending , 20					
	vame o	foundation Franklin Home for the Aged Assoc			A Employe			
		aka Peabody Home			02-020	2330		
_	lumber	and street (or P O box number if mail is not delivered to street address)		Room/suite	B Telephone	e number (see instructions		
		eabody Place			1	34-3718 .	•	
_		own, state or province, country, and ZIP or foreign postal code						
	•		C If exemption application is pending, check here					
_		clin, NH 03235	of a former public charity D 1. Foreign organizations, check here					
G	Check		of a former public ch	nanty	D 1. Foreig	gn organizations, check he	ere ▶	
		Final return Amended re			2. Foreig	n organizations meeting ti	he 85% test.	
_		Address change Name change				here and attach computa		
H_	Check	type of organization: X Section 501(c)(3) exempt priv			E If private	foundation status was ten	minated under	
	Sec	tion 4947(a)(1) nonexempt charitable trust Other	taxable private found	dation	section 5	607(b)(1)(A), check here	▶∐	
1	Fair m	arket value of all assets at J Accounting method:	Cash 2	Accrual	E If the four	ndation is in a 60-month te	ermination	
	end of	year (from Part II, col. (c), Other (specify)	under section 507(b)(1)(B), check here					
	line 16	s) ▶ \$ 2,825,509 (Part I, column (d) must be	e on cash basis.)		l			
P	art I	· _F =	1		<u> </u>		(d) Disbursements	
i		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment	(c) Adjusted net	for charitable	
		the amounts in column (a) (see instructions).)	books	ın	come	income	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)				<u>:</u>	(odori odolo oriny)	
	1				······································	•		
	2	Check ► X if the foundation is not required to attach Sch B				<u> </u>		
	3	Interest on savings and temporary cash investments		01	501			
	4	Dividends and interest from securities	53,6	05	53,605	53,615		
	5a	Gross rents						
	b	Net rental income or (loss)						
Ð	6a	Net gain or (loss) from sale of assets not on line 10	21,8	09				
2	Ь	Gross sales price for all assets on line 6a 712,736						
Revenue	7	Capital gain net income (from Part IV, line 2)		Dr	809 را الم	P }\	. '//'////////	
ಜ	8	Net short-term capital gain				-U		
	9	Income modifications	·············	***************************************	***************	12		
	10a	Gross sales less returns and allowances		12 13/	Y 0 2 2	1 (~		
	b	Less: Cost of goods sold	***************************************	{ 	14 . ¥ . * . S	<u> </u>	1	
	C	Gross profit or (loss) (attach schedule)		_ 	inen.		: !*!!*!!!!!!!!!!!!!!!	
	11	Other income (attach schedule) STM106	2,234,9			2,234,937		
	12	Total. Add lines 1 through 11	2,310,8	52	75,915	2,289,053		
	13	Compensation of officers, directors, trustees, etc						
nses	14	Other employee salaries and wages	1,464,8	18		1,464,818		
ž.	15	Pension plans, employee benefits	333,7	58		333,758		
ğ	16a	Legal fees (attach schedule) STM107	9	od		900		
Ü	b	Accounting fees (attach schedule) STM108	16,8	43		16,843		
<u>.</u>	С	Other professional fees (attach schedule)						
rat	17	Interest	1,1	21		1,121		
ist	18	Taxes (attach schedule) (see instructions) STM110	3,0			3,071		
いる (Table Administrative Expe	19	Depreciation (attach schedule) and depletion STM126	57,3			57,347		
(%	20	Occupancy	86,4			86,451		
ૂ્	21	Travel, conferences, and meetings				33,131	· · · · · · · · · · · · · · · · · · ·	
∰.	22	Printing and publications	28,1	27		28,127		
ָרָם: װ <u>ָ</u>								
Į #	23	Other expenses (attach schedule) STM124 .STM103	389,5	77		389,595		
.≖. ara	24	Total operating and administrative expenses.						
		Add lines 13 through 23	2,382,0	31	q	2,382,031	0	
ں ِ۔	25	Contributions, gifts, grants paid		<u> </u>			0	
<u>%</u>	26	Total expenses and disbursements. Add lines 24 and 25 .	2,382,0	31	q	2,382,031	0	
Ç	27	Subtract line 26 from line 12:			\ \			
\simeq	а	Excess of revenue over expenses and disbursements .	(71,1	79}		Sec. 1. St.	, S. S.	
2013	b	Net investment income (if negative, enter -0-)	`		75,915	`	· · · · · · · · · · · · · · · · · · ·	
* //		Adjusted net income (if negative, enter -0-)	······································	***************************************		'n	 	

02-0202330

Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o		
		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash -non-interest-bearing	50	260	260	
	2	Savings and temporary cash investments	87,116	15,630	15,630	
	3	Accounts receivable ▶ 52,410			:	
	ľ	Less: allowance for doubtful accounts	28,950	52,410	52,410	
	4	Pledges receivable ▶	,			
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7		, , , ,			
		Less. allowance for doubtful accounts			ĺ ·	
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges	9,179	15,170	15,170	
	10a	Investments - U.S. and state government obligations (attach schedule)				
	1	Investments - corporate stock (attach schedule)				
	1	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis		1.7		
	''	Less accumulated depreciation (attach schedule)	Ī			
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)	1,939,426	1,840,038	1 876 859	
	1		1,333,420	1,040,030	1,070,033	
	14	Less accumulated depreciation (attach scribtimized) Less accumulated depreciation (attach scribtimized) Less accumulated depreciation (attach scribtimized) Less accumulated depreciation (attach scribtimized)	704,287	865,180	965 100	
	4-		704,207	803,180	865,180	
	15	Other assets (describe >)				
	16	Total assets (to be completed by all filers - see the	2.760.000	2 700 600	2 625 500	
_	4	instructions. Also, see page 1, item l)	2,769,008	2,788,688	2,825,509	
	17	Accounts payable and accrued expenses	82,375	173,232		
S	18	Grants payable				
itie	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
Ľ	21	Mortgages and other notes payable (attach schedule)				
	1	Other liabilities (describe	22 255	152 020		
_	23	Total liabilities (add lines 17 through 22)	82,375	173,232		
s		Foundations that follow SFAS 117, check here ▶ X and complete lines 24 through 26 and lines 30 and 31.				
nces	24	Unrestricted	2,686,633	2,615,456		
ā	25	Temporanly restricted				
B	l	Permanently restricted				
or Fund Bala		Foundations that do not follow SFAS 117, check here ▶				
Ę	4	and complete lines 27 through 31.				
ō		Capital stock, trust principal, or current funds				
ţ	l .	Paid-in or capital surplus, or land, bldg., and equipment fund				
Assets	i	Retained earnings, accumulated income, endowment, or other funds				
Ä		Total net assets or fund balances (see instructions)	2,615,456			
Net	l .	Total liabilities and net assets/fund balances (see	2,686,633	270257250		
_	l	instructions)	2,769,008	2,788,688	,	
Pa	rt III	277007000	<u></u>			
		· · ·				
		net assets or fund balances at beginning of year - Part II, column (a), line 3 -year figure reported on pnor year's return)		1	2,686,633	
		amount from Part I, line 27a			(71,179)	
		Increases not included in line 2 (itemize) STM115		3	(71,179)	
			2,615,456			
		nes 1, 2, and 3		5	2,013,430	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (h) line 30		2,615,456	
	וושטטי	iet assess or juniu valanoes at enu or year fille 4 minus ille sy - Part II, Ol	unui (U), mie 30	6		

	anklin Home for the Aged			02-02	02330 Page		
Part IV Capital Gains	and Losses for Tax on Inve	estment Income		-			
• (a) List and description	nbe the kind(s) of property sold (e.g., real e rehouse, or common stock, 200 shs MLC	estate,	(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo, day, yr)		
1a 'Securities	10110000, 07 0011111011 010011, 200 0110 11120		D-Donation P	01-01-2015	12-31-2015		
b Securities			P	01-01-2013	12-31-2015		
C Securities			-				
d							
е							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	her basis e of sale		un or (loss) (f) minus (g)			
a 20,567		22,681		(2,114)			
b 692,169			668,246		23,923		
C							
d							
е							
Complete only for assets sho	wing gain in column (h) and owned by	the foundation on 12	2/31/69	(I) Gains (C	ol (h) gain minus		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess o over col (j),		col (k), but no Losses ((I) Gains (Col (h) gain minus I (k), but not less than -0-) or Losses (from col (h)) (2,114 23,923		
a					(2,114)		
<u>b</u>			-		23,923		
<u>c</u>							
				·			
_e	e If can als	so enter in Part I, line	7	I			
2 Capital gain net income or (ne	et capital loss) If (loss), el	nter -0- in Part I, line		2	21,809		
	(loss) as defined in sections 1222(5) a e 8, column (c) (see instructions). If (lo		,				
Part I, line 8		dual Taylor	· · ·	3	(2,114)		
	Inder Section 4940(e) for Revate foundations subject to the section						
f section 4940(d)(2) applies, leav	·	4940(a) tax on her in	ivesurient income	z.)			
	section 4942 tax on the distributable ar	* *	the base period?		Yes X No		
	qualify under section 4940(e). Do not c		nakina any antrio				
(a)	in each column for each year; see the				(d)		
Base period years Calendar year (or tax year beginnii	ng in) Adjusted qualifying distributions	s Net value of no	(c) nchantable-use as:	sets Disi	divided by col (c))		
2014				<u> </u>			
2013							
2011			-				
2010							
		<u>,</u>		. 2			
	he 5-year base period - divide the total						
	on has been in existence if less than 5			. 3			
	ritable-use assets for 2015 from Part X						
5 Multiply line 4 by line 3				. 5	0		
6 Enter 1% of net investment inc	come (1% of Part I, line 27b)			. 6	·		

Part VI instructions

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

8 Enter qualifying distributions from Part XII, line 4

Form	990-PF (2015) Franklin Home for the Aged Assoc 02-02	02-0202330		
Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1.			
	Date of ruling or determination letter: 04-18-1995 (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	N/A		
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	?		
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0
6	Credits/Payments.			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 . 6a 6a			
b	Exempt foreign organizations - tax withheld at source 6b	:		
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d	•		
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
1	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11			
Pai	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	. 1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	. 1b		X
	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.			
С	Did the foundation file Form 1120-POL for this year?	. 1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		,	
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			<u> </u>
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.			
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	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV .	. 7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	NH	_		
b	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	. 8b	X	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		3.5	
	complete Part XIV	. 9	X	<u> </u>
n	Did any persons become substantial contributors during the tax year? If "Yes." attach a schedule listing their	1		1

names and addresses

i	Forn	n 990-PF (2015) Franklin Home for the Aged Assoc 02-020	2330		Page 5
	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	1	X
	12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		1	
		person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
	12	The state of the s	13	X	+
	13			1.41	<u> </u>
	44	Website address ► www.peabodyhome.org The books are in care of ► Franklin Home for the Aged Telephone no. ► 603	-024-1	710	
	14			710	
			33		
	15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here		• • •	P ⊔
		and enter the amount of tax-exempt interest received or accrued during the year		T	
	16			Yes	No
		over a bank, securities, or other financial account in a foreign country?	16	J	X
		See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
		the foreign country	:	•••	<u> </u>
	Pa	rt 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.		Yes	No
	1a	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		Ī	
		(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		1	
		disqualified person?		1	
		(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1	
		(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		Ī	
		(5) Transfer any income or assets to a disqualified person (or make any of either available for		1	
		the benefit or use of a disqualified person)?		1	
		(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		Ī	
				Ī	
		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.)		Ī	
				Ī	
	b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		Ŧ	
		section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	ļ	
		Organizations relying on a current notice regarding disaster assistance check here		Ī	
	С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		ŧ	
		were not corrected before the first day of the tax year beginning in 2015?	1c	ļ	X
	2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1	
		operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
	а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
		6e, Part XIII) for tax year(s) beginning before 2015?			
		If "Yes," list the years			
	b	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.)	2b		Х
	С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
		▶ ,,			į
	3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			į
		at any time duning the year?			İ
	h	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			į
	~	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			į
		Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			į
					ł
		the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	4	foundation had excess business holdings in 2015.)	3b		
	4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļļ	X
	b	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 the tax year beginning in 2015?	4b	i 1	Х

Form 990-PF (2015)

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Part VII-B Statements Regarding Activitie	es for	Which For	m 4720	0 May Be	Requ	ired (continued	i)		
5a During the year did the foundation pay or incur any ar									
(1) Carry on propaganda, or otherwise attempt to infl			on 4945((e))?		Yes X No			
(2) Influence the outcome of any specific public elect									
directly or indirectly, any voter registration drive?						Yes X No			
(3) Provide a grant to an individual for travel, study, of						Yes X No			
(4) Provide a grant to an organization other than a ch									
• • • • • • • • • • • • • • • • • • • •						Yes X No			
(5) Provide for any purpose other than religious, char						ics _K_ito	;		
	-					Yes X No			
purposes, or for the prevention of cruelty to childre									
b If any answer is "Yes" to 5a(1)-(5), did any of the tran				-		eu in	- 1		
Regulations section 53.4945 or in a current notice reg	-		5b						
Organizations relying on a current notice regarding dis			▶ 📋						
c If the answer is "Yes" to question 5a(4), does the foun		•				П., П.,			
because it maintained expenditure responsibility for the grant?									
If "Yes," attach the statement required by Regulations		, ,					1		
6a Did the foundation, during the year, receive any funds		•							
on a personal benefit contract?						Yes X No	-		
b Did the foundation, during the year, pay premiums, dir	ectly or	indirectly, on a	persona	I benefit con	tract?		6b	X	
If "Yes" to 6b, file Form 8870.									
7a At any time during the tax year, was the foundation a	party to	a prohibited tax	shelter i	transaction?	•	Yes X No			
b If "Yes," did the foundation receive any proceeds or ha	ave any	net income attr	ibutable	to the transa	ction?		7b		
Part VIII Information About Officers, Dire	ectors	, Trustees,	Found	dation Ma	ınageı	s, Highly Paid	I Emplo	yees,	
and Contractors									
1 List all officers, directors, trustees, foundation mana	gers ar	nd their compe	ensation	(see instru	ctions).				
(a) Name and address		le, and average		mpensation		Contributions to		nse account,	
(a) Name and address See 990 OFOV		rs per week ed to position		ot pald, ter -0-)		loyee benefit plans ferred compensation	other a	llowances	
Frank Tupper	Presi	dent							
PO Box 92, Canterbury, NH 03224	1	1.00		0		0	İ	0	
John Lard	Vice	President							
68 Bennett Brook Rd, NH 03235		1.00		0		0	0		
Sandra Graves	Clerk					·			
525 Elbow Pond Rd, Franklin, NH 03235		1.00		0		0	}	0	
	Membe							<u>-</u> _	
262 Pleasant St, Franklin, NH 03235		1.00		0	İ	0		0	
2 Compensation of five highest-paid employees (other	than th		on line 1		uctions		<u> </u>		
"NONE."	tiidii ti	iose meiaded		1 - 300 111311	uctions	j. ii fiolic, cittei			
HORE.		1				(d) Contributions to			
(a) Name and address of each employee paid more than \$50,	000	(b) Title, and a hours per w		(c) Comper	ration	employee benefit		se account,	
(a) Harris and address of day on play so paid more than \$60,	,000	devoted to po		(c) Compe	15811011	plans and deferred compensation	other al	lowances	
Manus Millian		Administr				Соттротовает			
Mary Miller		1			070	10 000		•	
107 Baptist Hill Road, NH 03224		 	0.00		,872	18,000		0	
Cheryl Barnes		Head of N	1	ľ	4			_	
1947 NH Route 140, NH 03837		4	0.00	73	,472	4,517		0	
			J						
									
_		1							
									
						L			
Total number of other employees paid over \$50,000						<u> ▶</u>		0	
EEA							Form 990	-PF (2015)	

Form 990-PF (2015) Franklin Home for	the Aged Assoc	02-0202330 Page 7
Part VIII Information About Officers, I and Contractors (continued)	Directors, Trustees, Foundation Manager	
3 Five highest-paid independent contractors for	professional services (see instructions). If none, ent	er "NONE."
(a) Name and address of each person pa	nd more than \$50,000 (b) Type of s	service (c) Compensation
NONE,		
Total number of others receiving over \$50,000 for profes	sional services	
Part IX-A Summary of Direct Charitable	e Activities	
List the foundation's four largest direct charitable activities dur organizations and other beneficiaries served, conferences cor	nng the tax year. Include relevant statistical information such as nvened, research papers produced, etc	the number of Expenses
1 Operating and Administrative		
		2,382,031
2		
3		
3		
4		
Part IX-B Summary of Program-Related	d Investments (see instructions)	
Describe the two largest program-related investments made by	y the foundation during the tax year on lines 1 and 2	Amount
1		
•		
2		
All other program related investments. See instructions		
All other program-related investments See instructions 3		
-		
Total Add lines 1 through 3		

Form 990-PF (2015)

Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreig	n found	lations,
	. see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		_
	purposes:		
а	Average monthly fair market value of secunties	1a	1,964,261
b	Average of monthly cash balances	1b	63,508
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,027,769
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,027,769
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	30,417
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,997,352
6	Minimum investment return. Enter 5% of line 5	6	99,868
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating to	oundat	
	and certain foreign organizations check here ▶ X and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5 2a		-
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	-
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
6	TARE OF THE PLANT OF THE PARTY		
ra	Tt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	· · · · · · · · · · · · · · · · · · ·
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundat	ion
	qualifies for the section 4940(e) reduction of tax in those years.		

	THE COLUMN TO TH	T			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
_			+		
2	Undistributed income, if any, as of the end of 2015				! :
а	Enter amount for 2014 only			·····	ļ
b	Total for pnor years:,,			######################################	**************************************
3	Excess distributions carryover, if any, to 2015:				:
а	From 2010	_			:
b	From 2011				· .
С	From 2012				
d	From 2013	1			I
е	From 2014	1			<u> </u>
f	Total of lines 3a through e	1	1		! :
4	Qualifying distributions for 2015 from Part XII,			······	
•	line 4: > \$:
_	Applied to 2014, but not more than line 2a				1
a				U44-M-11-11-11-11-11-11-11-11-11-11-11-11-1	<u> </u>
D	Applied to undistributed income of prior years				· .
	(Election required - see instructions)			'' halaa tahul allinaanahaalisiiti	‡ !************************************
С	Treated as distributions out of corpus (Election		1		
	required - see instructions)	,	<u> </u>	·······················	
đ	Applied to 2015 distributable amount			·····	
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015 .	***			
	(If an amount appears in column (d), the same		1		
	amount must be shown in column (a).)		1		‡ ‡
6	Enter the net total of each column as		1		
	indicated below:		1		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .		l		
b	Prior years' undistributed income. Subtract				, , , , , , , , , , , , , , , , , , , ,
	line 4b from line 2b				
С	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				
d	Subtract line 6c from line 6b. Taxable			······································	**************************************
_	amount - see instructions				
е	Undistributed income for 2014. Subtract line				
	4a from line 2a. Taxable amount - see				
	instructions				
	Undistributed income for 2015. Subtract lines				
f	4d and 5 from line 1. This amount must be		1		
		[l		
_	distributed in 2016		<u> </u>		
7	Amounts treated as distributions out of corpus		1		
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				***************************************
8	Excess distributions carryover from 2010 not		l I		
	applied on line 5 or line 7 (see instructions)		<u> </u>	******************************	
9	Excess distributions carryover to 2016.				,
	Subtract lines 7 and 8 from line 6a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
0	Analysis of line 9:				}
а	Excess from 2011		ļ. <u> </u>		,
b	Excess from 2012		ì		, ,
С	Excess from 2013				,
d	Excess from 2014		, `		1
е	Excess from 2015		<u> </u>	<u>, , , ,, ,, ,, , , , , , , , , , , , ,</u>	

Form		Home for the Ag			02-020233	0 Page 10
Par	XIV Private Operating Fou	ndations (see inst	ructions and Part	VII-A, question 9)		
1a	If the foundation has received a ruling or	determination letter that	t it is a private operatin	g		
•	foundation, and the ruling is effective for	2015, enter the date of	the ruling		<u> </u>	
b	Check box to indicate whether the found	ation is a private operat	ing foundation describe	ed in section	X 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	each year listed	d	25,154	39,321		64,475
b	85% of line 2a		21,381	33,423		54,804
_	Qualifying distributions from Part XII,					
С	line 4 for each year listed					0
	·					
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
	ior active conductor exempt activities .					
e	Qualifying distributions made directly	ļ				
	for active conduct of exempt activities. Subtract line 2d from line 2c					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:		}			
а	"Assets" alternative test - enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed	66,579	63,183	64,335	62,495	256,592
С	"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					
art	XV Supplementary Informa	tion (Complete th	is part only if th	e foundation had	\$5,000 or more	in assets at
	any time during the yea	r - see instructior	ns.)			
1	Information Regarding Foundation M	anagers:				
а	List any managers of the foundation who					
	before the close of any tax year (but only	y if they have contribute	ed more than \$5,000). (See section 507(d)(2).)		
b	List any managers of the foundation who	own 10% or more of th	ne stock of a corporation	n (or an equally large p	ortion of the	
	ownership of a partnership or other entity	y) of which the foundation	on has a 10% or greate	er interest.		
2	Information Regarding Contribution,	Grant, Gift, Loan, Scho	olarship, etc., Progra	ms:	<u> </u>	
	Check here ► X if the foundation only		-		es not accent	
	unsolicited requests for funds If the four					
	other conditions, complete items 2a, b, c		, (,	,	
a	The name, address, and telephone num		f the person to whom a	pplications should be a	ddressed:	
	, , , , , , , , , , , , , , , , , , , ,		,			
ь	The form in which applications should be	submitted and informa	tion and materials they	should include:		
_	oppnedadio dilodia de					
	Any submission deadlines:					
С	Ally additional deadilines.					
	Any restrictions or limitations on awards	such as hy goographia	ral areas, charitable foi	de kinde of inclinitions	or other	
u	factors:	, sau, as of geograpino	a. a. cac, Gianadic lici	as, and or modulous	, 01 04101	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or contribution status of Amount recipient Name and address (home or business) Paid during the year 3a Approved for future payment

Total

3b

	I-A Analysis of Income-Producing	<u>Activities</u>				
Enter gross	amounts unless otherwise indicated.	Unrelate	d business income	Excluded by se	ection 512, 513, or 514	(e)
	•	(a) Business	(b) Amount	(c)	(d) Amount	Related or exempt function income (See instructions)
•	n service revenue:	code				
a <u>Nu</u>	rsing Home Service			-		2,223,91
b				1		
c						
d			_			
е				ļ		
f						
-	s and contracts from government agencies					
	rship dues and assessments					
	on savings and temporary cash investments .			 		50
	ds and interest from secunties			-		53,60
	tal income or (loss) from real estate.			 		<u> </u>
	t-financed property				· · · · · · · · · · · · · · · · · · ·	
	debt-financed property			 		
	tal income or (loss) from personal property			 		
	vestment income					21,80
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events					
-	rofit or (loss) from sales of inventory			ļ		
_	evenue: a Miscellaneous		· · ·	+	····	11,02
ь		<u> </u>				
<u> </u>				+		
d				+		
e	I Add ashumas (b) (d) and (s)			-		2 210 05
	I. Add columns (b), (d), and (e)			11_	13	2,310,85 2,310,85
	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.)					2,310,85
	-B Relationship of Activities to the	Accompl	ishment of Eve	emnt Purnos		<u> </u>
T'UIT NET	Explain below how each activity for which inco					· · · · · · · · · · · · · · · · · · ·
Line No. ▼	accomplishment of the foundation's exempt pu	•	• •		• •	
01a	This amount includes all reven	ue colle	ted from res	idents for	the	
	services which the home provide					
	as food, shelter and other res			<u></u>		
03	Self-explanatory					
04	Self-explanatory					
07	Self-explanatory					
11a	Self-explanatory.		•		•	
		· · · · · · · · · · · · · · · · · · ·	- · · · ·			
	-			•		
	-					
			· · · · ·			·

	990-PF		Franklin Home								-0202			age
Par	IVX	,	on Regarding T	rans	sfers To	and Trans	sactions a	and Relation	onship	os Wi	th Nor	ncharit	able	
	<u> </u>		rganizations									······	1	_
		=	ectly or indirectly eng		-	-	-	-					Yes	N
		• •	Code (other than sec	ction 5	01(c)(3) or	ganizations) (or in section :	527, relating to	politica	il			I	
	òrganıza 												1	
		•	rting foundation to a r			. •						1	•	١
												1a(1)	ļ	X
			• • • • • • • • •			• • • •	• • • • • •				• • • •	1a(2)	ļ	X
		ansactions:	anahartahla ayara	-4								45.44	ŧ	17
			nonchantable exemps from a nonchantable									1b(1)		X
			equipment, or other as									1b(2)		X
			angements									1b(3) 1b(4)		X
			ntees									1b(4)		X
			rices or membership									1b(6)		X
			ipment, mailing lists, o									10		X
	-	•	ne above is "Yes," co			• •								
			r assets, or services			-		-				et		
			or sharing arrangeme	-	-	_								
(a) Line	- 1	Amount involved	(c) Name of non					escription of tran					angeme	nts
					_									
									_					
					- .									
	_													
		-			 .									
	-													
2- 1-	the for	ndetion discotts	an indianath, affiliated	I !AL										
			or indirectly affiliated (c) of the Code (other				-	•	S			□ v	্তা	.
			lowing schedule.	ulali	Section 50	1(0)(3)) 01 111	Secuon 527 !					res		NO
		a) Name of organ			(b) Tv	pe of organiza	tion	Τ	(c) De	ecrintio	n of relation			
		a, ramo or organ	neduoi:		(5) 19	po or organiza			(6) 06	SCHPGO	ii oi relauc	Jilarip		
				 										
								 						
								<u> </u>				- <u>-</u>		
	Under p	enalties of perjury, I	declare that I have examine	ed this i	return, includir	ng accompanying	schedules and	statements, and to	the best	of my kno	owledge an	d belief, it is	true,	
Sign	correct,	and complete Decia	aration of preparer (other tha	an taxp	ayer) is based	on all information	n of which prepa	rer has any knowle	edge	Λ.		20.1		
Here		Trende	1 upper		\4/	26/16	>1h	ander of	(B)	الهد	with the pr	RS discuss reparer show	vn below	,
	Sign	ature of officer or tru	istee		Date		Title				(see inst)		Yes X	
		Print/Type prepare	er's name	F	Preparer's sign			Date		Check	X if	PTIN		
Paid		Kimberly F	R Edwards CPA		Kunk	Edward	1 CPA	04-19-20	16	self-em	_	P01894	453	

Preparer

Use Only

Firm's name

Firm's address

▶ John L Lard & Associates PC

PO Box 130

Franklin NH 03235

Firm's EIN

603-934-8210

Phone no

Federal Supporting Statements

Name(s) as shown on return

Franklin Home for the Aged Assoc

Form 990PF - Part III - Line 3

Other Increases Schedule

Rounding

2

Total

PG01

FEIN

02-0202330

2

Statement #115

Form 990PF - Part II - Line 13 Statement #118
Investments: Other Schedule

 Category
 Book value (BOY)
 Book value (EOY)
 FMV (EOY)

 Investments
 1,939,426
 1,840,038
 1,876,859

 Investments
 1,939,426
 1,840,038
 1,876,859

 Total
 1,939,426
 1,840,038
 1,876,859

		Federal Su	Federal Supporting Statements	ments	
Name(s) as shown on return			6		2015 PG01
Franklin Home for the Aged Assoc					Your Social Security Number
					, הכיבורים כ
	Form 990PF - Part I	- Line 23	- Other Expenses Schedule	edule	Statement #103~
	Revenue	Net	Adjusted	Charitable	
Description	and expenses	investment	net income	purpose	
Other Nursing	101,404	0	101,404	0	
Other Dietary	108,738	0 (108,738	0	
Other Launary	3,458	o (3,458	0	
Ocher Housekeeping	12,707	0	12,707	0	
Other Activities	4,654	0	4,654	0	
Plant and Operations	42,703	0	42,703	0	
General	9,979	0	6,619	0	-
General	3,465	0	3,465	0	
General	21,741	0	21,741	0	
Admin and General Insurance	70,043	0	70,043	0	
Admin and General Bad Debt	4,350	0	4,350	0	
Portfolio Rees	4,545	0	4,545	0	
Miscellaneous Exp	509	0	509	0	
0 0 0 0	788 206	c	700 802	c	
7	22,000		300,270		
					PG01
	Form 990PF - Part I	•	Line 11 - Other Income Schedule	ule	Statement #106~
	Revenue	Net	Adjusted		
Description	and expenses	investment	net income		
Other Revenue	2,234,937	0	2,234,937		
Totals	2.234.937	O	250 756 6		
			2,527,731		

-						
		Federal Su	Federal Supporting Statements	ments	2015 PG01	
Name(s) as shown on return Franklin Home for the Aged Assoc	Assoc				Your Social Secunty Number	1
	Form 990PF - Part 1		- Line 16(a) - Legal Fees Schedule	dule	Statement #107~	
Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
Legal Totals	006	0 0	006	0		1
	Form 990PF - Part I -		Line 16(b) - Accounting Fees Schedule	chedule	PG01 Statement #108~	
Description Accounting	Revenue and expenses	Net investment	Adjusted net income 16,843	Charitable purpose		·
Totals	16,843	0	16,843	0		
						_]

	Federal Supporting Statements	015
Name(s) as shown on return Frank! is used for the Acod Accod	Λου	Your Social Secunty Number
		02-0202330 ,
Form	Form 990PF - Part I - Line 18 - Taxes Schedule	Statement #110~
Reve otion and exp	Net Adjus investment net in	
Taxes 3,071	0 3,071 0	
Totals 3,071	0 3,071	
Form 9	Form 990PF - Part II - Line 14 - Land Etc. Schedule	PG01 Statement #110~
Cost or Description Land, buildings, and equipment 2,481,066	st or Accumulated End of year ner basis depreciation book value FMV 2,481,068 1,615,888 865,180 865,180	
Total 2,481	<u>2,481,068</u> 1,615,888 865,180 865,180	

							-	3	۲-
			Federal Su	Federal Supporting Statements	ments		2015	PG01	
Name(s) as shown on return				:			Your Social	lõ	<u> </u>
Franklin Home for the Aged Assoc	ed Assoc							02-0202330	
		Form 990PF - Part I		Line 23 - Amortization Schedule	dule		St.	Statement #124	
Description	Date	Amount	Prior year Deduction	Amortization	Current Year	Net Investment	Adjusted Net	Total	
Amort	l_	1,300	L9 Z	30	1,299		1,299	1,300	
Totals		1,300	767		1,299		1,299	1,300	
		Form 990PF - Part 1	· ·	Line 19 - Depreciation Schedule	dule		ŗ.	PG01 Statement #126	
Description Macrs	Date Acquired 01-01-2001	Cost or Other basis 107,823	Prior year Depreciation	Computation Method Rate M 0	e Life 10	Current Year Depreciation 57,347	Net Investment Income	Adjusted Net Income 57,347	
Totals		107,823	50,476			57,347		57,347	····
01-12									7

Form 990_OfOv (2015) Franklin Home for the A List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for t	(b) Average	(c) Reportable compensation	d) Health benefits, contributions to employee	(e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferred compensation	other compensation
Gail Henry Member		I I I I I I I I I I I I I I I I I I I	Gerenea dompensoaan	
404 Flag Hill Rd, Franklin, NH 03235	1.00	0	0	0
Kathleen Fuller Member	- , ,,			
24 Peabody Place, Franklin, NH 03235 Judy Palfrey Treasurer	1.00	0	0	0
280 Webster Lake Rd., Franklin, NH	1.00	0	0	0
200 Trooped Series Index 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
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