Department of the Treasury

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

Return of Organization Exempt From Income Tax

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

		201E co	lendar year, or tax year beginning	g 01-01-2015 , and ending 12-31-20:	15			
			C Name of organization	g 01 01 2015 , and chang 12 31 20.	.,	D 5		
	ck if ap dress ch	plicable	Franklin Institute				-	ntification number
	ime cha	-	% K SIOBHAN KEEFE			23-1	137050	1
_	tıal retu	-	Doing business as					
Fi	nal termina	ited	Number and street (or P O box if ma	ail is not delivered to street address) Room/su	ııte	E Telep	hone num	nber
	ended r		222 North 20th Street			(215) 448-	1200
App	olication	pending	City or town, state or province, coun Philadelphia, PA 19103	try, and ZIP or foreign postal code		G Gross	: racainte	\$ 108,273,198
			F Name and address of princip	al officer	11/-3 -		· ·	
			Larry Dubinski	ai onicei		this a grou ibordinates		n for ☐ Yes 🗸
			222 North 20th Street Philadelphia,PA 19103		١ ١	No		l les l
[Ta:	(-exem	pt status	✓ 501(c)(3)	insert no) 4947(a)(1) or 527		re all subor cluded?	dınates	□Yes □ No
		.		HISERCINO) 4947(a)(1) 01 327			h a lıst	(see instructions)
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(Form	n of org	anızatıon	✓ Corporation Trust Associa	tion Other ►	L Year o	of formation	L824 M	State of legal domicile PA
Da	rt I	Sum	.m. > r.v					
FC			mary scribe the organization's mission	or most significant activities				
	IN	THES	PIRIT OF INQUIRY AND DISCO	OVERY EMBODIED BY BENJAMIN FR			ONOF	THE FRANKLIN
ψ	<u>I N</u>	STITU	TE IS TO INSPIRE A PASSION	FOR LEARNING ABOUT SCIENCE A	ND TECHN	IO LO GY		
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Governance	2 C	heck th	is box $ ightharpoonup$ if the organization dis	scontinued its operations or disposed	of more tha	an 25% of i	ts net a	ssets
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.^ .^			-	ng body (Part VI, line 1a)			3	43
Š			· -	f the governing body (Part VI, line 1b)			4	42
Activities &				alendar year 2015 (Part V, line 2a) .			5	521
۹.			•	ecessary)			6	1,779
							7-	
				rt VIII, column (C), line 12 m Form 990-T line 34			7a	497,667
				m Form 990-T, line 34			7a 7b	151,090
	b Ne	et unrela	ated business taxable income fro	m Form 990-T, line 34		Prior Year	7b	151,090 Current Year
ēn.		et unrela Contri	ated business taxable income fro	m Form 990-T, line 34		Prior Year 17,807	7b	151,090
ēnuēA	b Ne	C ontri Progra	ated business taxable income fro ibutions and grants (Part VIII, lin am service revenue (Part VIII, lin	m Form 990-T, line 34		Prior Year	7b 7,535 7,122	151,090 Current Year 5,912,180
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PHILADELPHIA, PA 19103

. ✓Yes No

For	m 990 (2015) Page 2
Pa	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
ΙN	THE SPIRIT OF INQUIRY AND DISCOVERY EMBODIED BY BENJAMIN FRANKLIN, THE MISSION OF THE FRANKLIN INSTITUTE IS INSPIRE A PASSION FOR LEARNING ABOUT SCIENCE AND TECHNOLOGY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 6,456,013 including grants of \$) (Revenue \$ 5,774,061) EDUCATIONAL PROGRAMS, SERVICES & GRANTS Completing its 22nd year in 2015, the Partners for Achieving Careers in Technology and Science (PACTS) program is one of the regions oldest and most comprehensive science immersion programs for diverse urban high school students. PACTS serves 150 students from more than 40 Philadelphia public schools 2015 was the sixth year for the Institutes STEM Scholars programs, a concentrated program of 15 students each year who show high interest in and aptitude for STEM fields. These students receive STEM education and mentoring throughout their high school years, in 2015 the program continued to run at capacity, serving 60 students total. PACTS and STEM Scholars provide students with access to STEM professionals as well as college educational programs and services, application and financial aid counseling, exposure to STEM careers, and annual robotics programs attracting more than 1,000 participants. These two programs deliver unique STEM programming to a diverse audience. As the organizer of the Philadelphia Science Festival, The Franklin Institute helped more than 200 partners to reach more than 75,000 people in neighborhoods across the city with hands-on workshops and demonstrations in its fifth year in 2015. Featuring a Carnival at Penns landing that was attended by 175 exhibitors and more than 50,000 people, the Festival also held dozens of stargazing events in city neighborhoods and offered a diverse range of public programming about science and technology for both adults and child audiences. One particular success was a dozen Discovery Days, gatherings of nonprofit, corporate, and academic partners in neighborhoods across the city and the surrounding suburbs, who worked together to educate and inspire residents about vanous aspects of science and discovery. The Institute also works closely with the Science Leadership Academy (SLA), a magnet high school that stands as a further testament to the Inst
4b	MUSEUM ADMISSIONS & OPERATIONS As the most visited museum in the Commonwealth and a top-five tourist destination in the City of Philadelphia, The Franklin Institute serves as both a prominent educational and cultural resource, and as an anchor of the local economy. In 2015, the Institute welcomed 888,084 visitors to the museum, including 156,136 children who came as part of school groups, representing every county in Pennsylvania and surrounding states including New Jersey, Delaware, and New York. The Franklin Institutes longstanding reputation helps to elevate the Commonwealth and the City of Philadelphia as models for cultural and informal education excellence. The Institute welcomes visitors of all ages to explore science in interactive exhibits and public programs. The Institute remains fully committed to providing an exceptional experience for its many visitors and increasing service to its audience, extending the Institute's mission-to inspire passion for learning about science and technology-to-children and families throughout Greater Philadelphia, regardless of means, remains, as always, at the heart of its pronties. It does so through outstanding exhibits and many education and outreach programs, especially those for underserved youth and families such as Community Night, and the Student Access Program that welcomes students from under-resourced schools, free of charge. In 2015, the Institute hosted Body Worlds. Animal Inside Out, where visitors embarked on an anatomical safan to explore the intricate biology, zoology, and physiology of the worlds most spectacular creatures both large and small, Sesame Street Presents. The Body, where visitors learned all about their body from the inside out featuring Sesame Street characters and interactives that covered everything from how the body works during different modes of transportation to germs. The Institutes blockbuster show At of the Brick, which showcased artistic creations built from LEGO bincks welcomed as of transportation to germs. The Institutes of
4c	(Code) (Expenses \$ 1,324,393 including grants of \$ 250,000) (Revenue \$ 1,628,151) FRANKLIN INSTITUTE AWARDS & OTHER PROJECTS For nearly two centuries The Franklin Institute Awards Program has recognized outstanding achievements in science and technology, celebrated the pursuit of excellence, and provided dynamic connections between the Institute and the academic, scientific, and business communities. On April 23, the sold-out Franklin Institute Awards Ceremony and Dinner was the culmination of a full week of inspiring events. Awards Week, which began the Monday before the Awards Ceremony and Dinner, included a series of public symposia and lectures that provided opportunities for the internationally distinguished laureates to share their discoveries, experiences, and views with public audiences. Other Awards Week activities included Laureates Laboratory, a session at the Institute in which the laureates participated in interactive demonstrations of their work geared toward visiting students, and the Meet the Scientists program, which was moderated by students from the PACTS program. One highlight of the 2015 Awards Ceremony and Dinner was the conferring of the Events program, which was moderated by students from the PACTS program. One highlight of the 2015 Awards Ceremony and Dinner was the conferring of the world's preeminent chemical companies, and for his global leadership in philanthropy, with a special focus on cancer research and treatment in support of some of the highest-impact developments towards curing cancer. The 2015 Bower Award for Achievement in Science and its accompanying \$250,000 prize was conferred to Jean-Pierre Kruth, Ph D. For his pioneering research in additive manufacturing (3D printing), which led to many technological innovations and several global companies. His work has inspired further research, enabled the creation of many patents, and built the foundation for others businesses. Eight other scientists, each of whom represents the pinnacle of revolutionary achievement in their r

and the general public alike, hearly 3 million people visited the website in 2015. More than 137,000 students and adults from Connectcut to Northern Virginia were inspired by traveling science shows presented in hundreds of locations. The Institute has long been a leader in providing professional development offerings for teachers throughout the region. While teachers may only have one opportunity to bring their students to the museum each year, The Franklin Institutes wealth of educator resources and workshops enables teachers to bring the spark for hands-on science interaction into their daily lessons. The Institutes professional development programs build teachers confidence, and help them to align classroom education with nationally mandated standards and with inquiry-based learning activities. Extracurricular activities for youth filled weekends and vacations. Discovery Camp, Spring Break Camp, and the Schools Closed Camp welcomed thousands of youngsters, and the weekend overnight Camp-In program drew nearly 7,000 young people.

See Additional Data

Other program services (Describe in Schedule O.)

) (Revenue \$

4e Total program service expenses ▶

(Expenses \$

30,687,302

5,660,214 including grants of \$

314,924)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🙎	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ı	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

30

ar	t IV	Checklist of Required Schedules (continued	1)
) 1	Did th	organization report more than 4E 000 of grants or oth	_

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

140	checklist of Required Schedules (Continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Paits I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization's		

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

current and former officers, directors, trustees, key employees, and highest compensated employees 7 If "Yes,"

23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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31

32

33

34

35a

35b

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Yes

Form 990 (2015)

Yes

Yes Yes

Nο

Νo

Nο

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Νo

Νo

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Νo

Nο

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Nο

Nο

Νo

Nο

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance				_
		Check if Schedule O contains a response or note to any line in this Part V.	<u> </u>	• •	· ·	. L
12	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	153		Yes	No
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0			
		the organization comply with backup withholding rules for reportable payments to vendors				
С		ie organization comply with backup withholding rules for reportable payments to vendors ig (gambling) winnings to prize winners?	s and reportable	1c	Yes	
2a	-	the number of employees reported on Form W-3, Transmittal of Wage and				
	Tax S	tatements, filed for the calendar year ending with or within the year covered	521			
L	,	s return		2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst			103	
3a	Did th	ie organization have unrelated business gross income of \$1,000 or more during the year	r?	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, piovide an explanation in Sche</i>	edule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a signature o	or other authority			
		a financial account in a foreign country (such as a bank account, securities account, or int)?	other financial	4a		No
ь		,				110
	If "Yes	s," enter the name of the foreign country nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fina	ancial Accounts			
	(FBAR		aneral Accounts			
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		No
b	Dıd an	ny taxable party notify the organization that it was or is a party to a prohibited tax shelte	er transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?	_. .			
-	, 0.			5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, a		6a		Νo
	_	ization solicit any contributions that were not tax deductible as charitable contributions	-			
D		s," did the organization include with every solicitation an express statement that such one tax deductible?		6b		
7		izations that may receive deductible contributions under section 170(c).				
а	Did th	ie organization receive a payment in excess of \$75 made partly as a contribution and pa	artly for goods and	7a	Yes	
		ees provided to the payor?				
		s," did the organization notify the donor of the value of the goods or services provided?	H	7b	Yes	
С		le organization sell, exchange, or otherwise dispose of tangible personal property for whi	ich it was required to	7c		No
d		s," indicate the number of Forms 8282 filed during the year		70		110
_						
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal b	penefit contract?	- -		NI -
_	Didth		fit contract?	7e 7f		No
		le organization, during the year, pay premiums, directly or indirectly, on a personal bene organization received a contribution of qualified intellectual property, did the organization	F			No
y	require		on me roini 6699 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the	organization file a			
		1098-C?		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business ho	oldings at any time			
		the year?		8		
9a	Dıd th	e sponsoring organization make any taxable distributions under section 4966?		9a		
		ie sponsoring organization make a distribution to a donor, donor advisor, or related perso	on?	9b		
10	Sectio	on 501(c)(7) organizations. Enter	ļ			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club				
	faciliti				I	
11		on 501(c)(12) organizations. Enter				
		Income from members or shareholders				
D		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)				
	_		£ 5 10 11 3	_		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 FORM 1041/	12a		
D	year	s," enter the amount of tax-exempt interest received or accrued during the 12b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.				
а		organization licensed to issue qualified health plans in more than one state? Note. See onal information the organization must report on Schedule O	the instructions for	13a		
h		the amount of reserves the organization is required to maintain by the states	-	TOG		
U		ch the organization is licensed to issue qualified health plans 13b				
c	Enter	the amount of reserves on hand				
14a	Did th	e organization receive any payments for indoor tanning services during the tax year? .		14a	j	No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sci	hedule O	14b		

orm	990 (2	2015)					Page (
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S			or 10)b belo	w,
		Check if Schedule O contains a response or note to any line in this Part VI		<u></u>			🔽
Se	ction	A. Governing Body and Management				,	
						Yes	No
1a	Enter year	the number of voting members of the governing body at the end of the tax	1a	43			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee nilar committee, explain in Schedule O					
b		the number of voting members included in line 1a, above, who are endent	1b	42			
2		ny officer, director, trustee, or key employee have a family relationship or a bus officer, director, trustee, or key employee?			2	Yes	
3		ne organization delegate control over management duties customarily performe vision of officers, directors or trustees, or key employees to a management coi			3		No
4	Did th filed?	ne organization make any significant changes to its governing documents since		rior Form 990 was	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the oi	ganız	ation's assets?	5		No
6	Did th	ne organization have members or stockholders?			6		No
7a		ne organization have members, stockholders, or other persons who had the pow members of the governing body?			7a		No
b		ny governance decisions of the organization reserved to (or subject to approva sons other than the governing body?			7b		No
8		ne organization contemporaneously document the meetings held or written actions the following	ons ur	ndertaken during the			
а	The g	overning body?			8a	Yes	
b	Each	committee with authority to act on behalf of the governing body? $\cdot\cdot\cdot\cdot$			8 b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A , ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction	B. Policies (This Section B requests information about policies not	requi	red by the Internal R	evenu	ue Cod	e.)
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the act tes, and branches to ensure their operations are consistent with the organization			10b		
11a	Has th	he organization provided a complete copy of this Form 990 to all members of it rm?	s gov • •	erning body before filing	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13 $$.			12 a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annuall o conflicts?			12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with edule O how this was done		•	12 c	Yes	
13	Did th	ne organization have a written whistleblower policy?			13	Yes	
14	Did th	ne organization have a written document retention and destruction policy? $$.			14	Yes	
15		ie process for determining compensation of the following persons include a revi endent persons, comparability data, and contemporaneous substantiation of th					
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b	Yes	
	If"Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture of le entity during the year?		_	16 a	Yes	
b	partic	s," did the organization follow a written policy or procedure requiring the organi ipation in joint venture arrangements under applicable federal tax law, and take ization's exempt status with respect to such arrangements?	step	s to safeguard the	16h	Vas	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

 CA , CT , FL , MD , MA , NJ , NY , PA

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- interest policy, and financial statements available to the public during the tax year

 20 State the name, address, and telephone number of the person who possesses the organization's books and records

 ►K SIOBHAN KEEFE 222 NORTH 20TH STREET Philadelphia, PA 19103 (215) 448-1200

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033 11100)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	s to Part VII, S			•	 	. >		2,646,318	0	255,085
2 Total number of individuals (ir \$100,000 of reportable comp	cluding but not	limited	to the	se I	ıste	d abov	e) wl	no received more t	han	

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

Section B. Independent Contractors 1 Complete this table for your five highest compensated independent co compensation from the organization. Report compensation for the cale.		
(A) Name and business address	(B) Description of services	(C) Compensation
Harmelin Media, 525 Righters Ferry Road BALA CYNWYD, PA 19004	Media Consultation	1,720,867
Art Guild Inc, 300 Wolf Drive WEST DEPTFORD, NJ 08086	Creative Design/Fab	1,285,144
Skanska USA, 518 East Township Line Road Suite BLUE BELL, PA 19422	Bldg Construction	776,037
ABM Janitonal, Lockbox 787401 PHILADELPHIA, PA 19178	Janitonal	734,030
Frog Commissary Catering, 222 North 20th Street PHILADELPHIA, PA 19103	Catering/Food Serv	594,282

Νo

Form 99	•	•						Page S
Part V	1111	Statement o			and the Doublett			_
		Check II Schedu	ule O contains a respon	se or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es 1b	132,833				
	С	Fundraising eve	ents 1c	573,943				
	d	Related organiz	ations 1d					
	e	Government grants (contributions) 1e		65,000				
	f	All other contribution	ons, gifts, grants, and 1f of included above	5,140,404				
	g	Noncash contribution	ons included in lines	601,999				
	h	Total. Add lines	s 1a-1f		5,912,180			
				Business Code				
F	2a	MUSEUM ADMISSIO	ONS	900099	11,050,321	11,050,321		
æ	Ь	ANCILLARY ACTIVITY	TIES	900099	4,370,200	3,878,655	491,545	
Program Service Revenue	C	GRANTS		900099	3,598,628	3,598,628		
*	d e	MEMBERSHIPS EDUCATIONAL PRO	OGRAMS & SERVICES	900099	2,851,958	2,851,958	6 122	
ran	f		am service revenue	611710	2,175,433 1,628,151	2,169,311 1,628,151	6,122	
7						2,020,202		
	g 3		ome (including dividend		25,674,691			
		and other simila	aramounts)		628,215			628,215
	4 5		tment of tax-exempt bond p	· · ·	428,757			428,757
		,	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income	0	0				
	d	or (loss) N et rental incoi	me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	74,703,635					
	ь	Less cost or other basis and	68,215,179					
	c	sales expenses Gain or (loss)	6,488,456					
	d		s)		6,488,456			6,488,456
Other Revenue	8a	Ψ	luding ,943 reported on line 1c)					
her	 	Laca direct	a h	177,368				
ŏ	C		penses b [[loss] from fundraising e	269,134 events ►	-91,766			-91,766
	9a	Gross income f See Part IV, lin	rom gaming activities le 19	·				
	ь	Less direct ex	penses b					
	С	Net income or (loss) from gaming activ	ities	0			
	10a	Gross sales of						
		returns and allo	wances .	748,352				
	ь	Less cost of g	oods sold b					
	С	Net Income or (loss) from sales of inve	ntory >	748,352	748,352		
	4.0	Miscellaneous	s Revenue	Business Code				
	11a b		<u> </u>					
	C							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		0			
	12	Total revenue.	See Instructions		39,788,885	25,925,376	497,667	7,453,662
	1				37,700,003	20,020,010	757,007	1,733,002

Part IX Statement of Functional Expenses

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

	ot include amounts reported on lines 6b, 5, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	250,000	250,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,191,295	1,214,797	660,484	316,014
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	10,297,498	8,503,298	767,179	1,027,021
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	697,282	542,866	79,616	74,800
9	Other employee benefits	2,051,123	1,031,203	914,932	104,988
10	Payroll taxes				
		920,718	716,821	105,128	98,769
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	766,210		766,210	
С	Accounting	64,950		64,950	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	51,163			51,163
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	1,296,776	1,133,504	162,970	302
12	Advertising and promotion	1,630,396	1,624,972	5,424	
13	Office expenses	936,267	696,651	70,516	169,100
14	Information technology	223,883	222,797	101	985
15	Royalties	551,733	551,625		108
16	Occupancy	2,655,451	2,651,283	1,051	3,117
17	Travel	620,634	555,565	27,993	37,076
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	56,491	43,504	5,060	7,927
20	Interest	585,038	585,038		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,075,262	5,075,262		
23	Insurance	394,682	336,894	57,788	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROGRAM AND EXHIBIT SUPPLIES,	3,039,129	3,038,244	885	
b	GRANT SUBCONTRACT EXPENSES	845,630	845,630		
c	EVENT EXPENSES	416,955	410,027	6,928	
d	CULTIVATION & FULFILLMENT	319,522	172,726	2,701	144,095
e	All other expenses	798,046	484,595	240,298	73,153
25	Total functional expenses. Add lines 1 through 24e	36,736,134	30,687,302	3,940,214	2,108,618
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

(B)

End of year

5,570,037

3,900,193

4,203,009

14,667

913,904

87,762,230

36,991,412

15,160,230

307,869

106,690

154,930,241

7,702,526

3,278,914

13.278.000

24,259,440

84,374,811

28.731.642

17,564,348

130,670,801

154,930,241 Form 990 (2015)

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n 25

24,974,365

84,401,990

32.327.547

18.268.799

134.998.336

159,972,701

0 0

15,571

1,425,700

88,865,561

38, 156, 270

15,841,574

451.579

116,932

159,972,701

8,435,191

784,174

15.755.000

0 18

168,976,438

81,214,208

(A)

Beginning of year

8.631.089

4,977,127

1,491,298

Form 990 (2015) Check if Schedule O contains a response or note to any line in this Part X

> 10a 10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Part X Balance Shee

Part X	Bal	and	e S	he	E

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Net Assets or Fund Balances

Schedule L .

II of Schedule L

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D . .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Other liabilities (including federal income tax, payables to related third parties,

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Pledges and grants receivable, net .

Accounts receivable, net . .

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

column (B)) Part XIII Financial Statements and Reporting

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Both consolidated and separate basis

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

1 Accounting method used to prepare the Form 990

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis

Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Cash ✓ Accrual COther

Both consolidated and separate basis

9

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489,829

No

Νo

130,670,801

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

Additional Data

(Code

Depreciation

Software ID: Software Version:

EIN: 23-1370501

Name: Franklin Institute

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

(Code) (Expenses \$	584,952	including grants of \$) (R
ntoroot				

5,075,262

Interest

) (Expenses \$

including grants of \$

(Revenue \$

) (Revenue \$

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

(Code) (Expenses \$ including grants of \$) (Revenue \$ 314,924)

Theaters UBI

Form 990, Part VII - Compensation Compensated Employees, and Inde					۲ru	stee	s, i	Key Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unles	sition nore t ss pe	(C n (do than erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Larry Dubinski President & CEO	37 5	х		×				456,125	0	45,159
Donald E Morel Jr PhD Chair	10	x		×				0	0	C
Sandra K Baldino Trustee	1 0	х						0	0	. (
Michael F Barry Trustee	1 0	х						0	0	(
Joel A Bernstein Trustee	1 0	х						0	0	(
Wade H Berrettını MD PhD Trustee	1 0	х						0	0	
Suzanne Boda	10							_	_	

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Trustee

Trustee

Trustee

Trustee

Renee B Booth PhD

Donald E Callaghan

Michael F Camardo

Form 990, Part VII - Compensation Compensated Employees, and Inde					۲ru	stee	s, k	Key Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unles	sition nore t ss pe	(C n (do than erso icer	not one on is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
Troy Carter	1 0	ļ ,				T				
Trustee	0 0	X						0	0	
Robert Chappelear	1 0	'								
Trustee (Term End 2015)	0 0	Х						0	0	(
Peter K Classen	1 0	'								
Trustee	0 0	Х						0	0	(
Annie Duke	1 0	'								
Trustee	0 0	X						0	0	(
Stephen J Felice	1 0									
Trustee (Term End 2015)	0 0	X						0	0	(
Michael C Forman	1 0									
Trustee	0 0	X						0	0	(
John T Fries	1 0				\vdash					
30111 1 1 1103		l x						0	0	(

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Trustee

Trustee

Trustee

Christopher Gali

Toni Garrison Trustee

Elizabeth H Gemmill

Form 990, Part VII - Compensation Compensated Employees, and Inde					Γru	stee	s, k	Cey Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unle:	ition ore t	(do (do han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
Richard J Green	1 0	x						0	0	0
Trustee	0 0	,						J	J	9
Grete Greenacre	1 0	l x						0	0	0
Trustee	0 0	^						•	9	
Richard A Greenawalt	1 0	,								
Trustee	0 0	×						0	0	0
Paul C Heintz Esq	1 0									
Trustee (Term End 2015)	0.0	X						0	0	0
Frances E Jensen MD FACP	10									
Trustee	0 0	X						0	0	О
Nooruddin Karsan	10									
Trustee (Term End 2015)		×						0	0	0
	00									
Stephen E Kelly		,,			1	1				

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Trustee

Trustee

Trustee

Ira M Lubert

Thomas Lynch Trustee

Charisse R Lillie Esq

Form 990, Part VII - Compensation Compensated Employees, and Inde					/rus	stee	:s, k	(ey Employed	es, Highest	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	unles	ore t ss pe	than erso icer	not one on is and 'trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
		individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
James J Maguire Jr	10						'			
Trustee	0 0	X			'		!	0	0	O
	10	$\vdash \vdash \vdash$	\vdash	 		\vdash	╨			
Мırıam G Mandell Trustee	0.0	×						0	0	0
Sandra G Marshall	10									
Trustee	0 0	X			_ '	_		0	0	
Christopher McIsaac Trustee	1 0	x						0	0	(
Robert S McMenamin Trustee	1 0	x						0	0	C
Denis P O'Brien Trustee	1 0	х						0	0	(
	0.0	$\vdash \vdash$	 	₩'	-	₩	₩			
Paul Offit MD	1 0	l x			'		'	0	0	,
Trustee	0.0	^			'		'	Ĭ	Ĭ	,

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Jane Palmieri

Marvin Samson Trustee

Michael A Sanchez Trustee (Term End 2015)

Trustee

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

Compensated Employees, and Inde	pendent Co	ntrac	tor	S						
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	MISC)		organization and related organizations
William Sigmund Trustee	10	×						0	0	0
Joan N Stern Esq Trustee	1 0	x						0	0	0
James G Stewart Trustee	1 0	×						0	0	0
I Steven Udvarhelyı MD Trustee (Term End 2015)	1 0	×						0	0	0
Rıchard W Vague Trustee	1 0	×						0	0	0
Tına Wells Trustee	1 0	×						0	0	0
David R White Trustee (Term End 2015)	10	×						0	0	0
Paul H Woodruff PE	10									

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Trustee

Trustee

Harold L Yoh III Trustee

Karen Zımmer MD

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

Compensated Employees, and Inde					ru	stee	S, F	key Employe	es, Hignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unle:	ition ore t	(C (do han erso cer	not one n is and trus	tee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former			
The Honorable Darrell L Clarke	1 0									
Trustee, Ex Officio	0 0	X						0	0	U
Pam Green	1 0									
Trustee, Ex Officio (end 2015)	0 0	Х						0	0	0
William R Hite	1 0							_	_	
Trustee, Ex Officio	0 0	Х						0	0	0
Margaret Hughes	1 0									
Trustee, Ex Officio (end 2015)	0 0	X						0	0	0
The Honorable Michael Nutter	1 0									
Trustee, Ex Officio	0 0	X						0	0	0
Mollie Lawrence	1 0									
Mollie Lawrence Trustee, Ex Officio	0 0	X						0	0	0
Dennis O'Brien	1 0									
Trustee, Ex Officio	0 0	X						0	0	0
Nancy Ronning	1 0									

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Trustee, Ex Officio

Michelle W Singer

Trustee, Ex Officio

Gerard F Jones Trustee, Ex Officio ol

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

31,675

29,135

30,150

19,859

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Compensated Employees, and Inde	pendent Co	ntrac	tor	s ,			-, -			
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore tl ss pe	(C) n (do than ersoi icer a	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
The Honorable Tom Wolf Trustee, Ex Officio	1 0	x						0	0	0
Marsha R Perelman Trustee, Emeritus	1 0	х						0	0	c
William J Avery Trustee, Emeritus	1 0	x						0	0	C
James A Unruh Trustee, Ementus	10	x						0	0	C
K Siobhan Keefe VP of Finance & Treasurer	37 5			x				161,668	0	17,623
Julie Appolloni VP of Strategic Initiatives	37 5 0 0				х			156,235	0	9,394

0 0 37 5

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223,680

246,097

179,420

175,236

Frederic M N Bertley Phd

SVP - Earned Rev , Mrktg & Ops

SVP for Science

RICHARD D RABENA

VP Human Resources

REID O STYLES

VP Ops & Capital Projects

Troy Collins

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

(A) (B) (C) (D) (E)

Name and Title	A verage hours per week (list any hours for related	unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer		Highest compensated employee	Former	мізс	MISC)	and related organizations	
Kara Callahan	37 5										
Director of Marketing	0 0					Х		119,089	0	13,396	
Karen Elinich	37 5					· ·		121 600		12.072	
Dir -Science Content & Learn	0 0					Х		121,689	U	13,872	
Kathryn Giorgianni	37 5				П	_		141 753	0	77 047	
AVP -I/T Services	0 0					Х		141,752	U	27,017	
Susan Poulton Chief Digital Officer	37 5 0 0					х		132,618	0	5,309	
Lois Switken Director of Sales and Catering	37 5					Х		122,867	0	12,496	
	0.0			-	\vdash		\vdash				

409,842

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Dennis Wint PHD

Former President & CEO

efile	GRAPHIC	print -	DO NOT	PROCESS	As Filed	I Data

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

DLN: 93493316040586 OMB No 1545-0047

Public Charity Status and Public Support

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

Employer identification number

23-1370501

Department of the Treasury Internal Revenue Service

Franklin Institute

Part I

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2

3

990EZ)

SCHEDULE A

Name of the organization

(Form 990 or

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

www.irs.gov/form990.

Open to Public Inspection

7								
•	✓	described in section 1	70(b)(1)(A)(\	vi). (Complete Part II)	_	nental unit or from the g	eneral public
8		A community trust des	scribed in sec t	tion 170(b)(1)(A)(vi)	(Complete Pa	rt II)		
9	Γ	receipts from activitie from gross investmen	es related to it it income and	s exempt functions—s	ubject to certa kable income (l	in exceptions less section 5	tributions, membership , and (2) no more than : 11 tax) from businesse	331/3% of its suppo
10		An organization organ	ized and opera	ated exclusively to tes	t for public saf	ety Šee secti	on 509(a)(4).	
11 a	Г	one or more publicly s the box in lines 11a th Type I. A supporting o	upported orga nrough 11d tha organization op	nizations described in at describes the type o perated, supervised, oi	section 509(a of supporting or controlled by)(1) or sectio rganization an its supported	nctions of, or to carry on 509(a)(2) See sectio d complete lines 11e, 1 organization(s), typical ctors or trustees of the	n 509(a)(3). Check 1f, and 11g ly by giving the
		organization You mus	t complete Pa	rt IV, Sections A and	в.	•		
b							oorted organization(s), b	
					same persons t	that control or	manage the supported	organization(s) You
_	_	must complete Part IV					h, and functionally inted	avatad with ita
C	l	supported organization						grated with, its
d							n with its supported org	anization(s) that is
-	1						rement and an attentiv	
		(see instructions) You						
е							is a Type I, Type II, T	ype III functionally
		integrated, or Type III	I non-function	ally integrated suppor	tıng organizatı	on		
f	Ente	r the number of support	ed organizatio	ns			<u></u>	
g		Provide the following i						
			nformation ab	out the supported orga	nızatıon(s)			
	(i) Name of supported organization		nformation ab	out the supported orga	nization(s)			
Nan	ne of s		(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	(iv) Is the orga listed in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
Nan	ne of s			(iii) Type of organization (described on lines 1-9 above (see	(iv) Is the orga Iisted in your	nızatıon governıng	A mount of monetary support	A mount of other support (see
Nar	ne of s			(iii) Type of organization (described on lines 1-9 above (see	(iv) Is the orga Iisted in your docume	nization governing ent?	A mount of monetary support	A mount of other support (see
Nan				(iii) Type of organization (described on lines 1-9 above (see	(iv) Is the orga Iisted in your docume	nization governing ent?	A mount of monetary support	A mount of other support (see

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		•				•	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2	015	(f)⊤otal
•	fiscal year beginning in)	(4)2011	(5)2012	(0)2013	(4)2011	(0)2	013	(1)10ta1
1	Gifts, grants, contributions, and membership fees received (Do	11,452,312	10,813,204	15,267,620	17,807,535		5,912,180	61,252,851
	not include any unusual grants)	11,152,512	10,010,201	13,207,020	17,007,555		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01,232,001
2	Tax revenues levied for the							
	organization's benefit and either							0
	paid to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without							0
	charge							
4	Total. Add lines 1 through 3	11,452,312	10,813,204	15,267,620	17,807,535	Ţ.	5,912,180	61,252,851
5	The portion of total contributions							
_	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							13,997,792
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public support. Subtract line 5							47.055.050
	from line 4							47,255,059
S	ection B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 20	015	(f) ⊤otal
	fiscal year beginning in) ▶							
7	A mounts from line 4	11,452,312	10,813,204	15,267,620	17,807,535	- 5	,912,180	61,252,851
8	Gross income from interest,							
	dividends, payments received on securities loans, rents,	1,335,424	1,209,233	1,121,728	1,077,399	1	.,056,972	5,800,756
	royalties and income from	2,333,121	1,203,233	1,121,720	1,0,1,033	-	.,030,572	3,000,700
	sımılar sources							
9	Net income from unrelated							
	business activities, whether or							0
	not the business is regularly							
4.0	Carried on Other income Do not include							
10	gain or loss from the sale of							
	capital assets (Explain in Part							0
	VI)							
11	Total support. Add lines 7							67,053,607
4.0	through 10	<u> </u>	<u> </u>			T		
12	Gross receipts from related activi	•	·			12		104,867,742
13	First five years.If the Form 990 is) organization,
_	check this box and stop here						.▶	
	ection C. Computation of Pu						ı	
14	Public support percentage for 201	•	• • • • • • • • • • • • • • • • • • • •	11, column (f))		14		70 474 %
15	Public support percentage for 201					15		71 440 %
16a	33 1/3% support test—2015. If the	•		•	ne 14 is 33 1/3%	or more	, check t	
	and stop here. The organization qu	•	, , , ,		and line 1 F in 22	1/20/		▶ ▽
U	33 1/3% support test—2014. If the box and stop here. The organization	•		•	allu lille 15 is 55	1/3% 01	more, cn	► [
17a	10%-facts-and-circumstances tes		, , ,	_	e 13, 16a, or 16b,	and line	e 14	P 1
	is 10% or more, and if the organiz							
	in Part VI how the organization me	eets the "facts-an	d-cırcumstances'	test The organiz	ation qualifies as	a public	lysuppo	rted
	organization							▶
b	10%-facts-and-circumstances tes							
	15 is 10% or more, and if the orga							
	Explain in Part VI how the organiz	ation meets the "i	iacts-and-circums	stances" test The	e organization qua	iiīies as	a publici	•
10	supported organization	stion did not obsel	a hov on line 12	162 16h 17	r 17h chaal thia	hav and	600	▶┌
18	Private foundation. If the organiza	idon dia not check	k a box on line 13,	10d, 10D, 1/d, 0	i 170, check this	DOX 4110	566	▶ □
	instructions							▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · · · · · · · · · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation ► [
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functional	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ıctions		
	200.0110		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6		110 2022	711110411111111111111111111111111111111
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Calcadada A	(F 000 000 F7) (201 F

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

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

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

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

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

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

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

	me of the organization nklin Institute				Employer ide	entification number
					23-137050	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a	section 52	7 organization.
1	Provide a description of the or	ganization's direct and indirect polit	ıcal campaıgn act	ivities in Pa	t IV	
2	Political expenditures				>	\$
3	V olunteer hours					
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).		
1		e tax incurred by the organization ur			•	\$
2	,	e tax incurred by organization mana			•	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	20 for this year?			☐ Yes ☐ No
4a	Was a correction made?					⊤ Yes
b	If "Yes," describe in Part IV					, , , , , , , , , , , ,
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except	section 5	01(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	ection 527 exem	pt function a	ctivities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organizations	s for section	527 ▶	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line	17b ►	¢
4	Did the filing organization file F	Form 1120-POL for this year?				Ψ ΓYes ΓΝο
5	organization made payments amount of political contributio	nd employer identification number (E For each organization listed, enter th ns received that were promptly and political action committee (PAC). If	ne amount paid fro directly delivered	om the filing to a separat	organization's e political org	s funds Also enter the ganızatıon, such as a
	(a) Name	(b) Address	(c) EIN	filing or	unt paid from ganization's one, enter -0	contributions received
_						
2						
3						
4						
5						
6						
For F	Paperwork Reduction Act Notice, s	ee the instructions for Form 990 or 99	0-EZ.	Cat No 50084	Schedule C	(Form 990 or 990-EZ) 2015

Part II-A	under section 501(h)).
Check ▶	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN

Α	Check	\blacktriangleright	Г	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EI
				expenses, and share of excess lobbying expenditures)

		oying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a b	Total lobbying expenditures to influence public lobbying) Total lobbying expenditures to influence a legi	, , ,		
c	Total lobbying expenditures (add lines 1a and			
d	Other exempt purpose expenditures	36,736,134		
e	Total exempt purpose expenditures (add lines	36,736,134		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000			
	Over \$17,000,000			

h	Subtract line 1g from line 1a If zero or less, enter -0	-							
i	Subtract line 1f from line 1c If zero or less, enter -0-								
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No								
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period								
	Lobbying Expendi	tures During 4	4-Year Avera	ging Perioa					
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
_с	Total lobbying expenditures								
الد	Crassrata nantavahla amaunt	350,000	350,000	250,000	250,000	1 000 000			

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
с	Total lobbying expenditures								
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000			
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f	Grassroots lobbying expenditures								

Return Reference

	edule C (Form 990 or 990-EZ) 2015				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TO				
		(a)		(b)	
ctiv	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No		4 moun	it
_	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes		7		
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	01 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a	<u> </u>			
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information		I			
	• • • • • • • • • • • • • • • • • • • •		D = -4 *	т А '		
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	тр IIST), 	, Part I	1-A,I	ines 1	and

Explanation

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

SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 2015

DLN: 93493316040586

De_l Tre

(Form 990)

partment of the easury	Information about Schedule D	► Attach to Form 990. (Form 990) and its instructions is at www.	irs.gov/form9	Open to Public Inspection
ernal Revenue Service Name of the organ	<u> </u>		Employer	identification number
ranklın Institute			22.4270	-04
		r Advised Funds or Other Similar ed "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds		s and other accounts
Total numb	er at end of year			
Aggregate v year)	value of contributions to (during			
Aggregate	value of grants from (during year)			
Aggregate	value at end of year			
_		advisors in writing that the assets held in d the organization's exclusive legal control?	lonor advised	□ Yes □ No
used only for o		and donor advisors in writing that grant fun benefit of the donor or donor advisor, or for		oose Yes No
		ete if the organization answered "Yes'	" on Form 990	0, Part IV, line 7.
Purpose(s) of	conservation easements held by th	ne organization (check all that apply)		
Preservat education)	cion of land for public use (e g , recr		f an historically	ımportant land area
	n of natural habitat	Preservation of		•
<u>. </u>	tion of open space	,		
Complete line	·	held a qualified conservation contribution i	n the form of a	conservation
			Н	eld at the End of the Year
a Total number	of conservation easements		2a	
_	restricted by conservation easeme		2b	
	nservation easements on a certified	` '	2c	
historic struct	ture listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
		nsferred, released, extinguished, or termina	ated by the orga	anization during the
tax year ▶				
Number of sta	tes where property subject to cons	ervation easement is located >		
	nization have a written policy regar d enforcement of the conservation of	rding the periodic monitoring, inspection, ha easements it holds?	andling of	☐ Yes ☐ No
Staff and volui	nteer hours devoted to monitoring,	inspecting, handling of violations, and enfo	rcıng conserva	tion easements during the
A mount of exp	penses incurred in monitoring, insp	ecting, handling of violations, and enforcing	g conservation (easements during the year
	nservation easement reported on li tion 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of s	ection 170(h)(4) Yes No
balance sheet		ts conservation easements in its revenue a cof the footnote to the organization's financ isements		*
a rt IIII Organ	nizations Maintaining Collec	ctions of Art, Historical Treasures ed "Yes" on Form 990, Part IV, line 8.		Similar Assets.
a If the organiza works of art, h	ation elected, as permitted under Sl istorical treasures, or other similar	FAS 116 (ASC 958), not to report in its rev assets held for public exhibition, educatio note to its financial statements that descri	venue statemer n, or research i	n furtherance of public
works of art, h		FAS 116 (ASC 958), to report in its revenurassets held for public exhibition, education these items		
(i) Revenue incl	uded on Form 990, Part VIII, line	1	▶ \$	
(ii) Assets includ	ded in Form 990, Part X			
If the organiza	ation received or held works of art, l	nistorical treasures, or other similar assets SFAS 116 (ASC 958) relating to these iten	for financial g	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, Hist	torical	Treasu	res, or	Other	Similar A	ssets
3		the organization's acquisition, acc tion items (check all that apply)	cession, and other rec	ords, che	eck any	of the foll	owing that	are a sı	gnıfıcant us	e of its
а	✓ □	Public exhibition		d		oan or exc	hange pro	grams		
b	_ :	Scholarly research		e	Г о	ther				
c	√	Preservation for future generations								
4	Provid Part >	de a description of the organization	s collections and exp	laın how	they fur	rther the o	rganızatıo	n's exen	npt purpose	ın
5		g the year, did the organization sol s to be sold to raise funds rather t							r Ye :	s 🗸 No
Pa	rt IV	Escrow and Custodial Arr. Complete if the organization Part X, line 21.		Form 9	90, Pa	rt IV, lıne	e 9, or re	ported	an amour	nt on Form 990,
1a		e organization an agent, trustee, cu led on Form 990, Part X?	stodian or other interr	mediary	for contr	ributions c	or other as	sets not	: _ Ye :	s No
b	If"	Yes," explain the arrangement in F	Part XIII and complete	e the foll	owing ta	ıble			Am	ount
c		ginning balance	·		,		10	c		
d		ditions during the year					10	i		
е	Dıs	tributions during the year					16	e		
f		ding balance					11	F		
2 a		ne organization include an amount	on Form 990. Part X. I	ne 21. f	or escro	w or custo	ــــــا odial accoi	unt liabil	ıtv? ⊏ v o	s No
				, -					, Te	5 110
b	If"Ye	s," explain the arrangement in Par	t XIII Check here ıf t	he expla	nation h	as been p	rovided in	Part XI	ιι	🗆
Pa	rt V	Endowment Funds. Comple								
			(a)Current year	(b) Pnor	year	b (c) Two	years back	(d)Three	years back	(e)Four years back
1 a	Begin	nıng of year balance	38,156,270	38	3,104,799		33,798,367		31,319,598	34,065,273
b	Contr	ributions	145,456				1,164,210		164,210	
c	Net ır Iosse	nvestment earnings, gains, and s	269,566	1	1,565,619		4,610,933		3,716,123	-1,290,611
d	Grant •	s or scholarships · · · ·								
е		expenditures for facilities rograms · · · · · · · ·	1,579,880	1	,514,148		1,468,711		1,401,564	1,455,064
f	A dmı	nistrative expenses								
g	End o	f year balance · · · · ·	36,991,412	38	3,156,270		38,104,799		33,798,367	31,319,598
2	Provid	de the estimated percentage of the	current year end bala	ince (line	a 1g, col	lumn (a)) l	neld as			
а	Board	designated or quasi-endowment	27 000 %							
b	Perma	anent endowment ▶ 7 000 %								
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	66 000 %							
За		nere endowment funds not in the po	•	ization t	hat are l	held and a	dministere	ed for the	9	
		ization by	ar and ar gan						_	Yes No
	(i) un	related organizations							3a	a(i) Yes
		lated organizations							3a	(ii) No
b		s" on 3a(II), are the related organi							3	3b
4		ribe in Part XIII the intended uses		endowme	nt funds	5				
Pa	rt VI	Land, Buildings, and Equip		Form 00	n Dart	- IV Juno	112 500	Form C	OO Dart V	/ lung 10
		Complete if the organization Description of property	answered tes to r	-01111 99	(a)	. IV, lille	(b)	FORITIS	Accumulated	(d)Book value
					t or other investmer		t or other ba (other)	isis (c)	depreciation	
	Land				III V C SCI II CI	110)	12,000,0	000		12,000,000
	Buildin	as		·			12,000,			12,000,000
,							88,698,	347	31,599,43	57,098,916
c	Leaseh	nold improvements								
d	Equipn	nent					7,569,6	649	5,344,05	3 2,225,596
e	Other						60,708,4	442	44,270,72	4 16,437,718

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

87,762,230

Se	(a) Description of security or categor (including name of security)	ry	(b) Book value	(c)Method of valuation Cost or end-of-year market val
(1)Financial dei	rivatives			
(3) 0 ther	d equity interests			
(A) BEN INT I	N PERP TRUSTS		15,124,877	F
(B) BEN INT I	N CHAR GIFT ANNUIT		35,353	F
) must equal Form 990, Part X, col (B) line 12) nvestments—Program Related.	•	15,160,230	
C	omplete if the organization answere	ed 'Yes' on Form 99		Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
Total. (Column (h) must equal Form 990 Part X col (R) line 13.)	•		
) must equal Form 990, Part X, col (B) line 13) her Assets. Complete if the organizat	tion answered 'Yes' or	Form 990, Part IV, line 11	
		tion answered 'Yes' or	Form 990, Part IV, line 11	d See Form 990, Part X, line 15 (b) Book value
	her Assets. Complete if the organizat	tion answered 'Yes' or	Form 990, Part IV, line 11	
	her Assets. Complete if the organizat	tion answered 'Yes' or	Form 990, Part IV, line 11	
	her Assets. Complete if the organizat	tion answered 'Yes' or	Form 990, Part IV, line 11	
	her Assets. Complete if the organizat	tion answered 'Yes' or	Form 990, Part IV, line 11	
	her Assets. Complete if the organizat	tion answered 'Yes' or	Form 990, Part IV, line 11	
	her Assets. Complete if the organizat	tion answered 'Yes' or	Form 990, Part IV, line 11	
	her Assets. Complete if the organizat	tion answered 'Yes' or	Form 990, Part IV, line 11	
	her Assets. Complete if the organizat	tion answered 'Yes' or	Form 990, Part IV, line 11	
Part IX Ot	her Assets. Complete if the organizat (a) Des	tion answered 'Yes' or cription	Form 990, Part IV, line 11	
Part IX Ot	ther Assets. Complete if the organizate (a) Des (a) De	cion answered 'Yes' or cription		(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (her Liabilities. Complete if the orm (b) part X, col (B) line (c) part X, line 25.	ion answered 'Yes' or cription = 15) ganization answere	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	cion answered 'Yes' or cription	od 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	ion answered 'Yes' or cription = 15) ganization answere	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	ion answered 'Yes' or cription = 15) ganization answere	od 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	ion answered 'Yes' or cription = 15) ganization answere	od 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	ion answered 'Yes' or cription = 15) ganization answere	od 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	ion answered 'Yes' or cription = 15) ganization answere	od 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	ion answered 'Yes' or cription = 15) ganization answere	od 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	ion answered 'Yes' or cription = 15) ganization answere	od 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	ion answered 'Yes' or cription = 15) ganization answere	od 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	ion answered 'Yes' or cription = 15) ganization answere	od 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	ion answered 'Yes' or cription = 15) ganization answere	od 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (Part X Ot Se 1.	(a) Des (b) must equal Form 990, Part X, col (B) line (cher Liabilities. Complete if the ore (e) Form 990, Part X, line 25. (a) Description of liability	ion answered 'Yes' or cription = 15) ganization answere	od 'Yes' on Form 990, Pa	(b) Book value

Schedule D (Form 990) 2015

Par		Revenue per Audited Financial Sta Inization answered 'Yes' on Form 990,			per Retu	ırn
1		er support per audited financial statements			1	32,777,975
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	-7,853,115		
b	Donated services and use of	facilities	2b	62,000		
c	Recoveries of prior year gran	ts	2c			
d	Other (Describe in Part XIII)				
			2d	780,205		
е	Add lines 2a through 2d .				2e	-7,010,910
3			•		3	39,788,885
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1		•		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				4c	
5		nd 4c. (This must equal Form 990, Part I, line			5	39,788,885
Par		Expenses per Audited Financial St Inization answered 'Yes' on Form 990,			s per Re	eturn.
1		er audited financial statements			1	37,105,510
2	A mounts included on line 1 b	out not on Form 990, Part IX, line 25				
а	Donated services and use of	·	2a	79,000		
ь	Prior year adjustments		2b	·	1	
с	Other losses		2c		1	
d)	. 2d	290,376	1	
e	·	,			2e	369,376
3	Subtract line 2e from line 1 .				3	36,736,134
4	Amounts included on Form 99	90, Part IX, line 25, but not on line 1:				
а		luded on Form 990, Part VIII, line 7b .	. 4a			
ь	Other (Describe in Part XIII)	. 4b		1	
с	•	,			4 _C	
5		and 4c. (This must equal Form 990, Part I, l			5	36,736,134
_				,		
Par	t XIIII Supplemental In	formation				
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a I, lines 2d and 4b, and Part XII, lines 2d an				iny additional
	Return Reference	Explanation				
	ctions of Art, historical ures or similar other assets	Schedule D, Part III, Line 1a Collection a recognized Collection items are held as I				

Institute acting through its President and Senior Curator Schedule D, Part III, Line 4 The historical and interpretive collections of The Franklin Institute are organized into three types of holdings Museum, Archives and Library They each play an instrumental role in educational and public programming through permanent and temporary gallery exhibitions, development initiatives,

efile GRAPHIC print - DO NOT	Γ PROCESS	As Filed Da	ta -	DLN:	93493316040586
SCHEDULE F (Form 990)	tement of	Activities (Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury	•	Part IV, line ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. and its instructions is at <i>w</i>		2015 Open to Public Inspection
Name of the organization Franklin Institute				Employer iden 23-1370501	tification number
Part I General Informatio Complete if the organ				L	
For grantmakers. Does the and other assistance, the gr used to award the grants or	antees' eligibil			-	√ Yes No
2 For grantmakers. Describe I assistance outside the Unite	d States				nts and other
A ctivites per Region (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	<u> </u>	(e) If activity listed in (d) is program service, describe specific type of	a (f) Total expenditures for and investments in region
(1) Middle East and North Africa	0	 	Program Services	Egypt STEM School	422,126
(2) South America	0	4	Program Services	STEM exchang Program	16,834
(3) Europe (Including Iceland and Greenland)	0		Grantmakıng		250,000
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	0	11			688,960
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	the Instructions	1 1 s for Form 990.	•	No 50082W Sche	688,960 Jule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

Schedule F (Form 990) 2015							Page 3
Part III Grants and Of Part III can be	Other Assistance to duplicated if addition	to Individuals	Outside the Unit	ed States. Complete r	ıf the organization ar	nswered "Yes" to Form 9	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PRIZE TO LAUREATE	Europe (Including Iceland and Greenland)	1	250,000	Check			
(2)							-
(3)			,			1	
(4)			· · · · · · · · · · · · · · · · · · ·				
(5)		+ +	·				
(6)	+		·				
(7)		+ +					
(8)	+	+ +					
(9)		+ +				<u> </u>	'
(10)		+ +				<u> </u>	'
(11)	+	+ +			 	<u> </u>	<u> </u>
(12)	+	+ +				<u> </u>	<u> </u>
(13)		+ +					
(14)		+ +					
(15)		+ +				<u> </u>	
(16)	+	+ +					
(17)		+					

(18)

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes **▼** No

Page 5

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F. Supplemental Information

Schedule F (Form 990) 2015

Return Reference	Explanation
Procedures for monitoring the use of grant funds outside the US	THE FRANKLIN INSTITUTE AWARDS ONE INDIVIDUAL WITH THE BOWER AWARD AND PRIZE FOR ACHIEVEMEN T IN SCIENCE EACH YEAR THE AWARD WINNER IS CHOSEN BY THE COMMITTEE ON SCIENCE AND THE ART S, FOLLOWING A FORMAL NOMINATION AND DELIBERATION PERIOD THE PRIZE MONEY AWARDED IS NOT A GRANT, SO MONITORING OF FUNDS IS NOT REQUIRED OR APPROPRIATE

990 Schedule F, Supplemental Information

Return Reference	Explanation
Grants Under 5,000	The Franklin Institute makes de Minimis scholarship and participant support/honoraria paym
	ents to individuals throughout its normal course of business. None of these payments excee

ents to individuals throughout its normal course of business. None of these payments excee d \$5,000. Payments for scholarships are made to the student's schools directly rather than to the individual, thereby ensuring proper use of scholarship funds. The Franklin Institute does not issue grants to individuals or organizations.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Franklin Institute Employer identification number
23-1370501

Fundraising Activities.Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- **1** Indicate whether the organization raised funds through any of the following activities Check all that apply
- a 🔽 Mail solicitations
 - Internet and email solicitations
- c Phone solicitations
- d 🔽 In-person solicitations

- e ✓ Solicitation of non-government grants
 - Solicitation of government grants
 - g 🔽 Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 √Yes No
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai: cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1 Mae Daniller Co 3724 Jefferson Suite 302 Austin, TX 78731	Mailings	Yes	No No	91,190	95,328	-4,138
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total	1	ı	•	91,190	95,328	-4,138

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

AZ, CA, CT, FL, MD, MA, NJ, NY, PA, WA

Part II	Fundraising	Events
Partii	runuraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

		(a)Event #1 Franklin Awards (event type)	(b)Event #2 (event type)	(c)Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Keverkie					
кем	1 Gross receipts	751,311			751,311
	2 Less Contributions	573,943			573,943
	Gross income (line 1 minus	177,368			177,368
	4 Cash prizes				
	5 Noncash prizes				
٥	6 Rent/facility costs				
EXPENSES	7 Food and beverages	142,099			142,099
3	8 Entertainment				
50	9 Other direct expenses	127,035			127,035
2	10 Direct expense summary Add lines	4 through 9 in column (d)		269,134
	11 Net income summary Subtract line	10 from line 3, column (d)	•	-91,766
'ar	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	ı answered "Yes" on F	orm 990, Part IV, line	19, or reported mo	re than \$15,000 on
Kevernie		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
¥ —	1 Gross revenue				
Cyperises	2 Cash prizes				
<u>}</u>	3 Noncash prizes				
วี	4 Rent/facility costs				
5	5 Other direct expenses				
		┌ Yes%		☐ Yes %	
		Tes	├ Yes%	1	
	6 Volunteerlabor	No	No Yes	☐ No	
		No	No	·	
	7 Direct expense summary Add lines	No 2 through 5 in column (d)	No	
		No 2 through 5 in column (d)	No	
) a	7 Direct expense summary Add lines	No 2 through 5 in column (d act line 7 from line 1, column action conducts gaming action conducts.	umn (d)	No	Yes
	7 Direct expense summary Add lines 8 Net gaming income summary Subtra Enter the state(s) in which the organization licensed to conduct If "No," explain	No 2 through 5 in column (defect line 7 from line 1, column action conducts gaming activities in eactigaming activities in eactigaming activities in eactivities.	umn (d)	No ▶	
a	7 Direct expense summary Add lines 8 Net gaming income summary Subtrace Enter the state(s) in which the organization licensed to conduct If "No," explain	No 2 through 5 in column (defect line 7 from line 1, column action conducts gaming action gaming activities in eacting activities a	umn (d)	▶	
	7 Direct expense summary Add lines 8 Net gaming income summary Subtra Enter the state(s) in which the organization licensed to conduct If "No," explain	No 2 through 5 in column (defect line 7 from line 1, column action conducts gaming action gaming activities in eacting activities a	umn (d)	▶	

Compensation Information

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

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

2015

DLN: 93493316040586

OMB No 1545-0047

Schedule J (Form 990)

eas	rtment of the ury nal Revenue Service	► Information about Schedule J (Fo	rm 990) and its instructions is at <u>www.irs</u>			o Pul ectio	
Νa	me of the organiz	zation			Employer identification	on nur	nber	
Frai	nklın Institute				23-1370501			
Pa	rt I Questi	ons Regarding Compensation			23 13,0001			
							Yes	No
La		ropiate box(es) if the organization prov Section A , line 1a Complete Part III						
	First-clas	s or charter travel	Г	Housing allowance or residence fo	r personal use			
	Travel for	companions		Payments for business use of pers	onal residence			
	Tax idemi	nification and gross-up payments	√	Health or social club dues or initia	tion fees			
	Discretion	nary spending account	Г	Personal services (e g , maid, cha	uffeur, chef)			
b		ixes in line 1a are checked, did the or <u>c</u> or provision of all of the expenses de:				1b	Yes	
2		tation require substantiation prior to re tees, officers, including the CEO/Exec					V	
	uncetors, trust	ices, omeers, merading the election	utive B	nector, regarding the realis effective	Till lille I'd	2	Yes	
3	organization's	, if any, of the following the filing organ CEO/Executive Director Check all the ed organization to establish compensa	at apply	Do not check any boxes for metho	ds			
	✓ Compensa	ation committee		Written employment contract				
	Independe	ent compensation consultant	▽	Compensation survey or study				
	Form 990	of other organizations	✓	Approval by the board or compens	ation committee			
1	During the year or a related org	r, did any person listed on Form 990, F ganization	Part VI	I, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	erance payment or change-of-control p	aymen	t?		4a	Yes	
b	Participate in,	or receive payment from, a supplemen	tal non	qualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-ba	sed cor	mpensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item	n Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions mu	ıst complete lines 5-9.				
5		ted on Form 990, Part VII, Section A, contingent on the revenues of	line 1a	a, did the organization pay or accrue	any			
а	The organization	on?				5a		Νo
b	Any related org	ganızatıon?				5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
5		ted on Form 990, Part VII, Section A , contingent on the net earnings of	line 1a	a, did the organization pay or accrue	any			
а	The organization	on?				6 a		Νo
b	Any related org	ganızatıon?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7	•	ted on Form 990, Part VII, Section A , described in lines 5 and 67 If "Yes," do			on-fixed	7	Yes	
3	•	ints reported on Form 990, Part VII, p initial contract exception described in		•		8		No
•	If "Yes" on line	e 8. did the organization also follow the	rebutt	able presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 Larry Dubinski President & CEO	(i)	342,875	102,974	10,276	17,327	27,832	501,284	0	
	(ii)	0	0	0	0	0	0	0	
2 K Siobhan Keefe VP of Finance & Treasurer	(i)	150,957	10,000	711	9,119	8,504	179,291	0	
	(ii)	0	0	0	0	0	0	0	
3 Julie Appolloni VP of Strategic Initiatives	(i)	143,554	12,500	181	8,557	837	165,629	0	
	(ii)	0	0	0	0	0	0	0	
4 Frederic M N Bertley Phd SVP for Science	(i)	183,104	39,794	782	10,777	20,898	255,355	0	
	(ii)	0	0	0	0	0	0	0	
5 Troy Collins SVP - Earned Rev , Mrktg &	(i)	207,281	38,011	805	12,437	16,698	275,232	0	
Ops	(ii)	0	0	0	0	0	0	0	
6 RICHARD D RABENA VP Ops & Capital Projects	(i)	158,966	18,933	1,521	10,295	19,855	209,570	0	
, , , , , , , , , , , , , , , , , , , ,	(ii)	0	0	0	0	0	0	0	
7 REID O STYLES VP Human Resources	(i)	154,046	17,898	3,292	9,736	10,123	195,095	0	
	(ii)	0	0	0	0	0	0	0	
8 Kathryn Giorgianni AVP -I/T Services	(i)	140,027	0	1,725	9,103	17,914	168,769	0	
4	(ii)	0	0	0	0	0	0	0	
9 Dennis Wint PHD Former President & CEO	(i)	0	35,000	374,842	0	0	409,842	0	
. ss. Hosidone a ded	(ii)	0	0	0	0	0	0	0	

rage 3						
art III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation					
	Schedule J, Part I, Line 1a During 2015, The Franklin Institute provided membership in the Union League of Philadelphia for the President and CEO. The membership is principally for business purposes					
Sevarance Payments	Schedule J, Part I, Line 4 The Franklin Institute paid severance in the amount of \$374,842 to former President and CEO Dennis Wint in 2015					

Page 3

Schedule J (Form 990) 2015

Schedule 1 (Form 990) 2015

Software ID: **Software Version:**

EIN: 23-1370501 Name: Franklin Institute

Total Projectical Control	uit	11 - Officers, Direc	ctors, Trustees, K	ey Employees, an	a nignest compe n	sated Employees		
(A) Name and Title			f W-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther reportable compensation	other deterred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Larry Dubinski President & CEO	(1)	342,875	102,974	10,276	17,327	27,832	501,284	0
	(11)	0	0	0	0	- 0		0
1K Siobhan Keefe VP of Finance & Treasurer	(1)	150,957	10,000	711	9,119	8,504	179,291	0
	(11)	0	0	0	0	-		0
2Julie Appolloni VP of Strategic Initiatives	(1)	143,554	12,500	181	8,557	837	165,629	0
•	(11)	0	0	0	0		- 0	0
3 Frederic M N Bertley Phd SVP for Science	(1)	183,104	39,794	782	10,777	20,898	255,355	0
	(11)	0	0	0	0			0
4Troy Collins SVP - Earned Rev , Mrktg &	(1)	207,281	38,011	805	12,437	16,698	275,232	0
Ops	(11)	0	0	0	0			0
5 RICHARD D RABENA VP Ops & Capital Projects	(1)	158,966	18,933	1,521	10,295	19,855	209,570	0
	(11)	0	0	0	0		- 0	0
6 REID O STYLES VP Human Resources	(1)	154,046	17,898	3,292	9,736	10,123	195,095	0
	(11)	0	0	0	0			0
7 Kathryn Giorgianni AVP -I/T Services	(1)	140,027	0	1,725	9,103	17,914	168,769	0
	(11)	0	0	0	0			0
8Dennis Wint PHD Former President & CEO	(1)	0	35,000	374,842	0	0	409,842	0
	(11)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

DLN: 93493316040586 OMB No 1545-0047

2015

Open to Public

Employer identification number

Internal Revenue Service

Department of the Treasury

(Form 990)

Name of the organization

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

Franklin Institute 23-1370501 **Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No Philadelphia Authority for 23-2237287 717818QG8 03-22-2006 14,095,000 Refinanced debt, funding for Х Industrial Development prior 09-30-2013 Funding for capital projects Х Χ Х Philadelphia Authority for 23-2237287 11,000,000 Industrial Development Proceeds Part II С 1,715,000 10,102,000 2 Total proceeds of issue 3 14,265,843 11,000,000 5 6 7 206,552 8 5,358 9 10 4,491,358 11 14,058,055 12 13 1990 2014 Yes Yes No No Yes Yes No No Were the bonds issued as part of a current refunding issue? Х Х 14 Were the bonds issued as part of an advance refunding issue? 15 Х Х 16 Х Х Does the organization maintain adequate books and records to support the final 17 allocation of proceeds? Χ Χ Part IIII Private Business Use C Α В D

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

Х

Yes

No

Χ

Х

Yes

No

Yes

No

Yes

			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?			Х		х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed									
prope		iicca								
С	Are there any research agreements that may result in private business use financed property?	of bond-		Х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government			0 %	0 %		,			
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government	rsection								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			×		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			х		х				
9	Has the organization established written procedures to ensure that all nonq bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		х		Х					
Par	t IV Arbitrage		•	•		•		•	•	•
		A		В			С		D	
		Yes		Yes	s No		s	No	Yes	No
1	Has the Issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?				x					
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?			Х						
b	Exception to rebate?									
С	No rebate due?									
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?			Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?				Х					
b	Name of provider		ca	0						
С	Term of hedge		20 %							
d	Was the hedge superintegrated?		Х							
e	Was the hedge terminated?		Х							
									l. 1/ / E /	200) 2015

Schedule K (Form 990) 2015

A		В		С		D	
Yes	No	Yes	No	Yes	No	Yes	No
	Х		х				
0		0					
	Х		х				
×		Х					
Α		В		С		D	
Yes	No	Yes	No	Yes	No	Yes	No
×		×					
ation for resp	onses to qu	estions on S	chedule K (s	ee instructio	ns).		
Explanation							
Explanation							
LUS INVESTME	NT EARNING	is					
_	X A Yes X nation for resp	X 0 X X X X X X X X A Yes No X nation for responses to quantum for responses to quantum for responses to quantum for quantum for responses to quantum for responses to quantum for responses to quantum for quantum for responses to quantum for responses to quantum for quantum for responses to quantum for qua	Yes No Yes X 0 X X X X X X X X A B Yes No Yes X A A A A A B Yes No Yes X A A A A A A A A B A A B A A	Yes No Yes No X X X 0 X X X X X X X X Yes No Yes No nation for responses to questions on Schedule K (see X X	Yes No Yes No Yes 0	Yes No Yes No X X X 0 X X X X X X X X Yes No Yes No X X X X X X A Yes No Yes No Yes No Anation for responses to questions on Schedule K (see instructions).	Yes No Yes No Yes 0

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

DLN: 93493316040586

Noncash Contributions

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

OMB No 1545-0047 2015

Open to Public Inspection

Treasury

(Form 990)

► Attach to Form 990.

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

Internal Revenue Service Name of the organization **Employer identification number**

Franklin Institute

Part I Types of Property						_
	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determin noncash contribution ai		s
L Art—Works of art						
2 Art—Historical treasures .						
3 Art—Fractional interests						
1 Books and publications						
Clothing and household						
goods						_
Cars and other vehicles						_
Boats and planes						_
Intellectual property		4.4	601.000	Markat Value		_
Securities—Publicly traded .	X	11	601,999	Market Value		_
Securities—Closely held stock .						-
Securities—Partnership, LLC, or trust interests						
2 Securities—Miscellaneous						-
Qualified conservation contribution—Historic						
structures						_
Qualified conservation contribution—Other						
5 Real estate—Residential .						-
Real estate—Commercial						-
Real estate—Other						-
Collectibles						_
Food inventory						_
Drugs and medical supplies .						_
. Taxidermy						_
! Historical artifacts						-
Scientific specimens						_
Archeological artifacts						_
o Other ► ()						_
other ▶ ()						
' Other ▶ ()						_
3 Other ▶ ()						_
Number of Forms 8283 received for which the organization comple				29		
					Yes	-
0a During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I lines	1 through 28 that		_

for exempt purposes for the entire holding period? . b If "Yes," describe the arrangement in Part II 31 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990.

contributions? . . .

b If "Yes," describe in Part II

Cat No 51227J

Schedule M (Form 990) (2015)

32a

Νo

Yes

Yes

Schedule M (Form 990) (2015)

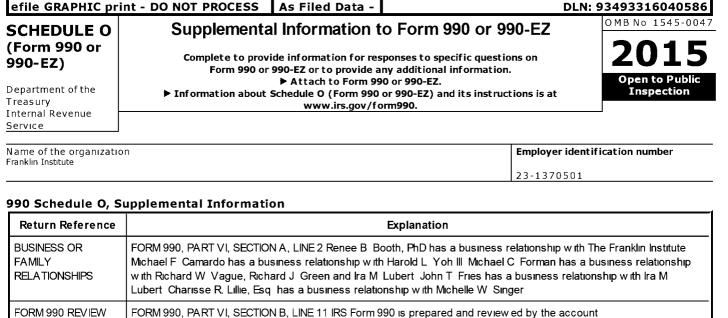
Return Reference Explanation Third Party Assistance of Noncash Schedule M. Part I. Line 32b With one exception in 2015, the Franklin Institute utilizes a broker to

Immediately sell any gifts of securities upon receipt of the gift. The one exception in 2015 was made

Page 2

Contributions for various stocks received on February 19, 2015 for a perpetual trust, in which corpus receipts by the perpetual trust is required to be held in perpetuity based on the perpetual trust agreement

Schedule M (Form 990) (2015)



ing firm of Grant Thornton. A draft is then sent to the Institute to review and ask any questions, as well as answer any comments or questions. The audit committee of the board of trustees then reviews the draft of the 990 and approves the Form 990 prior to the form being filed with the IRS. A complete copy of the Form 990 is provided to the board prior to f

PROCESS

ılıng with the IRS

990 Schedule O, Supplemental Information

Return Reference

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT	FORM 990, PART VI, SECTION B, LINE 12C The Franklin Institute board members and senior management staff complete an annual conflict of Interest questionnaire and disclosure form, which includes acknowledging receipt of, and familiarity with, The Institute's code of conduct and ethics policy in addition, all employees receive the code of conduct and ethics policy approved by the Board of Trustees. The Vice President of Finance reviews the completed annual conflict of interest questionnaires and provides a summary for review by the audit committee.
PROCESS USED TO DETERMINE EXECUTIVE COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15A and 15B The process The Franklin Institute uses to establish compensation for Officers and key employees includes a complete review of execut ive compensation levels by the Compensation Committee of The Board of Trustees of The Franklin Institute The review is based on a market analysis prepared by The Hay Group using published compensation surveys for both Not-For-Profit and For-Profit organizations compara

Explanation

DETERMINE EXECUTIVE
COMPENSATION

establish compensation for Officers and key employees includes a complete review of execut ive compensation levels by the Compensation Committee of The Board of Trustees of The Franklin Institute The review is based on a market analysis prepared by The Hay Group using published compensation surveys for both Not-For-Profit and For-Profit organizations comparable in size to The Franklin Institute The Compensation Committee develops recommendation for the President and CEO's compensation and refers its recommendations to the Executive Committee of The Board of Trustees for approval Recommendations are made by the President and CEO to The Compensation Committee for approval of actions regarding the compensation of Senior Vice Presidents and Vice Presidents

990 Schedule O, Supplemental Information

Return Reference

HOW DOCUMENTS ARE	Form 990, Part VI, Section C, Line 19 The Franklin Institute's Form 990 is posted annually on Guidestar org. The
MADE AVAILABLE TO	Franklin Institute publishes an annual report, w hich includes the audited Statement of Operations and Changes in Net
THE PUBLIC	Assets and the audited Statement of Financial Position. The Franklin Institute's governing documents, conflicts of interest policy and financial statements are made available upon request.

Explanation

Other Changes in Net
Assets & Fund Balances

Form 990, Part XI, Line 5 Net Unrealized Gain on Interest Rate Sw ap \$207,037 Net Actuarial
Gain on Defined Benefit Retirement Plan 304,034 Items Capitalized in Subsequent Year (21,

242) ----- Total \$489,829 =======