

Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 2017 Open to Public Inspection

For calendar year 2017, or tax year beginning 12-01-2017, and ending 11-30-2018

Name of foundation: FRANKLIN FOUNDATION INC. A Employer identification number: 31-1191673. Number and street: 2000 BETHEL ROAD STE D. Room/suite: . B Telephone number: (614) 451-1919. City or town: COLUMBUS, OH 43220. G Check all that apply: Initial return, Final return, Address change, etc. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$ 2,526,024. J Accounting method: Accrual.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), leading to Total revenue of 691,652 and Total expenses of 746,858, resulting in an adjusted net income of 108,754.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	100	100	100
	2 Savings and temporary cash investments	202,875	118,510	118,510
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	1,847,573	2,019,510	2,019,510
	14 Land, buildings, and equipment basis ▶ _____ 587,052 Less accumulated depreciation (attach schedule) ▶ 199,148	403,554	387,904	387,904
15 Other assets (describe ▶ _____)	-26,311	-10,576		
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,427,791	2,515,448	2,526,024	
Liabilities	17 Accounts payable and accrued expenses	8,296	5,505	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)	371,892	361,230	
	22 Other liabilities (describe ▶ _____)	2,666	2,831	
	23 Total liabilities (add lines 17 through 22)	382,854	369,566	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds	2,044,937	2,145,882		
30 Total net assets or fund balances (see instructions)	2,044,937	2,145,882		
31 Total liabilities and net assets/fund balances (see instructions) .	2,427,791	2,515,448		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,044,937
2 Enter amount from Part I, line 27a	2	-55,206
3 Other increases not included in line 2 (itemize) ▶ _____	3	156,151
4 Add lines 1, 2, and 3	4	2,145,882
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,145,882

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	193,502	1,906,970	0 101471
2015	286,142	1,819,617	0 157254
2014	200,194	1,915,522	0 104511
2013	172,161	1,698,362	0 101369
2012	191,151	1,337,105	0 142959

2 Total of line 1, column (d)	2	0 607564
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 121513
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	1,920,427
5 Multiply line 4 by line 3	5	233,357
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	273
7 Add lines 5 and 6	7	233,630
8 Enter qualifying distributions from Part XII, line 4	8	256,847

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total credits. Total amount owed is 2,296.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Columns for Yes/No.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

Located at 2000 BETHEL RD SUITE D 2000 BETHEL RD SUITE D COLUMBUS OH ZIP+4 43220

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶			5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. ▶

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 WAYNESVILLE SENIOR HOUSING - PROVIDES HOUSING FOR LOW INCOME SENIORS IN THE COMMUNITY	82,551
2 FRANKLIN SENIOR HOUSING - PROVIDES HOUSING FOR LOW INCOME SENIORS IN THE COMMUNITY	364,241
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 INVESTMENTS IN PARTNERSHIPS AND OTHER LAND DEVELOPMENTS ACTIVITIES IN THE HOUSING INDUSTRY THAT ASSISTS WITH THE CHARITABLE PURPOSE OF THE ORGANIZATION	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 ▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	1,883,018
b	Average of monthly cash balances.	1b	66,654
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,949,672
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	1,949,672
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	29,245
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,920,427
6	Minimum investment return. Enter 5% of line 5.	6	96,021

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	256,847
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	256,847
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	273
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	256,574

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.				
c Excess from 2015.				
d Excess from 2016.				
e Excess from 2017.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. 1988-08-04

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	96,021	84,438	90,981	95,776	367,216
b 85% of line 2a	81,618	71,772	77,334	81,410	312,134
c Qualifying distributions from Part XII, line 4 for each year listed	256,847	193,502	286,151	200,194	936,694
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	256,847	193,502	286,151	200,194	936,694
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	64,014	63,566	60,654	63,851	252,085
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				97,088
b <i>Approved for future payment</i>				
Total ▶ 3b				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LYNN D DALTON 2000 BETHEL ROAD SUITE D COLUMBUS, OH 43220	PRESIDENT 40 00	87,545	21,000	0
SUZANNE NICK 2000 BETHEL ROAD SUITE D COLUMBUS, OH 43220	TRUSTEE 1 00	0	0	0
THOMAS F HAVENS 2000 BETHEL ROAD SUITE D COLUMBUS, OH 43220	TRUSTEE 1 00	0	0	0
JOHN C HAVENS 2000 BETHEL ROAD SUITE D COLUMBUS, OH 43220	TRUSTEE 1 00	0	0	0
ELLEN HARDYMON 2000 BETHEL ROAD SUITE D COLUMBUS, OH 43220	TRUSTEE 1 00	0	0	0
JOHN F HAVENS II 2000 BETHEL ROAD SUITE D COLUMBUS, OH 43220	TRUSTEE 1 00	0	0	0
ANN LEIGHTY 2000 BETHEL ROAD SUITE D COLUMBUS, OH 43220	TRUSTEE 1 00	4,600	0	0
PARKER RAINE HAVENS 2000 BETHEL ROAD SUITE D COLUMBUS, OH 43220	TRUSTEE 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AREA AGENCY ON AGING 40 W SECOND ST STE 400 DAYTON, OH 45402	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,000
BIG BROTHERSBIG SISTERS 1855 E DUBLIN GRANVILLE R COLUMBUS, OH 43229	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,000
CHARLES F LATREM SENIOR CENTER 2600 GLENGARY DR KETTERING, OH 45420	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,125
Total ▶ 3a				97,088

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITY OF KETTERING 3600 SHROYER RD KETTERING, OH 45429	NONE	EXEMPT	CHARITABLE CONTRIBUTION	493
CORTLAND AREA CARES FOOD BANK 115B PEARL ST CORTLAND, OH 44410	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,500
DAYTON DRAGONS 220 NORTH PATTERSON BLVD DAYTON, OH 45402	NONE	EXEMPT	CHARITABLE CONTRIBUTION	60
Total ▶ 3a				97,088

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EQUITAS HEALTH4400 N HIGHST 300 COLUMBUS, OH 43214	NONE	EXEMPT	CHARITABLE CONTRIBUTION	60,500
FRANKLINTON RISING 4653 TRUEMAN BLVD STE 100 HILLIARD, OH 43026	NONE	EXEMPT	CHARITABLE CONTRIBUTION	10,000
GERMANTOWN AREA SR CITIZENS 33 NORTH CHERRY ST GERMANTOWN, OH 45327	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,500
Total ▶ 3a				97,088

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HARDIN COUNTY COUNCIL ON AGING 200 S DETROIT ST KENTON, OH 43326	NONE	EXEMPT	CHARITABLE CONTRIBUTION	250
JEFFERSONIAN SENIOR CENTER 28 E MAIN ST WEST JEFFERSON, OH 43162	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,500
MIAMI VALLEY FAIR HSE CENTER 505 RIVERSIDE DR DAYTON, OH 45405	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,000
Total 3a			▶	97,088

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEIGHBORHOOD OPPORTUNITY CENTER 115 E WALNUT ST KENTON, OH 43326	NONE	EXEMPT	CHARITABLE CONTRIBUTION	250
PLEASANT VALLEY SENIOR CITIZENS 390 ALLGYER DR PLAIN CITY, OH 43064	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,000
SEBRING VILLA SENIOR 225 W MARYLAND AVE SEBRING, OH 44672	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,500
Total ▶ 3a				97,088

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SECOND HARVEST FOOD BANK 701 E COLUMBIA ST SPRINGFIELD, OH 45503	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,500
SHARED HARVEST FOOD BANK 5901 DIXIE HWY FAIRFIELD, OH 45014	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,000
SUSAN G KOMEN COLUMBUS 929 EASTWIND DR 211 WESTERVILLE, OH 43081	NONE	EXEMPT	CHARITABLE CONTRIBUTION	5,000
Total 3a				97,088

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED SENIOR SERVICES 125 W MAIN ST SPRINGFIELD, OH 45502	NONE	EXEMPT	CHARITABLE CONTRIBUTION	1,000
UNITED WAY OF DELAWARE COUNTY 8999 GEMINI PKWY 100 COLUMBUS, OH 43240	NONE	EXEMPT	CHARITABLE CONTRIBUTION	5,000
WE CARE ARTS3035 WILMINGTON PIKE KETTERING, OH 45429	NONE	EXEMPT	CHARITABLE CONTRIBUTION	910
Total ▶ 3a				97,088

TY 2017 Accounting Fees Schedule**Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT ACCOUNTING FEES	3,500	350		3,150

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: FRANKLIN FOUNDATION INC

EIN: 31-1191673

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
HONDA CRV	2016-03-29	29,664	8,260	200DB	5 0000	3,050	305		
WAYNESVILLE BUILDING		459,904	128,754	STRAIGHT LINE	27 5000	12,600		12,600	
WAYNESVILLE F&E		30,500	30,500	STRAIGHT LINE	10 0000				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Gain/Loss from Sale of Other Assets Schedule

Name: FRANKLIN FOUNDATION INC

EIN: 31-1191673

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
CATERPILLAR FINL	2017-12	PURCHASE	2018-06		30,000	30,040			-40	
CELGENE CORP		PURCHASE	2018-03		43,921	52,157			-8,236	
CELGENE CORP		PURCHASE	2018-03			878			-878	
FIRST REPUBLIC BANK		PURCHASE	2018-03		48,532	48,700			-168	
FIRST REPUBLIC 5 625%		PURCHASE	2018-01			96			-96	
FIRST REPUBLIC 5 625%		PURCHASE	2018-01		25,000	24,784			216	
FIRST REPUBLIC 5 125%	2017-06	PURCHASE	2018-10		34,599	37,482			-2,883	
HASBRO INC	2017-08	PURCHASE	2018-01		36,268	39,620			-3,352	
HSBC HOLDINGS PLC	2014-12	PURCHASE	2018-06		37,500	39,459			-1,959	
PROCTER & GAMBLE		PURCHASE	2018-04		43,336	51,734			-8,398	
TIME WARNER	2016-03	PURCHASE	2018-06		19,286	13,354			5,932	
TIME WARNER		PURCHASE	2018-06		49,546	15,531			34,015	

TY 2017 Investments - Other Schedule**Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CHARLES SCHWAB PORTFOLIO	FMV	1,967,889	1,967,889
RESTRICTED CASH ACCOUNTS	AT COST	51,621	51,621

**TY 2017 Land, Etc.
Schedule****Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
VEHICLE	29,664	11,310	18,354	18,354
EQUIPMENT	6,940	6,940		
FURNITURE & FIXTURES	9,044	9,044		
FURNITURE & FIXTURES - WSH	30,500	30,500		
BUILDING - WSH	459,904	141,354	318,550	318,550
LAND - WSH	51,000		51,000	51,000

TY 2017 Legal Fees Schedule**Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT LEGAL FEES	166	17		149

TY 2017 Mortgages and Notes Payable Schedule**Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673**Total Mortgage Amount:**

Item No.	1
Lender's Name	WSH
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	361,230
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

TY 2017 Other Assets Schedule**Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
LAND DEVELOPMENT ASSETS	5,601	5,601	
LIMITED PARTNERSHIPS	-30,652	-13,447	
OTHER RECEIVABLES	-1,260	-2,730	

TY 2017 Other Expenses Schedule**Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
AUTOMOBILE EXPENSE	2,365	236		2,128
RESIDENT ACTIVITIES	141	14		127
MAINTENAMCE & OPERATING	20,055		20,055	
UTILITIES	5,519	42	5,096	381
ADMINISTRATIVE	25,166		25,166	
INSURANCE	22,629	1,751	5,123	15,755
MISCELLANEOUS	-80	33	-415	301
WORKERS COMPENSATION	189	13	58	118
BACKGROUND CHECKS				

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES & SUBSCRIPTIONS	625	63		563
OFFICE EXPENSE	2,994	126	1,732	1,136
PAYROLL PROCESSING FEES				
POSTAGE & DELIVERY	1,921	9	1,830	82
REPAIRS & MAINTENANCE	500		500	
TELEPHONE	5,422		5,422	
BANK CHARGES				
INVESTMENT FEES	13,536	13,536		
FEES & LICENSES				
SCHWAB FEES				

TY 2017 Other Income Schedule**Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FEE INCOME	405,177		405,177
RENTAL INCOME	89,912		89,912
MISCELLANEOUS	2,232		2,232
RTO & OTHER FEE INCOME	6,684		6,684
PARTNERSHIP INCOME	18,613	18,613	18,613

TY 2017 Other Increases Schedule**Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	156,151

TY 2017 Other Liabilities Schedule**Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673

Description	Beginning of Year - Book Value	End of Year - Book Value
SECURITY DEPOSITS	2,666	2,831

TY 2017 Other Professional Fees Schedule**Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT OTHER PROFESSIONAL FEES	11,793	1,179		10,614

TY 2017 Taxes Schedule**Name:** FRANKLIN FOUNDATION INC**EIN:** 31-1191673

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
REAL ESTATE & OTHER	8,983		8,983	
PAYROLL TAXES				
STATE TAXES	200		200	

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at
www.irs.gov/form990

OMB No 1545-0047
2017

Name of the organization
FRANKLIN FOUNDATION INC

Employer identification number
31-1191673

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization FRANKLIN FOUNDATION INC	Employer identification number 31-1191673
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUZANNE NICK	\$ 5,000	Person <input checked="" type="checkbox"/>
	2000 BETHEL ROAD SUITE D		Payroll <input type="checkbox"/>
	COLUMBUS, OH43220		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
2	ELLEN HARDYMON	\$ 11,000	Person <input checked="" type="checkbox"/>
	2000 BETHEL ROAD SUITE D		Payroll <input type="checkbox"/>
	COLUMBUS, OH43220		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
3	THOMAS HAVENS	\$ 60,500	Person <input checked="" type="checkbox"/>
	2000 BETHEL ROAD SUITE D		Payroll <input type="checkbox"/>
	COLUMBUS, OH43220		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
4	CORNERSTONE CAPITAL CORPORATION	\$ 10,000	Person <input checked="" type="checkbox"/>
	655 METRO PL N 720		Payroll <input type="checkbox"/>
	DUBLIN, OH43017		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
5	TRI-W GROUP	\$ 25,000	Person <input checked="" type="checkbox"/>
	835 W GOODALE ST		Payroll <input type="checkbox"/>
	COLUMBUS, OH43212		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

Name of organization FRANKLIN FOUNDATION INC	Employer identification number 31-1191673
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Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____

Name of organization FRANKLIN FOUNDATION INC	Employer identification number 31-1191673
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
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