For Paperwork Reduction Act Notice, see the separate instructions. DAA

Return of Organization Exempt From Income Tax

	OMB No	1545-0	<u>047</u>
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tion 50 f(c), 527, or 4547(a)(1) or the internal nevenue code (except private loa	nuauvnaj
▶ Do not enter social security numbers on this form as it may be made public.	1907
► Go to www.irs.gov/Form990 for instructions and the latest information.	1 10 (

Departm	ent	of	the	Treasury	
Internal	Rev	en	ue	Service	

Open to Public Inspection

	Intern	al Revenu	ue Service		<b>▶</b> Go	to www.l	rs.gov/Forms	90 for instru	ctions_and t	the latest	Information.		<u>υ</u>	<u>(                                    </u>	Inspecti	on
		For the	2018 calenda	r vear. or ta	ax vear begin	nina O	8/01/1	B , and en	dina 07	/31/1	.9					
		Check if ap		of organization		***	· · · · · · · · · · · · · · · · · · ·					DE	mployer	identifical	tion number	r
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		Final return			province country,	and ZIP or f	oreign postal co	de		<u>.</u>		╅	<del></del>			
		erminated				unu 211 01 1		_				1			2 51/	
	$\prod I$	Amended n		LLINGHA			WA 9822	45			<del> </del>	GG	ross rea	eipts \$	3,514	4,578
	$\equiv$		F Name		of principal officer						H(a) Is this a	amun m	turn for c	ubominates'	7 Yes	X No
	$\sqcup'$	Application	pending   Du	.sty Gı	ulleson						11(4) 13 0113 0	gioop io	w, 101 0	45010III.01031	=	$\equiv$
										$\sim$	H(b) Are all	subordina	ates incli	uded?	Yes	∐ No
			.						F	~ く	If "I	No," attac	ch a list	(see instruc	ctions)	
}	$\overline{}$	Tax-exemp	pt status X	501(c)(3)	501(c) (	\ ◀	(insert no )	4947(a)(1)	or T		7					
7_		Website			n.acader		(	1		·	H(c) Group	evemntion	n numba	. •		
				Corporation			7 au	<del></del>		1. ,		200			-	ale WA
l		Form of or			Trust As	sociation	Other >	<del>- 1</del> -			ear of formation	200	<u>+</u>	M State C	of legal domic	ile Mar
-	1 1	art i	l Summa					<del>}-</del>							`	
		1 B	riefly describe													
	မ္က		Providing	g acade	mically o	capabl	e and v	willing	student	ts a 1	rigorous	cou	rse	of		
	ä		instruct:	ion emp	hasizing	leade	ership,	achieve	ment,	and mo	oral and	l spi	irit	ual	•	
	Ĕ		developme	ent emb	odied in	Chris	stian v	alues.								
	Governance	2 C	heck this box						sed of mor	e than 25	% of its net	assets				7.
	- 1		umber of voting		*			· · · · · · · · · · · · · · · · · · ·	000 01 11101	o man Lo	70 01 110 1101	ا	3	14		
=	∞ 5		`	•	•	• • •	•	•	463					14		
1 202	Activities		umber of indep		•	-		•					4			
$\sim$	Ξ	5 To	otal number of	individuals e	employed in ca	alendar ye	ear 2018 (Pa	art V, line 2a	)				5	88		
-	5		otal number of										6	0		
-	_	7a To	otal unrelated b	ousiness rev	enue from Pa	rt VIII, col	lumn ( <b>(</b> ), lir	eRFCI	INVER				7a			0
ĽΩ			et unrelated bu						IVEC	) [			7b			0
ū	$\neg$						(0)			701	Prior	Year			Current Year	<u> </u>
_	_	8 C	ontributions an	d grants (Pa	art VIII, line 1h	)		NOV 2	5 2010	RS-OSC	1,7	91,8	362	]	L,407	,867
)	Revenue		rogram service	•		•	144	~	Culy	121		07,3			L,672	
i	ē		vestment incor	•	-		and Zd)			121			581			,031
;	&			-			, and ru)	<b>QGDE</b>	NIIT	~~   -	1					,326
:			ther revenue (F							1		18,6		<del></del>		
	$\dashv$		otal revenue –						e 12)		. 3,5	19 <u>,</u> 5	004		3,380	,024
		13 G	rants and simil	ar amounts	paid (Part IX,	column (	A), lines 1–3	3)		<u> </u> _						0
	l	14 B	Benefits paid to or for members (Part IX, column (A), line 4)													<u> </u>
	φ	15 S	alaries, other c	ompensation	n, employee b	enefits (P	art IX, colui	nn (A), lines	5–10)		1,7	69,2	216	1	L,903,	,231
	Expenses	<b>16a</b> Pi	rofessional fund	draising fees	(Part IX, colu	ımn (A). I	ine 11e)			Γ						0
	ᇍ		otal fundraising	-				9	0,296							
	四		ther expenses		•		•	_	.,	-	1 . 1	25,7	157	1	1,034	678
								A) less 25)		-		94,9			2,937	
			otal expenses		, ,		•	-y, iiile 25)		-						
	- 6	19 R	evenue less ex	penses Sul	ptract line 18 f	rom line	12				Beginning of	24,5			End of Year	<u>,715</u>
,	Assets or 1 Balances		-4-14	4 V 1 4	,					-						
)	Bag		otal assets (Pa							-	13,7				3,978	
-	풀딛		otal liabilities (F		•					Ļ		<u>23,3</u>			1,083	
-	Ž근	22 N	et assets or fur	nd balances	Subtract line	21 from 1	line 20				9,4	<u>46,4</u>	88	9	,894	<u>,792</u>
	l Pa	art II	i Signatui	re Block												
	Un	der pena	alties of perjury, I	declare that	I have examine	d this retur	n, including a	ccompanying	schedules ar	nd statemer	nts, and to the	best of	my kn	owledge a	and belief,	ıt ıs
	tru	e, correc	t, and complete	Deglaration of	of preparer (othe	r than offic	cer) is based	on all informa	tion of which	preparer h	as any knowle	edge		•		
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Form **990** (2018)

ABDEG D

Partiiv	Checklist o	f Required	<b>Schedules</b>
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	, X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Х
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		_X_
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_		X
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_		<u> </u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			٠.
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			v
_	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	x	
_	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
1	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,"			
а	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other secunties in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	L
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
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	l		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
5	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		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.		x
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<del>  '''-</del>		<del>                                     </del>
8	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	X	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- <del>"</del>		
3	If "Yes," complete Schedule G, Part III	19		x
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a.		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	·		
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	_		v
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			x
	through 24d and complete Schedule K If "No," go to line 25a	24a		
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
_	to defease any tax-exempt bonds?	24d		$\vdash$
d 25-		240		$\vdash$
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x ·
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	250		
b	year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	•	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			l
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			x
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		х
25-	or IV, and Part V, line 1	35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		<del></del> -
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	330		$\overline{}$
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Rart V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c_	_X	
		For	m 990	0 (2018)

<u>  Pa</u>	rt V   Statements Regarding Other IRS Filings and Tax Compliance (contin	luea)			
•	Fates the graph and south and south and form M.O. Tresposition of Manager and Toy	1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 88			
	Statements, filed for the calendar year ending with or within the year covered by this return			X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the		20_		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	3a		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3b	`	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		30	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		4a		x
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ii accounty?	4a		
b	If "Yes," enter the name of the foreign country	Assessment (EDAD)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)	5a	<del></del>	X
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ation 2	5b	<del>-</del>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction (1876) and taxable party notify the organization file Form 2000 T2	cuon?		<del> </del> -	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie			X
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	<del></del> -	
D	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			,
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	7-		
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<b></b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	48			
	required to file Form 8282?	7d	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del></del>	7e		ļ. <b>-</b>
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributes of supplied intellectual associated the expression file.		7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7 <u>9</u> 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are stated as a state of the desired productions are stated as a state of the desired productions.		<del>/                                   </del>		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	ed by the	8		
_	sponsoring organization have excess business holdings at any time during the year?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a·	l	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b`		-
10	Section 501(c)(7) organizations. Enter	المما			ľ
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	$\dashv$		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	11a			
a	Gross income from members or shareholders	118	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources	445			į
40-	against amounts due or received from them)	11b	420		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	$\dashv$		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?		134		-
	Note. See the instructions for additional information the organization must report on Schedule O		,	٠ ا	
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1425	ت ا		
	the organization is licensed to issue qualified health plans	13b	┥	n	
C	Enter the amount of reserves on hand	[_13c	140	<u> </u>	х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	- 0	14a	$\vdash$	^
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b	<del> </del>	<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration of	1		v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N	t :======0	46		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	i income?	16	<del> </del>	^
	If "Yes," complete Form 4720, Schedule O			000	

	1990 (2018) THE FRANKLIN ACADEMI 91-11-11-101	nd for a		age U					
LFa	Govérnance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, as								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See irisii	ucuoi	ns X					
	Check if Schedule O contains a response or note to any line in this Part VI			14					
Sec	tion A. Governing Body and Management		· · ·						
		Γ.—	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 14								
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar		-	١,					
_	committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent  1b 14	,,							
b		'	-	.					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<del></del>	x						
_	any other officer, director, trustee, or key employee?	2	Λ_	<del>                                     </del>					
3	Did the organization delegate control over management duties customarily performed by or under the direct			₩.					
_	supervision of officers', directors, or trustees, or key employees to a management company or other person?	3	X	X.					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		- X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	` <b>A</b>					
6	Did the organization have members or stockholders?	6	<u> </u>						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint								
	one or more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		•						
	stockholders, or persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	3 <u> </u>		اـــــا					
а	The governing body?	8a	X	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?	.8p	Χ.						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	٠,٠							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9.	*	<u> </u>					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)							
		اـــــــا	Yes	No `					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	·	X					
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_ `					
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			- 1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	^							
-	with a taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1					
	organization's exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	,	-						
17	List the states with which a copy of this Form 990 is required to be filed ▶ WA	- ,							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	• 1.5							
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply									
10	,	`							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and								
20	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   1509 E Victor St								
	•	50-73	<b>3</b> _1'	750					
	ELLINGHAM WA 98225 30	<u>,                                    </u>	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>					

Form 990 (2018)

DAA

# 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, and 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee  Or director				s both or/truste	an 90)	(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				
(1) Dusty Gulleson		-		<b> </b> -		-								
	2.00	1								· ,				
President	0.00	X		X				0	0	0				
(2) Nicholas Kaiser		1												
,	2.00			ļ				,		i				
Treasurer .	0.00	X		Х	ļ			0	0	0				
(3) Sarah Brand										``				
	2.00			İ										
1st Vice President	0.00	x		X				l 0	0	· 0				
(4) Tung Ha														
,, 5	2.00		ŀ							` .				
2nd Vice President	0.00	X		x				0	0	O				
(5) Jennifer Bowles	1 3133	<del> </del>	$\vdash$			П		_						
(1)	2.00													
Secretary	0.00	x		x				0	О	0				
(6) Mimi Ferlin						П		-	· · · · · · · · · · · · · · · · · · ·	`				
(.,	1.00		ŀ							, ·				
Director	0.00	X						0	o	· `o				
(7) Shama Alexander	,					П				k <sub>d</sub>				
,	1.00	1								,				
Director	0.00	x					•	0	o	`, O				
(8) Yanolla Boulos														
(,, = =	1.00													
Director	0.00	X						0	` o	0				
(9) Joyce Eschliman		<u> </u>						_		, , , , , ,				
(0, 0.02.00.000.000.000.000.000.000.000.000	1.00													
Director	0.00	X		İ				l o	O	0				
(10) John Mulhern		1												
,	1.00													
Director .	0.00	X						l o	o	· · · · · · · · · · · · · · · · · · ·				
(11) Christian Sulli								<u> </u>						
	1.00													
Director	0.00	X						0	o	. <sup>1</sup> , 0				

(13) Nadia Boulos  1.00  Director  (14) Gretchen Bucsko  1.00	Part VIII Section A. Officers	, Directors, Tru	stee	s, K	өу Е	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	Α,
Sub-total	, ,	Average hours per week	bo	x, unle	Pos check ess pe	nore	s both	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
Director	,	related organizations below dotted	Individual truste or director		Officer	Key employee	Highest comper employee	Former		(W-2/1099-MISC)	organization and related
Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		,	*	stee			sated				71,
Director  1.00 Direct	(12) Nicole Trudea	I .									• • • • • • • • • • • • • • • • • • • •
Director  1.00 2.100 X  1.00 2.100 X  1.00 2.100 X  2.100 X  2.100 X  3.100 X  4.101 (add lines 15 and 1c)  2.101 number of molyculas (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation from the organization of reportable compensation and related organization or reportable compensation and related organization or reportable compensation and related organization or reportable compensation and related organization or reportable compensation from the organization or reportable compensation from the organization or reportable compensation or reportable compensation from the organization from	Director		×						0	0	i, o
Director    1.00   X		,	<del> </del>	T							· · · · · · ·
1.00 Director  1.00 0.00 X  0.00 X  0.00 O  1.00				İ							_
1b. Sub-total  1 Total from continuation sheets to Part VII, Section A  2 Total from continuation sheets to Part VII, Section A  3 Total (add lines 1b and 1c)  4 Total (add lines 1b and 1c)  5 Total add lines 1b and 1c)  6 Total (add lines 1b and 1c)  7 Total add lines 1b and 1c)  8 Total add lines 1b and 1c)  9 Total add lines 1b and 1c)  1 Total add lines 1b and 1c)  9 Total add lines 1b and 1c)  1 Total add lines 1b and 1c			X	├						<u> </u>	
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c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	Director	0.00	X	<u> </u>			_		0	0	0
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0    Yes   No		ets to Part VII, S	Sect	ion A	۹.			•			
reportable compensation from the organization    3								<u> </u>			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual logical person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who					thos	e list	ted a	bove	e) who received more than	\$100,000 of	• •
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Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	5 Did any person listed on line 1									r ındıvıdual	
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Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	1 Complete this table for your five	ve highest comp									,
2 Total number of independent contractors (including but not limited to those listed above) who			ompe	ensat	ion t	or tr	ie ca	lena 	ar year ending with or with	(B)	ear (C)
2 Total number of independent contractors (including but not limited to those listed above) who	Name and	business address							Descript	don of services	Compensation
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2 Total number of independent contractors (including but not limited to those listed above) who		·									
2 Total number of independent contractors (including but not limited to those listed above) who	,	,							•		
	• • • • • • • • • • • • • • • • • • • •										· · · · · · · · · · · · · · · · · · ·
	·										,
terengen ume man \$100000 or compensation from the organization =									se listed above) who		300000

ГГа	πv	Check if Schedule (		ins a	response or	note to any line i	n this Part VIII	,	, L
	•	·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
SN	12	Fodorated campaigns	1a		-		Teveride		312-014
Program Service Revenue Contributions, Gifts, Grants   Program Service Revenue   And Other Similar Amounts	1a	Federated campaigns							
عَ ق	D	Membership dues	1b						
ξĀ	С	Fundraising events	1c						*
<u>a</u>	ď	Related organizations	1d		-				
Ş.E	0	Government grants (contributions)	1e						
io	f	All other contributions, gifts, grants,							
ğ ţ		and similar amounts not included above	1f	1,	407,867				٠,
ΞŌ	q	Noncash contributions included in lines 1a	-1f \$	-					
ago	h	Total. Add lines 1a-1f			▶	1,407,867			- 1
e e		•			Busn. Code				
Ē	2a	Enrollment Fees				1,574,606	1,574,606	<del></del>	
æ	b				<del></del>	61,652	61,652	•	
8		School Program Fees				36,142	36,142		
ξ	C	School Field Trips	and ire	ivei	<del> </del>	30/111	30,2.2		
S	d				<del>                                     </del>				
ĽаШ	е				<b></b>				
īg	f	All other program service reve	nue			1 (70 100		<del></del>	
<u>-</u>	g	Total. Add lines 2a-2f				1,672,400	7		
	3	investment income (including	dividends	s, intere	est,				
		and other similar amounts)			▶  _	2,031			2,031
	4	Income from investment of tax	c-exempt	bond p	roceeds 🕨 📙				
	5	Royalties			<b>.</b>				
		(i) Real		(II) F	Personal				
	6a	Gross rents							
	b	Less rental exps							**
	_	Rental inc or (loss)							
	٨	Net rental income or (loss)			<b>•</b>	······································			<u> </u>
		Gross amount from (i) Securities	. 1	(u)	Other				
		sales of assets		/					
		other than inventory					}		,
	Ð	Less cost or other			1				į
		basis & sales exps							
		Gain or (loss)							
	d	Net gain or (loss)	_						
ō	8a	Gross income from fundraising ever	ents						
venue		(not including \$			į				-
ě		of contributions reported on line 1c	)						
r Re		See Part IV, line 18	a		401,232				, ,
Other	b	Less direct expenses	b		133,954				
Ò		Net income or (loss) from fund	draising e	vents	<b></b>	267,278			រ
		Gross income from gaming activities							
	-	See Part IV, line 19	a				ŀ	,	
	h	Less direct expenses	ь̈́						
		Net income or (loss) from gan		ution	<u> </u>				
			inig activ	illes				· · · · · · · · · · · · · · · · · · ·	
	TUA	Gross sales of inventory, less			!				
		returns and allowances	a						
		Less cost of goods sold	b						
	С	Net income or (loss) from sale	s of inve	ntory	<u> </u>				
		Miscellaneous Revenue			Busn Code			<del></del>	
	11a	Facility Rental				31,048	31,048	·	
	b								- 0
	С								
	d	All other revenue							•
	0	Total. Add lines 11a-11d			<b>•</b>	31,048			1
	12		ns_	,	•	3,380,624	1,703,448	0	2,031

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			plete column (A)	
	not include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				:
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				•
3	Grants and other assistance to foreign				,
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		·	#F	
5	Compensation of current officers, directors,				·
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				-
7	r persons described in section 4958(c)(3)(B)	1,612,957	1,435,756	127,948	49,253
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,012,937	1,433,730	127,540	<u> </u>
0	section 401(k) and 403(b) employer contributions)	26,096	21,553	3,745	·= 798
9	Other employee benefits	126,654	115,251	4,112	798 7,291
10	Payroll taxes	137,524	120,438	13,233	3,853
11	Fees for services (non-employees)	2377321	220,100	20,200	'>
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				,
_	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	28,766	28,324		, 442
13	Office expenses	29,746	25,473	2,653	1,620
14	Information technology				
15	Royalties .				•
16	Occupancy	173,797	173,797		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	106 420	106 420	· · · · · · · · · · · · · · · · · · ·	<del></del>
20	Interest	126,438	126,438	<del></del>	· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	207 207	350 364	39,123	
22	Depreciation, depletion, and amortization	397,387 34,720	358,264 33,395	1,325	
23	Insurance Other expenses Itemize expenses not covered	34,720	33,333	1,325	
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	EDUCATION & TEACHING EXPE	120,194	120,194		<u>-,</u>
b	SUPPLIES & EQUIPMENT	82,138	50,060	13,537	18,541
c	DUES & SUBSCRIPTIONS	23,298	11,874	11,424	
d	FUNDRAISING	7,908	1,788		6,120
-	All other expenses	10,286	1,463	6,445	2,378
25	·	2,937,909	2,624,068	223,545	90,296
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)				- 000

		Check if Schedule O contains a response or note to	o any l	ne in this Part X			` ·
		,			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			729,387	1	996,117
	2	Savings and temporary cash investments	^	2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			439,008	4	679,077
	5	Loans and other receivables from current and former offi	icers. d	rectors.			
		trustees, key employees, and highest compensated emp					
		Complete Part II of Schedule L	•	ľ		5	
	6	Loans and other receivables from other disqualified person	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	•	i i			
		sponsoring organizations of section 501(c)(9) voluntary e	employe	ees' beneficiary			
Ŋ		organizations (see instructions) Complete Part II of Sche		ľ		6	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventones for sale or use				8	•
	9	Prepaid expenses and deferred charges			31,133	9	31,676
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	16,074,289			
	b	Less accumulated depreciation	10b	3,949,372	12,428,107	10c	12,124,917
	11	Investments—publicly traded securities			85,526	11	93,146
	12	Investments—other secunties See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			<del>- ,</del> .	13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	56,660	15	53,854		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	)		13,769,821	16	13,978,787
	17	Accounts payable and accrued expenses	71,326	17	92,835		
	18	Grants payable			18	,	
	19	Deferred revenue		_	1,381,770	19	1,691,160
	20	Tax-exempt bond liabilities		<u> </u>		20	
	21	Escrow or custodial account liability Complete Part IV of		r		21	
es	22	Loans and other payables to current and former officers,					
Liabilities		trustees, key employees, highest compensated employee	es, and	-			
jap		disqualified persons Complete Part II of Schedule L		-	0.070.007	22	2 200 000
_	23	Secured mortgages and notes payable to unrelated third		<u> </u>	2,870,237	23_	2,300,000
	24	Unsecured notes and loans payable to unrelated third pa		F	***	24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24)	Comple	ete Part X		25	
	٠,	of Schedule D		}	4,323,333	25	4,083,995
—	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check	horo l	X and	4,323,333	26	1,000,000
Ş		complete lines 27 through 29, and lines 33 and 34.	nere i	A allu	·		u»
Š	27	Unrestricted net assets		-	9,441,290	27	9,724,955
3ala	28	Temporanly restricted net assets			5,198	28	169,837
ğ	29	Permanently restricted net assets			<u> </u>	29	
Ę	-	Organizations that do not follow SFAS 117 (ASC 958)	. chec	k here ▶ ☐ and ☐		7	
ō		complete lines 30 through 34.	,	_			]
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		191		30	· · · · · · · · · · · · · · · · · · ·
4SS	31	Paid-in or capital surplus, or land, building, or equipment	fund	29		31	
e	32	Retained earnings, endowment, accumulated income, or		funds 7		32	
Z	33	Total net assets or fund balances		funds	9,446,488	3,3	9,894,792
	34	Total liabilities and net assets/fund balances		24	13,769,821	34	13,978,787
						•	Form <b>990</b> (2018)

3a

Form 990 (2018)

the Single Audit Act and OMB Circular A-133?

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

#### SCHEDULE' A (Form 990 or 990-EZ)

## **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.

OMB No 1545-0047

Open to Public + Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer Identification number 91-1434401

		_	THE FRANKLIN	ACADEMY			9	1-14344	01	
Pa	ırt l	Reas	on for Public Charity	Status (All organizations	must c	omplete	this part) See	instructions		
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 12, o	check only	one box	)		k	
1		A church, co	onvention of churches, or ass	ociation of churches described	ın sectio	n 170(b)(	1)(A)(i).	1)	7.	
2	X	A school des	scribed in section 170(b)(1)(	(A)(ii). (Attach Schedule E (Form	n 990 or 9	990-EZ))		O(a)		-
3		A hospital or	r a cooperative hospital servi	ce organization described in se	ction 170	)(b)(1)(A)	(iii).	•		
4		.A medical re	esearch organization operated	d in conjunction with a hospital	descnbed	ın sectio	on 170(b)(1)(A)(iii).	Enter the hosp	oital's name,	1
	_	city, and stat	te.							
5		An organizat	ion operated for the benefit of	of a college or university owned	or operat	ed by a g	jovernmental unit de	scribed in		
section 170(b)(1)(A)(iv). (Complete Part II )										
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							, ,			
7		. •	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro	om a gove	ernmental	unit or from the ge	neral public		`
8	П			170(b)(1)(A)(vi). (Complete Part	: II \				,	
a	Н			cnbed in section 170(b)(1)(A)(i		ed in con	unction with a land	-arant college	4 ·	
J	_	or university		of agriculture (see instructions)			="	-	• •	
40		university	that marrially recover (	1) then 22 4/20/ of the cum	nad from	aantahi iti	ann mamharahin fa	on and aross	•	
10	Ш	•	•	<ul> <li>I) more than 33 1/3% of its sup opt functions—subject to certain</li> </ul>	•		•			
		•		nd unrelated business taxable in			•			
	_	acquired by	the organization after June 3	0, 1975 See section 509(a)(2).	. (Comple	te Part III	)			
11		An organizat	ion organized and operated	exclusively to test for public safe	ety See s	section 5	09(a)(4).			
12	$\sqcup$	An organizati	ion organized and operated of	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carry ou	t the purposes	3	
				zations described in section 50					· •	
		$\overline{}$	•	hat describes the type of suppor	• •		•		29 .	
	, а	_		erated, supervised, or controlled						
				ver to regularly appoint or elect of omplete Part IV, Sections A al		or the ar	rectors or trustees t	n uie	``	•
	h	$\neg$	• •	pervised or controlled in connec		its sunno	rted organization(s)	hy having	```	
	U			ting organization vested in the s					1+	•
				Part IV, Sections A and C.					·• <u>·</u>	
	С			supporting organization operated structions) You must complete				itegråted with,	٨	
	d			I. A supporting organization ope				organization(s	3)	
	-	<u> </u>		e organization generally must sa				•	-	
			• •	nust complete Part IV, Sectior	•		-	•		
	ө			eived a written determination fro on-functionally integrated suppor			a Type I, Type II,	Гуре ІІІ		
	f		mber of supported organizati	, , , , , , , , , , , , , , , , , , , ,				,	. [	
	g		following information about the						<del></del>	
(1)	Nam	e of supported	(II) EIN	(III) Type of organization	(iv) Is the	organization	(v) Amount of mo	netary	(vi) Amount of	
	org	ganization		(described on lines 1-10	1	ur governing	support (se		other support (see	٠.,
		, ,		above (see instructions))		nent?	instructions)		instructions)	
				·- · · · · · · · · · · · · · · · · · ·	Yes	No			<i>`</i> `	
(A)		•					`			
(B)								•	,	
		•			<del> </del>	<u> </u>				٠.
(C)			,							
(D)										
(E)		•								
		•			,					
Total										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (a) 2014 (c) 2016 (d) 2017 (e) 2018 (f) Tota Calendar year (or fiscal year beginning in) (b) 2015 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total (c) 2016 (d) 2017 (e) 2018 (a) 2014 (b) 2015 Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2017 Schedule A, Part II, line 34 15 15 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions

THE FRANKLIN ACADEMY 91-1434401 Schedule A (Form 990 or 990-EZ) 2018 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) [:Part III 1 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support (d) 2017 Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (e) 2018 (f) Total (a) 2014 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securites 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 Net income from unrelated business  $\dot{\mu}$ 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) Total support. (Add lines 9, 10c, 11, 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14

	organization, check this box and stop here			<b> </b>
Sec	ction C. Computation of Public Support Percentage			
15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15		%
16	Public support percentage from 2017 Schedule/A, Part III, line 15	16		%
Sec	ction D. Computation of Investment Income Percentage	,		
17	Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17		%
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18_	٠,	%

33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3	
17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported org	anızatıon

b	33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
١.	Private foundation of the organization did not check a hex on line 14, 10a, or 10h, check this hox and see instructions

Schedule A	(Form	990 or	990-EZ)	2018

20

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	Α.	All	Súpporting	Or	ganizations

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

THE FRANKLIN ACADEMY

- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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)
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 I of Schedule L (Form 990 or 990-EZ)
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - 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)

	Yes	No
1_		
2.		<u> </u>
3a `		•.
	Ą	
3b		
3c		
4a		
4b		
40		
	٤٠	
5a	<del></del>	
		<u>.</u>
5b		<u> </u>
5c		<u>'</u>
6		
7	*	
	γ',	
8	,	
9a		i
 9b		
9c		
10a	`,	
4		
10b	0 or 990	EZ) 2018

Schedu	lle A (Form 990 or 990-EZ) 2018 THE FRANKLIN ACADEMY	91-1434401		Page 5
Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	[ ·		1 1
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	ŀ	
b	A family member of a person described in (a) above?	11b	۰۰	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part		-1,	
	on B. Type I Supporting Organizations			
	1		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	
•	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	1		
	controlled the organization's activities if the organization had more than one supported organization,			
		and .		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supporte	1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	<del> !</del>	<del></del>	
2	Did the organization operate for the benefit of any supported organization other than the supported	_	1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	<sup>*</sup>	Ì	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		ļ	J
04	supervised, or controlled the supporting organization		<u>l'</u>	L
Sect	on C. Type II Supporting Organizations		'4-	ĭ
		` —	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<b>;</b>		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	<del></del>	ļ	نـــــا
	the supported organization(s)	1	<u></u>	•
Secti	on D. All Type III Supporting Organizations			T
			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, (i) a written notice describing the type and amount of support provided during the pr	or tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	the	*.	
	organization's governing documents in effect on the date of notification, to the extent not previously provide	d? <u>1</u>	12	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<b>.</b>		[ [
	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		l	
	supported organizations played in this regard	3	<del></del>	<u> </u>
Secti	on E. Type III Functionally-Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	r (see instructions)		
' a	The organization satisfied the Activities Test Complete line 2 below	(occ mondonono)		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government	nt entity (see instructions)	•	
·	The organization supported a governmental entity bescribe in Fait vi now you supported a government	it entity (see instructions)	, -	
	National Took Annual (a) and (b) below	,		I No
	Activities Test Answer (a) and (b) below.		Yes	No 1
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	4 .		
	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,		74,	
	how the organization was responsive to those supported organizations, and how the organization determine			<del>-</del>
	that these activities constituted substantially all of its activities	2a	-	<del> </del> ,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mo			
	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			اــــا
	activities but for the organization's involvement	2b	<u> </u>	ļ
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			[]
	trustees of each of the supported organizations? Provide details in Part VI.	. За		<u></u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of	each	э.	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		128.	` `

, d.

'Part'V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	tions	4
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			See '
instructions. All other Type III non-functionally integrated supporting organizations must			
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year
		(A) 1 1101 1 Cal	(optional)
1 Net short-term capital gain	1	<u> </u>	``,
2 Recovenes of pnor-year distributions	2		, A
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		`
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	Ι ΄	-W-	in.
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a	1000	
b Average monthly cash balances	1b	· ·	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other	1		
factors (explain in detail in Part VI)	1	•	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	<del> </del>	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		*	
see instructions)	4		1
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		, , , , , , , , , , , , , , , , , , ,
7 Recovenes of pnor-year distributions	7	····	7.
8 Minimum Asset Amount (add line 7 to line 6)	8		ř,
Section C - Distributable Amount	1	, ,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·	
4 Enter greater of line 2 or line 3	4	· · · · · · · · · · · · · · · · · · ·	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions)	6		
7. Check here if the current year is the organization's first as a non-functionally integrated		I supporting organization	see .

instructions)

	e A (Form 990 or 990-EZ) 2018 THE FRANKLIN ACADI		<u>91-1434</u>	401 . Page 7				
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	` `				
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpos	ses						
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		,				
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of support							
4	Amounts paid to acquire exempt-use assets			·				
5	Qualified set-aside amounts (pnor IRS approval required)			,				
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organizations	ition is responsive						
	(provide details in Part VI) See instructions			` `				
9	Distributable amount for 2018 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-2018	(iii), Distributāble Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See instructions							
3	Excess distributions carryover, if any, to 2018							
	From 2013		<u></u>					
	From 2014							
	From 2015							
	From 2016		1					
	From 2017			,				
	Total of lines 3a through e			* * * * * * * * * * * * * * * * * * * *				
	Applied to underdistributions of prior years			15				
	Applied to 2018 distributable amount			• • • • • • • • • • • • • • • • • • • •				
	Carryover from 2013 not applied (see instructions)			1				
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	·	•					
4	Distributions for 2018 from			i i				
	Section D, line 7 \$	,		ĺ				
а	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount							
С	Remainder Subtract lines 4a and 4b from 4		,					
5	Remaining underdistributions for years prior to 2018, if							
•	any Subtract lines 3g and 4a from line 2 For result							
	greater than zero, explain in Part VI See instructions		1					
6	Remaining underdistributions for 2018 Subtract lines 3h		-					
	and 4b from line 1. For result greater than zero, explain in			, ,,,,,				
	Part VI See instructions			<u> </u>				
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c							
8	Breakdown of line 7							
а	Excess from 2014							
b	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
е	Excess from 2018							

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

#### SCHEDULE 'D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Attach to Form 990.

► Go to www.lrs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

Employer Identification number

		I				
וידי	HE FRANKLIN ACADEMY		91-14	43440	1	
	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A				
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.		-		
		(a) Donor advised funds	(b	) Funds and	other accounts	3
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)		·			
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised		•		
	funds are the organization's property, subject to the organization's exc	lusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used			```	
	only for chantable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose			<b>~</b> ~	_
	conferring impermissible private benefit?				Yes	No.
Pa	rt II Conservation Easements.				٠.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization (check	all that apply)			•	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land	area	•	
	Protection of natural habitat	Preservation of a certified historic	structure	r.		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse				
	easement on the last day of the tax year	•		Held at the	e End of the	Tax Year
а	Total number of conservation easements		2a			
þ	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure inc	luded in (a)	2c			
d	Number of conservation easements included in (c) acquired after 7/25/	06, and not on a			•	
	historic structure listed in the National Register		2d			•
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	on during	the	* * ·	••
	tax year ▶				1.	
4	Number of states where property subject to conservation easement is				. 1.	
5	Does the organization have a written policy regarding the periodic more	nitoring, inspection, handling of			П.,	┌
_	violations, and enforcement of the conservation easements it holds?				☐ Yes	∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation ea	sements	during the	e year	
_				41		
7	Amount of expenses incurred in monitoring, inspecting, handling of vic	plations, and enforcing conservation easem	ents dunr	ig the yea	ar	•
		45				
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(n)(4)(B)(I)			☐ Yes	□No
_	and section 170(h)(4)(B)(ii)?				☐ res	□ NO
9	In Part XIII, describe how the organization reports conservation easem balance sheet, and include, if applicable, the text of the footnote to the	•		ho	7	
	organization's accounting for conservation easements	e organization's imancial statements that of	escribes (	,ie	<b>N</b> _	
Da	rt III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar	Assets		
- 0	Complete if the organization answered "Yes" on		Jiiiiiai i			,
12	If the organization elected, as permitted under SFAS 116 (ASC 958), r		valance st			
ıa	works of art, historical treasures, or other similar assets held for public	•		icet .	. 3	
	public service, provide, in Part XIII, the text of the footnote to its finance			<u>-</u>		
h	If the organization elected, as permitted under SFAS 116 (ASC 958), t		nce sheet		•	
-	works of art, historical treasures, or other similar assets held for public	-				
	public service, provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$		
	(ii) Assets included in Form 990, Part X		•	\$		
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial dain, ord	vide the	•		
_	following amounts required to be reported under SFAS 116 (ASC 958)					
а	Revenue included on Form 990, Part VIII, line 1		•	\$	•	
	Assets included in Form 990, Part X		•	\$		

Scrie		INDIA NCADIA			<u> </u>					<u> </u>
<b>B</b> Pa	rtilli Organizations Maintainin	g Collections of	Art, Historical Tr	easures, c	or Othe	<u>r Similar <i>A</i></u>	ssets	(continue	<u>ed)</u>	
3	Using the organization's acquisition, access	sion, and other records	, check any of the follo	owing that ar	e a signifi	cant use of it	S	•		
	collection items (check all that apply)									
а	Public exhibition	, a 🗍	Loan or exchange prog	grams				′,		
b	Scholarly research	<del></del>	Other			•				
С	Preservation for future generations	_						· +		
4	Provide a description of the organization's	collections and explain	how they further the	organization's	exempt i	purpose in Pa	ırt			
•	XIII			J	•	•				
5	During the year, did the organization solicit	or receive donations	of art, historical treasur	es. or other	sımılar					
·	assets to be sold to raise funds rather than							☐ Yes		No
a Pa	It IV Escrow and Custodial A		Jan or the organization	0 00.1100.11	<del></del>					
B. L. J.	Complete if the organization		on Form 990 Par	t IV line 9	or ren	orted an ar	nount c	n Form		
	990, Part X, line 21	il aliswoica Tos	OII 1 OIII1 000, 1 di	( I V , III O (	, or rep	ontou an a				
		dian as other intermed	unn for contabutions of	r other accet	o not					
та	Is the organization an agent, trustee, custo	dian or other intermed	lary for contributions of	r other asset	s not			Yes	Г	No
	included on Form 990, Part X?							L Tes	ـــا	J NO
b	If "Yes," explain the arrangement in Part X	iii and complete the to	llowing table					Amount		
						-	+	Amount		
	Beginning balance					1c	<del> </del>			
	Additions during the year					1 <u>d</u>				
е	Distributions during the, year					<u>1e</u>	<del> </del>			
f	Ending balance					1f			_	_
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cus	todial accour	nt liability?				L	No
b	If "Yes," explain the arrangement in Part XI	II Check here if the ex	planation has been pr	ovided on Pa	art XIII					
<b>P.a</b>	rttV Endowment Funds.									
	Complete if the organization	n answered "Yes"	on Form 990, Par	rt IV, line 1	10			,		
		(a) Current year	(b) Pnor year	(c) Two yea	ers back	(d) Three yea	rs back	(e) Four y	ears b	oack
1a	Beginning of year balance	84,238	78,768		71,227	6	8,479	(	56,	261
b	_ · · · · ·						•			
С	Net investment earnings, gains, and									
	losses	8,908	5,470		7,541		2,748	, ,	2,	218
d	Grants or scholarships					•		l <sub>j</sub> °		
	Other expenditures for facilities and									
ŭ	programs					•				
	Administrative expenses							1		
	·	93,146	84,238		78,768	7	1,227		58.	479
g	End of year balance				0,700		1/22/	<u> </u>	,,,	• • •
2	Provide the estimated percentage of the cu		e (line 1g, column (a))	neio as						
	Board designated or quasi-endowment									
	Permanent endowment ► %									
С	Temporanly restricted endowment ▶	%						•		
	The percentages on lines 2a, 2b, and 2c sl	·								
3a	Are there endowment funds not in the poss	session of the organiza	ition that are held and	administered	for the			<u></u>		
	organization by							<u>Y</u>	'es	No
	(i) unrelated organizations							3a(i)		<u> </u>
	(ii) related organizations							3a(ii)	_	<u> </u>
b	If "Yes" on line 3a(ii), are the related organ	izations listed as requi	red on Schedule R?			•		3b		
4	Describe in Part XIII the intended uses of	the organization's endo	wment funds			•				
<b>I</b> Pa	rt VI Land, Buildings, and Eq	uipment.				_				
MML. 16	Complete if the organization		on Form 990. Par	t IV, line 1	1a See	Form 990	Part X	(, line 10		
	Description of property	(a) Cost or other to				Accumulated		(d) Book va		
	, , , , ,	(investment)	(othe		d€	preciation	1		•	•
4-	Land	· · · · · · · · · · · · · · · · · · ·		99,654				1,399	) . 6	554
	Land			25,852	3	,237,58	<u> </u>	$\frac{1,39}{10,488}$		
	Buildings		13,74	22,032		, 43 / , 30	<del>-  </del>	±0, ±00	, , 4	
	Leasehold improvements			40 500		711 70	<del>-</del>		<del>, ,</del>	200
đ	Equipment		9	48,783		711,78	3	23	,,	000
	Other									
Tota	. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part	X, column (B), line 10	)c)			<b></b>	12,124	ł , S	<u> 117</u>

	Complete if the organization answered "Ye	es" on Form 990 Part IV lin	e 11h See Form 990 F	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)	(b) book value	Cost or end-of-ye	
(1) Financial	denvatives		<del></del>	
• •	eld equity interests			
(3) Other				•
(A)				1
(B)				, ·
(Ċ)				
(D)				N.A.
(E)	•			
(F)				·
(G)	•			
(H)	,			
	n (b) must equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Ye			
•	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	al market value
(1)			<u> </u>	
(2)				
(3) .			·	<del></del>
(4)	<u> </u>			•
(5)				<u></u>
(6)	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<del></del>
(7)	•		<del></del>	
<u>(8)</u> <u>(9)</u>	<u> </u>		<del> </del>	
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Ye	es" on Form 990, Part IV, lin	e 11d See Form 990, F	Part X, line 15
	(a) Descrip			(b) Book value
(1)				
(2)			- · · · · · · · · · · · · · · · · · · ·	
(3)				۹,,
(4)				<u> </u>
(5)			<u>.</u> <u>-</u>	8
(6)				***
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.	= 000 5 ( 1) ( )	44 446 0 5	000 D-4 V
	Complete if the organization answered "Ye	es" on Form 990, Part IV, lin	ne 11e or 11f See Form	990, Part X,
	line 25.			····
1.	(a) Description of liability	(b) Book value	-	
	income taxes		<b>-</b> -	
(2)			_	
(3)				
<u>(4)</u> ·				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
<u>(7)</u>	•			
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 25) ▶			
· own. (Colulli	upportain tay positions in Part XIII, provide the text of			

#### Schedule D (Form 990) 2018 THE FRANKLIN ACADEMY Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities c Recovenes of pnor year grants 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 2е Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements

2 Amounts included on line 1 but not on Form 990. Part IX, line 25 a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII)

c Add lines 4a and 4b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

4c

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

### SCHEDULE E

1

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE FRANKLIN ACADEMY

Employer identification number 91-1434401

Pa	an I		YES	NO
1	Does the organization have a recipilly pendingriminatory policy toward students by statement in its charter		TES	NO
•	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1_	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,		X	
	programs, and scholarships?	2		
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe If "No," please explain If you need more space, use Part II	3	X	L
	Public posting on website, in newspapers, and broadcast media	}	١٠	'
		<u>'</u> .		İ
	•		•,	-
4	Does the organization maintain the following?			\ \
4 a	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
b	Records documenting that scholarships and other financial assistance are awarded on a racially	70		
	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		v	
d	with student admissions, programs, and scholarships?	4c 4d	X	
u	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain If you need more space, use Part II	- 40		1
	,	3,		1
	·	, '		
	•			1
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	_5a		X
_	Administration and the second			х
b	Admissions policies?	5b		<del>~</del>
С	Employment of faculty or administrative staff?	5c		X
·	Employment of lacuity of administrative stand	50		
đ	Scholarships or other financial assistance?	5d	,	х
8	Educational policies?	5e`		<u> </u>
		`	١ ،	
f	Use of facilities?	5f₁		<u> </u>
		. '	^•	7.5
g	Athletic programs?	5g		<u> </u>
h	Other extracurricular activities?	5h	,	х
••	If you answered "Yes" to any of the above, please explain If you need more space, use Part II	J.,		
	, a manage of the second of th			]
				ļļ
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	<u> </u>	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through		1	
	4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7 <sup>*</sup>	X	

ι,

Part: | | Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information. See instructions

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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

Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

Open to Public

Internal Revenue Service Name of the organization Employer identification number 91-1434401 THE FRANKLIN ACADEMY Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(v) Amount paid to (vI) Amount paid to raiser have (i) Name and address of individual (Iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) control of from activity fundraiser listed in organization contributions? col (I) Yes No 5 q 10

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

Total

Schedule G (Form 990 or 990-EZ) 2018 THE FRANKLIN ACADEMY 91-1434401 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (a) Event #1 (c) Other events (d) Total events AUCTION AND OTH (add col (a) through None col (c)) (event type) (total number) (event type) 401,232 401,232 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 401,232 401,232 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 133,954 133,954 9 Other direct expenses 133,954 10 Direct expense summary Add lines 4 through 9 in column (d) 267,278 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Partill than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes % 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain

Sche	edule G (Form 990 or 990-EZ) 2018 THE FRANKLIN ACADEMY	91-143440	1	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s 🗌 No
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?		Ye	s 🔲 No
13	Indicate the percentage of gaming activity conducted in		. ,	
а	The organization's facility	13 <u>a</u>		%
b	An outside facility	13b	<u> </u>	%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		,	
	records			
			,,	
	Name ▶			
	•		4	
	Address ▶			
				•
15a	Does the organization have a contract with a third party from whom the organization receives gaming	•	_	`
	revenue?		Ye	s 📙 No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	nd the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party			
			, <sub>~</sub> ,	
	Name ▶ '		7	
				•
	Address ▶			
	ı	•	•	
16	Gaming manager information			
	,		•	
	Name ▶			
	•			
	Gaming manager compensation ▶ \$	•		
	Description of services provided ▶		_	
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	is the organization required under state law to make charitable distributions from the gaming proceeds to		·	
	retain the state gaming license?		Ŭ Ye	s 📙 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		•	
	spent in the organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, or			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ac	Iditional information	n	
	See instructions			
		•		
	, , , , , , , , , , , , , , , , , , ,		•	
			•	
			•	-
			•	
	•			
	•		**	
		Schedule G (Form 99	or 990	EZ) 2018

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

87

Employer identification number

Department of the Treasury Internal Revenue Service

THE FRANKLIN ACADEMY 91-1434401

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Nicholas Kaiser

Sarah Brand

FAMILY/Employee

Nicholas Kaiser

Nicole Trudeau

Employee

Yanolla Boulos

Nadia Boulos

Family

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents
Name Change from St Paul's Academy to The Franklin Academy

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
Parents of Students are members of the Academy

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The Board assigns responsibility to the Audit Committee to review the Form
990 and make recommendations to the Board to approve the tax return. The
990 is given to all Board members to review prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Board monitors possible conflicts of interest and updates all Board

members annually.

Employer identification number

THE FRANKLIN ACADEMY

91-1434401

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board appoints a committee and assigns the task of review and compensation of Head of School.

Book / Tax Depreciation Difference	\$	-529
INKIND DONATION OF ASSETS	\$	0
Total	¢	-529