TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2018

| Prepared for | |
|--|---|
| | FRANKLIN'S FRIENDS, INC 901 VERSAILLES CIRCLE MAITLAND, FL 32751 |
| Prepared by | FERRELL & KELLY, LLC 1400 W. FAIRBANKS AVENUE, SUITE 202 WINTER PARK, FL 32789 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. |

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Enter filer's identifying number

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | | | Linter inte | er situentinyn | ig number | | |
|--|--|--|--------------------------------------|----------------------------|---|-----------------------------------|--|--|
| Type or | pe or Name of exempt organization or other filer, see instructions.En | | | | | n number (EIN) or | | |
| print | FRANKLIN'S FRIENDS, INC | 46-1111664 | | | | | | |
| File by the due date for | | Social se | curity numbe | | | | | |
| filing your return. See | 901 VERSAILLES CIRCLE | | | | | | | |
| instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. MAITLAND, FL 32751 | | | | | | | | |
| Enter the | e Return Code for the return that this application is for (fil | e a separa | te application for each return) | | | | | |
| Applicat | tion | Return | Application | | | Return | | |
| Is For | | Code | Is For | | | Code | | |
| Form 99 | 0 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | |
| Form 99 | 0-BL | 02 | Form 1041-A | | | 08 | | |
| Form 47 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 | | |
| Form 99 | 0-PF | 04 | Form 5227 | | | 10 | | |
| Form 99 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| Form 99 | 0-T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| Telep ● If the ● If this box ▶ 1 I re the ► | books are in the care of hone No. 407-461-1768 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box equest an automatic 6-month extension of time until e organization named above. The extension is for the org X calendar year 2018 or tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period | s in the Ur Group Exe and atta NOVEI anization's | Fax No. ▶ | f this is fo f all memb | r the whole g iers the exten npt organizati | roup, check this Ision is for. | | |
| | his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions. | , or 6069, | enter the tentative tax, less | 3a | \$ | 0. | | |
| b Ift | his application is for Forms 990-PF, 990-T, 4720, or 6069 |), enter an | y refundable credits and | | | ~ | | |
| | timated tax payments made. Include any prior year overp | | | 3b | \$ | 0. | | |
| | llance due. Subtract line 3b from line 3a. Include your pa | | | | | ~ | | |
| | ing EFTPS (Electronic Federal Tax Payment System). See | | | 3c | \$ | 0. | | |
| Caution instruction | : If you are going to make an electronic funds withdrawal ons. | (direct de | bit) with this Form 8868, see Form 8 | 3453-EO a | nd Form 8879 | 9-EO for payment | | |
| | | | | | | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

| Form | 990 | |
|------|-----|--|
| FOUL | | |

EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

| AF | or th | e 2018 calendar year, or tax year beginning and o | ending | | |
|--------------------------------|---------------------|--|---------------|------------------------------|---|
| B c | Check if pplicab | e: C Name of organization | | D Employer identifie | cation number |
| | Addre | | | | |
| | Name Chang | Doing business as | | 46-1 | 111664 |
| | Initial returr | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | r |
| | Final returr | 901 VERSAILLES CIRCLE | | 407- | 461-5810 |
| | termii ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 289,794. |
| | Amer | MATIDAND, PD 52751 | | H(a) Is this a group re | eturn |
| | Appli tion | F name and address of principal officer: AN IIION I DOUGLAS | | for subordinates | ? Yes X No |
| | pend | ^{ng} 901 VERSAILLES CIRCLE, MAITLAND, FL 32 | 2751 | H(b) Are all subordinates ir | |
| | | empt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c | or 📃 527 | If "No," attach a | list. (see instructions) |
| J١ | Nebsi | te: > WWW.FRANKLINSFRIENDS.INFO | | H(c) Group exemptio | n number 🕨 |
| κF | [:] orm o | forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 | L Year | of formation: 2012 | I State of legal domicile: \mathbf{FL} |
| Pa | art I | Summary | | | |
| Ð | 1 | Briefly describe the organization's mission or most significant activities: $FUNDE$ | RAISE | FOR LOCAL A | NIMAL |
| Governance | | WELFARE AND SUPPORT ANIMAL CHARITIES THRO | DUGHOU | JT CENTRAL F | LORIDA |
| srn: | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or dispos | sed of more | e than 25% of its net as | |
| Ň | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 9 |
| يە 2 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) _ | | 4 | 9 |
| es | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 0 | |
| viti | 6 | Total number of volunteers (estimate if necessary) | | 6 | 0 |
| Activities | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, line 38 | <u></u> | 7b | 0. |
| | | | | Prior Year | Current Year |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 122,631. | 106,686. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| Sev. | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 44,613. | 64,464. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . | | 167,244. | 171,150. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 134,070. | 135,857. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$ | | 0. | 0. |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ď | | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 5,011. | 5,448. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 139,081. | 141,305. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 28,163. | 29,845. |
| s or | | | Be | ginning of Current Year | End of Year |
| set | 20 | Total assets (Part X, line 16) | | 134,076. | 163,921. |
| Net Assets or Fund Balances | 21 | Total liabilities (Part X, line 26) | | 0. | 0. |
| ž'n | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 134,076. | 163,921. |
| _ | art II | Signature Block | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules | | | y knowledge and belief, it is |
| true, | , corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of wh | lich preparer | has any knowledge. | |
| | | 1 K | | | |

| Sign Here | Signature of officer ANTHONY DOUGLAS, VICE Type or print name and title | PRESIDENT | Date |
|------------------|--|-------------------------|---|
| Paid Preparer | Print/Type preparer's name TONYA KELLY, CPA Firm's name FERRELL & KELLY, | | Date Check PTIN 10/15/19 if self-employed P00846890 Firm's EIN ► 45-3772483 |
| Use Only | Firm's address 1400 W. FAIRBANE WINTER PARK, FL | | Phone no. 407 - 478 - 6596 |
| May the I | RS discuss this return with the preparer shown ab | ove? (see instructions) | |

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2018) FRANKLIN'S FRIENDS, INC | 46-1111664 | Page 2 |
|------|---|--------------------------|---------------|
| | rt III Statement of Program Service Accomplishments | | 0 |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: TO SUPPORT CENTRAL FLORIDA ANIMAL WELFARE BY FUNDRAISING NONPROFIT AND GOVERNMENT AGENCIES THAT ARE DEDICATED TO SHELTER/RESCUE, SPAY/NEUTER, OR COMMUNITY EDUCATION PROC | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | | XNo |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | XNo |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported. | ers, the total expenses, | and |
| 4a | (Code:) (Expenses \$ 28,000. including grants of \$ 28,000.) (Revenue | ie \$ |) |
| | HUSKY HAVEN OF FLORIDA | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ 15,000. including grants of \$ 15,000.) PET ALLIANCE OF GREATER ORLANDO, INC. | ie \$ |) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ 15,000. SOPHIE'S CIRCLE, INC. | ie \$ |) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ 77,857 • including grants of \$ 77,857 •) (Revenue \$ |) | |
| 4e | Total program service expenses ► 135,857. | | 00 (22 2 1 2) |

Form 990 (2018) FRANKLIN'S FRIENDS, INC
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | v | |
| _ | If "Yes," complete Schedule A | 1 | Х | v |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | x |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | x |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part III</i> | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5 | | - 23 |
| 6 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 0 | | |
| ' | 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 | | | |
| Ŭ | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | - | | |
| 5 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | - | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | Х |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 |
| | 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 | | | v |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 10- | | x |
| h | Schedule D, Parts XI and XII | 12a | | |
| a | 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 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 120 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 1 14 | | <u> </u> |
| ~ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| _ | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | v | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |

| | | | 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 | ~~~ | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 00 | | x |
| 04 - | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | |
| 24 a | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 2.15 | | |
| - | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | 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 year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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," | | | x |
| 07 | complete Schedule L, Part II | 26 | | |
| 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) 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? | | | v |
| ~~ | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | 20 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | - 23 |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | <u> </u> |
| - | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | v |
| 20 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | X |
| 38 | Note: All France 000 films and an angle of the complete Option of the Option | 38 | х | |
| Pa | | 30 | | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |

| Form | 990 (2018) FRANKLIN'S FRIENDS, INC 46-1111 | 664 | P | age 5 |
|------|---|-----|-----|--------------|
| | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | <u> </u> |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <u> </u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |

16

11

Section 501(c)(12) organizations. Enter:

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

a Gross income from members or shareholders

amounts due or received from them.)

Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

c Enter the amount of reserves on hand ______ 13c

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

excess parachute payment(s) during the year?

b Gross income from other sources (Do not net amounts due or paid to other sources against

Х

х

Х

12a

13a

14a

14b

15

16

11a

11b

13b

FRANKLIN'S FRIENDS, INC

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|----------|--|------------|--------|---------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | | |
| h | Enter the number of voting members included in line 1a, above, who are independent 1b | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | |
| - | officer, director, trustee, or key employee? | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| Ū | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | 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 | | x |
| 6 | | 6 | | X |
| | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 0 | | |
| 1a | | 7a | | x |
| h | more members of the governing body? | /a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 76 | | x |
| • | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 7b | | - 23 |
| 8 | | 0. | х | |
| a | The governing body? | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8b | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | x |
| 800 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | л |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | V. | |
| 10- | Did the exercise have lead charters branches as officiates? | 10- | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 104 | | |
| 110 | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b 11a | х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 100 | | x |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a 12b | | - 23 |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 120 | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 100 | | |
| 10 | in Schedule O how this was done | 12c 13 | | 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 | | - 23 |
| 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? | 45- | | х |
| | The organization's CEO, Executive Director, or top management official | 15a | | X |
| D | Other officers or key employees of the organization | 15b | | |
| 10- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 168 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 10- | | х |
| la la | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 16a | | |
| b | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 166 | | |
| Sec | exempt status with respect to such arrangements? | 16b | | |
| - | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright FL$ | | | |
| 17 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3 | le only | availe | |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | JS ONLY | availa | |
| | Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. The public inspection. Image: The public inspection. <th></th> <th></th> <th></th> | | | |
| 10 | | d finar | aial | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. | u iiriafi | ual | |
| 20 | Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| 20 | MONISHA SETH - 407-461-1768 | | | |
| | 901 VERSAILLES CIR, MAITLAND, FL 32751 | | | |

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate | d |
|----------|--|---|
| | 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.

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

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|-------------------------------|------------------------|--------------------------------|---|----------|------------|---------------------------------|----------|---------------------|----------------------------------|--------------------------|
| Name and Title | Average | (do | Position (do not check more than one | | Reportable | Reportable Reportable | | | | |
| | hours per | box | box, unless per officer and a dir | | erson | is bot | h an | compensation | compensation | amount of |
| | week | | | | | | | from | from related | other |
| | (list any hours for | irecto | | | | | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | e or d | stee | | | Isated | | (W-2/1099-MISC) | (1099-10130) | organization |
| | organizations | truste | al trus | | yee | mper | | (| | and related |
| | below | Individual trustee or director | Institutional trustee | er | emplo | est cc loyee | ner | | | organizations |
| | line) | Indiv | Insti | Officer | Key | Highest compensated employee | Forn | | | |
| (1) MONISHA SETH | 20.00 | | | | | | | | | _ |
| PRESIDENT | | X | | х | | | | 0. | 0. | 0. |
| (2) ANTHONY DOUGLAS | 5.00 | | | | | | | | | _ |
| VICE PRESIDENT | | х | | х | | | | 0. | 0. | 0. |
| (3) KRISTEN CARBONE | 5.00 | | | | | | | | | _ |
| DIRECTOR | | X | | X | | | | 0. | 0. | 0. |
| (4) JANA CASWELL | 5.00 | | | | | | | | | |
| DIRECTOR | _ | X | | X | | | | 0. | 0. | 0. |
| (5) MICHELE BUTLER | 5.00 | | | | | | | | | • |
| SECRETARY | 10.00 | X | | X | | | | 0. | 0. | 0. |
| (6) STEVE BUTLER | 10.00 | | | | | | | | | 0 |
| DIRECTOR | | X | | X | | | | 0. | 0. | 0. |
| (7) SHELLEY SPRAGUE | 5.00 | | | 37 | | | | 0. | 0. | 0 |
| TREASURER | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (8) CRYSTAL LEROY DIRECTOR | 5.00 | x | | x | | | | 0. | 0. | 0. |
| (9) TONY CAPITANO | 5.00 | ^ | | <u>^</u> | | | | 0. | 0. | 0. |
| DIRECTOR | 5.00 | x | | x | | | | 0. | 0. | 0. |
| | | | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| | 990 (2018) FRANKLIN' | S FRIEN | 1D8 | 5, | II | 1C | | | | 46-11 | 116 | 64 | Pa | age 8 |
|--------|---|--|--------------------------------|------------------------|---------|-------------------------|---------------------------------|--------|---|--|-----------|------------|---|---------------|
| Pa | t VII Section A. Officers, Directors, Trust | | ploy | ees | | | ghes | st C | | | | | | |
| | (A) Name and title | (B) Average hours per week | box offic | not c , unle | ss pe | ition more rson i | than o is both pr/trust | n an | (D) Reportable compensation from | (E) Reportable compensation from related | | Est amo | (F) imate ount o other | |
| | | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC | >) | orga | m the nizati relate | e on ed |
| | | | | | | | | | | | \square | | | |
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| | | | | | | | | | | | + | | | |
| | | | | | | | | | | | | | | |
| с | Sub-total Total from continuation sheets to Part VI | I, Section A | | | | | ļ | | 0.0.0. | | 0. | | | 0. |
| d 2 | Total (add lines 1b and 1c) | | | | | | | lo r | | | • | | | 0. |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> | • | iste | | - | • | | | highest compensated e | | | 3 | | х |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | - | | - | | | | | - | the organization | [| 4 | | х |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp | | | | | | | | | | | 5 | | х |
| 1 | tion B. Independent Contractors Complete this table for your five highest cor | mpensated inc | depe | ende | ent c | ontr | acto | rs t | that received more than | \$100.000 of com | ensa | tion fr | om | |
| | the organization. Report compensation for t (A) | | | | | | | | | | | (C) | | |
| | Name and business | address | NC | ONE | 3 | | | _ | Description of s | ervices | Co | mpen | | า |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100.000 of compensation from the organiz | | ot li | mite | d to | | se lis) | tec | d above) who received n | nore than | | | | |

| Forn | n 990 | (2018) FRANK | LIN'S FR | IENDS, I | NC | | 46-1111 | 664 Page 9 |
|--|-------|--|-------------------|---|-----------------------------|--|--|---|
| Pa | rt VI | III Statement of Rever | nue | | | | | |
| | | Check if Schedule O cont | ains a response | or note to any lin | | | (2) | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Grants nounts | 1 a | a Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | b Membership dues | | | | | | |
| År, e | | c Fundraising events | | | | | | |
| ilar İlar | | d Related organizations | | | | | | |
| Sin', | | e Government grants (contribut | | | | | | |
| itio er (| f | f All other contributions, gifts, gran | | 100 000 | | | | |
| 0 t D | | similar amounts not included abov | | 106,686. | | | | |
| ind. | | 9 Noncash contributions included in lines | | | 106,686. | | | |
| 0.0 | r | h Total. Add lines 1a-1f | | Business Code | 100,000. | | | |
| Ð | 2 8 | 9 | | Busiliess Code | | | | |
| , vic | - | <u> </u> | | | | | | |
| Ser | | _ | | | | | | |
| am | | cd | | | | | | |
| Program Service Revenue | | e | | | | | | |
| Å | f | All other program service reve | nue | | | | | |
| | ç | g Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| | | other similar amounts) | | ► | | | | |
| | 4 | Income from investment of tax | | r i i i i i i i i i i i i i i i i i i i | | | | |
| | 5 | Royalties | | 🕨 | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | | a Gross rents | | | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) | | | | | | |
| | / 6 | a Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory b Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | c Gain or (loss) | | | | | | |
| | | d Net gain or (loss) | | • • • • • • • • • • • • • • • • • • • | | | | |
| ¢ | | a Gross income from fundraising | | | | | | |
| nu | | including \$ | | | | | | |
| eve | | contributions reported on line | | | | | | |
| ъ | | Part IV, line 18 | а | 183,108. | | | | |
| Other Revenue | ł | b Less: direct expenses | b | 118,644. | | | | |
| Ŭ | C | c Net income or (loss) from func | Iraising events | ► | 64,464. | | | 64,464. |
| | 9 a | a Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | b Less: direct expenses | | | | | | |
| | | c Net income or (loss) from gam | | ▶ | | | | |
| | 10 8 | a Gross sales of inventory, less | | | | | | |
| | | and allowances | | | | | | |
| | | b Less: cost of goods sold | | | | | | |
| | (| c Net income or (loss) from sale Miscellaneous Revenu | | Business Code | | | | |
| | 11 a | | | | | | | |
| | | L. | | | | | | |
| | | b | | | | | | |
| | | d All other revenue | | | | | | |
| | (| e Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instructions | | | 171,150. | 0. | 0. | 64,464. |

FRANKLIN'S FRIENDS, INC

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

| | Check if Schedule O contains a respon not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----------|---|-----------------------|-------------------------------|------------------------------|---------------------------|
| 7b, | 8b, 9b, and 10b of Part VIII. | וטנמו פאטבווספס | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | 125 057 | 125 057 | | |
| _ | and domestic governments. See Part IV, line 21 | 135,857. | 135,857. | | |
| 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 | | | | |
| 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 | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| ~ | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | 1,900. | | 1 000 | |
| | Accounting | 1,900. | | 1,900. | |
| d | Lobbying | | | | |
| e | 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 Sch 0.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 45 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 17 | | | | | |
| 17 | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 22 | Payments to affiliates Depreciation, depletion, and amortization | | | | |
| 22 | 1 | | | | |
| 23 24 | Insurance Other expenses. Itemize expenses not covered | | | | |
| 24 | 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 0.) ADVERTISING | 1,194. | | 1,194. | |
| a b | SUPPLIES | 1,182. | | 1,182. | |
| D C | INSURANCE | 552. | | 552. | |
| c d | OPERATING EXPENSES | 210. | | 210. | |
| - | | 410. | | 410. | |
| | All other expenses | 141,305. | 135,857. | 5,448. | 0 |
| 25 26 | Joint costs. Complete this line only if the organization | <u> </u> | 100,007. | 5,110. | 0 |
| 20 | | | | | |
| | renorted in collimn (R) inint coete trom a compliand | | | | |
| | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

FRANKLIN'S FRIENDS, INC

46-1111664 Page 11

| | T 1(111(1(1) 11(| р. | | ±110 | | |
|---------------|--------------------|--------|---------------------|------------------|------|--|
| nce Sheet | | | | | | |
| if Schedule (| O contains a respo | onse d | or note to any line | e in this Part X | | |
| | | | | | | |

| Part A | Balance Sheet | | | | |
|---|--|---------------------------------|---------------------------------|-----|---------------------------|
| | Check if Schedule O contains a response or not | e to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | 134,076. | 1 | 163,921 |
| 2 | Savings and temporary cash investments | | | 2 | |
| 3 | Pledges and grants receivable, net | | | 3 | |
| 4 | Accounts receivable, net | | | 4 | |
| 5 | Loans and other receivables from current and fo | | | | |
| | trustees, key employees, and highest compensation | | | | |
| | | | | 5 | |
| 6 | Loans and other receivables from other disquali | | | | |
| | section 4958(f)(1)), persons described in section | 4958(c)(3)(B), and contributing | | | |
| | employers and sponsoring organizations of sec | | | | |
| 2 | employees' beneficiary organizations (see instr). | | | 6 | |
| | Notes and loans receivable, net | | 7 | | |
| ξ 8 | Inventories for sale or use | | 8 | | |
| 9 | | | 9 | | |
| 10a | Land, buildings, and equipment: cost or other | | | | |
| | basis. Complete Part VI of Schedule D | 10a | | | |
| b | | | | 10c | |
| 11 | Investments - publicly traded securities | | | 11 | |
| 12 | Investments - other securities. See Part IV, line | | 12 | | |
| 13 | Investments - program-related. See Part IV, line | | 13 | | |
| 14 | Intangible assets | | 14 | | |
| 15 | Other assets. See Part IV, line 11 | | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equ | | 134,076. | 16 | 163,921 |
| 17 | Accounts payable and accrued expenses | | | 17 | |
| 18 | Grants payable | | 18 | | |
| 19 | Deferred revenue | | 19 | | |
| 20 | Tax-exempt bond liabilities | | | 20 | |
| 21 | Escrow or custodial account liability. Complete | | | 21 | |
| 3 22 | Loans and other payables to current and former | officers, directors, trustees, | | | |
| | key employees, highest compensated employee | es, and disqualified persons. | | | |
| 2 | Complete Part II of Schedule L | | | 22 | |
| i 23 | Secured mortgages and notes payable to unrela | | | 23 | |
| 24 | Unsecured notes and loans payable to unrelate | d third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, pa | yables to related third | | | |
| | parties, and other liabilities not included on lines | s 17-24). Complete Part X of | | | |
| | Schedule D | | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | | 0. | 26 | 0 |
| | Organizations that follow SFAS 117 (ASC 958 | s), check here 🕨 🛄 and | | | |
| ß | complete lines 27 through 29, and lines 33 an | id 34. | | | |
| 27 | Unrestricted net assets | | | 27 | |
| 28 | Temporarily restricted net assets | | | 28 | |
| 27 28 28 29 | | <u></u> [| | 29 | |
| | Organizations that do not follow SFAS 117 (A | SC 958), check here 🕨 🗴 | | | |
| 5 | and complete lines 30 through 34. | | | | |
| 2 30 | Capital stock or trust principal, or current funds | | 0. | 30 | 0 |
| 2 31 | Paid-in or capital surplus, or land, building, or ec | uipment fund | 0. | 31 | 0 |
| 5 30 Sign 30 31 32 32 | Retained earnings, endowment, accumulated in | | 134,076. | 32 | 163,921 |
| ž 33 | Total net assets or fund balances | | 134,076. | 33 | 163,921 |
| 34 | Total liabilities and net assets/fund balances | | 134,076. | 34 | 163,921 |

Form **990** (2018)

Form 990 (2018) Part X Balan Check

| 1 | XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
|---|---|----------|-------|-----|-----|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| | | | | | | | |
| | | | 4 🗆 4 | | - 0 | | |
| 2 7 | otal revenue (must equal Part VIII, column (A), line 12) | 1 | | | 50. | | |
| | otal expenses (must equal Part IX, column (A), line 25) | 2 | | | 05. | | |
| | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 5 N | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 [| Donated services and use of facilities | 6 | | | | | |
| 7 | nvestment expenses | 7 | | | | | |
| 8 F | Prior period adjustments | 8 | | | | | |
| 9 (| Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. | | |
| 10 N | let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | |
| | olumn (B)) | 10 | 163 | 3,9 | 21. | | |
| Part | XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | | Yes | No | | |
| 1 A | Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other | | | | | | |
| l l | f the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | О. | | | | | |
| 2a \ | Vere the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х | | |
| ľ | f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | | |
| s | eparate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| ь \ | Vere the organization's financial statements audited by an independent accountant? | | 2b | | Х | | |
| | f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | | | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| c l | f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audit. | | | | | |
| review, or compilation of its financial statements and selection of an independent accountant? | | | | | | | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 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 | | | | | | |

Form **990** (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

| (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. Attach to Form 990 or Form 990-EZ.

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

| | OMB No. 1545-0047 | | | | | |
|--------------------------------|------------------------------|--|--|--|--|--|
| | 2018 | | | | | |
| | Open to Public Inspection | | | | | |
| Employer identification number | | | | | | |

Name of the organization

| | | | KLIN'S FRI | | | | | | 6-1111664 | |
|---------|-------|---|-------------------------|--------------------------------|---------------------|-----------------|------------------|----------------------|--------------------------|------|
| Pa | rt I | Reason for Public | Charity Status (A | All organizations must | complete th | iis part.) Se | ee instructions | 3. | | |
| The | organ | nization is not a private found | lation because it is: (| (For lines 1 through 12, | check only | one box.) | | | | |
| 1 | | A church, convention of ch | urches, or associatio | on of churches describ | ed in sectio | on 170(b)(* | 1)(A)(i). | | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). | Attach Schedule E (Fo | m 990 or 9 | 90-EZ).) | | | | |
| 3 | | A hospital or a cooperative | | | | | ii). | | | |
| 4 | | A medical research organiz | | | | | |)(iii). Enter | the hospital's name | , |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | ollege or university own | ed or opera | ted by a g | overnmental u | unit descrik | bed in | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 | | A federal, state, or local go | vernment or governn | mental unit described ir | section 1 | 70(b)(1)(A) | (v). | | | |
| 7 | | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | |
| 8 | | A community trust describe | | (1)(A)(vi). (Complete Pa | rt II.) | | | | | |
| 9 | | An agricultural research org | | | | ed in conju | inction with a | land-grant | college | |
| | | or university or a non-land- | grant college of agric | culture (see instructions |). Enter the | name, cit | , and state of | f the colleg | e or | |
| | | university: | | | | | | | | |
| 10 | Х | An organization that norma | lly receives: (1) more | e than 33 1/3% of its su | pport from | contributi | ons, members | ship fees, a | Ind gross receipts fr | om |
| | | activities related to its exen | npt functions - subje | ct to certain exception | s, and (2) no | o more tha | n 33 1/3% of | its suppor | t from gross investm | ient |
| | | income and unrelated busi | ness taxable income | (less section 511 tax) | rom busine | esses acqu | ired by the or | ganization | after June 30, 1975 | |
| | | See section 509(a)(2). (Co | mplete Part III.) | | | | | | | |
| 11 | | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). | | | | | | | | |
| 12 | | An organization organized | and operated exclus | ively for the benefit of, | to perform | the function | ons of, or to ca | arry out the | e purposes of one or | |
| | | more publicly supported or | ganizations describe | ed in section 509(a)(1) | or section | 509(a)(2). | See section § | 5 09(a)(3). (| Check the box in | |
| | | _lines 12a through 12d that | describes the type o | of supporting organizat | on and con | nplete lines | s 12e, 12f, and | d 12g. | | |
| а | | Type I. A supporting orga | anization operated, s | supervised, or controlle | d by its sup | ported org | ganization(s), 1 | typically by | y giving | |
| | | the supported organization | on(s) the power to re | egularly appoint or elect | a majority | of the dire | ctors or truste | es of the s | supporting | |
| | _ | organization. You must o | - | | | | | | | |
| b | | Type II. A supporting org | - | | | | - | | - | |
| | | control or management o | | | same perso | ons that co | ontrol or mana | ige the sup | ported | |
| | | organization(s). You mus | - | | | | | | | |
| С | | Type III functionally inte | | | | | | lly integrat | ed with, | |
| | _ | its supported organizatio | | | | | | | | |
| d | | Type III non-functionally | | | | | | - | | |
| | | that is not functionally int | • | • • | • | | • | d an attent | iveness | |
| _ | | requirement (see instruct | | • | | | | U. T | | |
| е | | Check this box if the orga | | | | | а туре ї, туре | n, rype m | | |
| | Ent | functionally integrated, o | | nally integrated suppo | ting organi | zation. | | | | |
| 1 | | er the number of supported over the following information | • | ad organization(a) | | | | | | |
| y | | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount of | monetary | (vi) Amount of othe | er |
| | | organization | | (described on lines 1-10 | Yes | ing document? | support (see in | structions) | support (see instruction | ons) |
| | | | | above (see instructions)) | | | | | | |
| | | | | | | | | | | |
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| T - + - | | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2018 FRANKLIN'S FRIENDS, INC Part II Support Schedule for Organizations Described in Section

46-1111664 Page 2

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

| Sec | ction A. Public Support | | | | | | |
|-------------|--|--------------------------|----------------------|------------------------|----------------------|---------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization' | s first, second, thi | rd, fourth, or fifth t | tax year as a sectio | on 501(c)(3) | |
| _ | organization, check this box and stop | here | | | | | |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2018 (I | | | | | 14 | % |
| | Public support percentage from 2017 | | | | | | % |
| 1 6a | 33 1/3% support test - 2018. If the c | - | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2017. If the c | - | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac | | | - | - | - | |
| | meets the "facts-and-circumstances" | test. The organiza | ation qualifies as a | publicly supporte | ed organization | | ▶∟ |
| b | 10% -facts-and-circumstances tes | t - 2017. If the org | anization did not | check a box on lin | ie 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | | | ; |
| | organization meets the "facts-and-circ | | | | | | ▶∐ |
| 18 | Private foundation. If the organizatio | <u>n did not check a</u> | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box a | and see instruction | s ► |

Schedule A (Form 990 or 990 EZ) 2018 FRANKLIN'S FRIENDS, INC

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

(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.)

| Sec | ction A. Public Support | | | | | | | |
|------|--|-----------------------|------------------------|------------------------|----------------------|---------------------|-----------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 71,663. | 195,435. | 194,191. | 289,400. | 289,794. | 1040483. | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that | | | | | | | |
| - | are not an unrelated trade or bus- | | | | | | | |
| | iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | |
| • | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities | | | | | | | |
| Ŭ | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 6 | e | 71,663. | 195,435. | 194,191. | 289,400. | 289,794. | 1040483. | |
| | Total. Add lines 1 through 5 | 71,005. | 1,15,155. | 1,1,1,1,1,1 | 205,400. | 205,754. | 1040403. | |
| 7 a | Amounts included on lines 1, 2, and | | | | | | 0. | |
| b | 3 received from disqualified persons 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 | | | | | | 0. | |
| С | Add lines 7a and 7b | | | | | | 0. | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 1040483. | |
| Sec | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total | |
| 9 | Amounts from line 6 | 71,663. | 195,435. | 194,191. | 289,400. | 289,794. | 1040483. | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b | Unrelated business taxable income | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | |
| С | Add lines 10a and 10b | | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 71,663. | 195,435. | 194,191. | 289,400. | 289,794. | 1040483. | |
| 14 | First five years. If the Form 990 is for | the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | ation, | |
| | check this box and stop here | - | | | - | | | |
| Sec | ction C. Computation of Publ | ic Support Per | rcentage | | | | | |
| 15 | Public support percentage for 2018 (I | line 8, column (f), d | livided by line 13, o | column (f)) | | 15 | 100.00 % | |
| | Public support percentage from 2017 | | - | | | 16 | % | |
| | ction D. Computation of Invest | | | | | | | |
| | Investment income percentage for 20 | | | ne 13. column (fl) | | 17 | .00 % | |
| | Investment income percentage from 2 | | | | | 18 | % | |
| | 33 1/3% support tests - 2018. If the | | | | | | | |
| 130 | | - | | | | | | |
| h | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 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 | | | | | | | |
| 0 | line 18 is not more than 33 1/3%, che | | | | | | | |
| 20 | | | | | | | | |
| 20 | Private foundation. If the organization | in ulu not check a | JUX UIT III 10 14, 198 | a, ur ibu, check th | IIS DUX AITU SEE INS | | 🔽 🗖 🗖 | |

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 A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** 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.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.**
- 7 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** 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.**
- **c** 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|----------|---|-----|----|
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| | | | Yes | No |
|-----------|--|----------|-----------|-----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | • A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | ction B. Type I Supporting Organizations | 110 | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 100 | 110 |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | <u> </u> | | |
| 2 | organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | 2 | | |
| <u>So</u> | supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations | 2 | | |
| Sec | | | V. | N., |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 800 | the supported organization(s). ction D. All Type III Supporting Organizations | 1 | | |
| 000 | | | Vee | Na |
| | Did the evention investigate cools of its even extend event instance by the look day of the fifth month of the | | 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 prior 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 provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| ~ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 0 | | |
| 800 | supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions | <u> </u> | | |
| 1 | |). | | |
| a b | | | | |
| | | truction | -) | |
| с 2 | Activities Test. Answer (a) and (b) below. | | y. Yes | No |
| | | | 165 | NU |
| а | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | these supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| h | | 20 | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 24 | | |
| 2 | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | | 2- | | |
| Ŀ | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |
| | UTILE SUDDUTED UTIDATIZATIONS (TETTES, DESUNDE IT FALLY THE THE DIAVED DV THE UTIDATIZATION THAT THIS FEDALD. | ע טע | | |

Schedule A (Form 990 or 990 EZ) 2018 FRANKLIN'S FRIENDS, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section | A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|-------------|---|----|----------------|--------------------------------|
| 1 Ne | et short-term capital gain | 1 | | |
| 2 Re | ecoveries of prior-year distributions | 2 | | |
| 3 Ot | ther gross income (see instructions) | 3 | | |
| 4 Ac | dd lines 1 through 3 | 4 | | |
| 5 De | epreciation and depletion | 5 | | |
| 6 Pc | ortion of operating expenses paid or incurred for production or | | | |
| cc | ellection of gross income or for management, conservation, or | | | |
| m | aintenance of property held for production of income (see instructions) | 6 | | |
| 7 Ot | ther expenses (see instructions) | 7 | | |
| 8 Ac | djusted 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 Ag | ggregate fair market value of all non-exempt-use assets (see | | | |
| ins | structions for short tax year or assets held for part of year): | | | |
| a Av | verage monthly value of securities | 1a | | |
| b Av | verage monthly cash balances | 1b | | |
| c Fa | air market value of other non-exempt-use assets | 1c | | |
| d To | otal (add lines 1a, 1b, and 1c) | 1d | | |
| e Di | scount claimed for blockage or other | | | |
| fa | ctors (explain in detail in Part VI): | | | |
| 2 Ac | cquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Si | ubtract line 2 from line 1d | 3 | | |
| 4 Ca | ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| se | e instructions) | 4 | | |
| 5 Ne | et value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 M | ultiply line 5 by .035 | 6 | | |
| 7 Re | ecoveries of prior-year distributions | 7 | | |
| 8 M | inimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section | C - Distributable Amount | | | Current Year |
| 1 Ac | djusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Er | nter 85% of line 1 | 2 | | |
| 3 M | inimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Er | nter greater of line 2 or line 3 | 4 | | |
| 5 In | come tax imposed in prior year | 5 | | |
| 6 Di | stributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| en | nergency temporary reduction (see instructions) | 6 | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

| Pa | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
|------|---|-------------------------------|--|---|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | IS | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| _5 | Qualified set-aside amounts (prior 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 | he organization is responsive | e | |
| | (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 | | 1 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| a | From 2013 | | | |
| b | From 2014 | | | |
| C | From 2015 | | | |
| d | From 2016 | | | |
| e | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| - | 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. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| e | Excess from 2018 | | | (Fauna 000 au 000 FZ) 0040 |

| Schedule A | |
|------------|--|
| Part VI | 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.) |
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| SCHEDULE G | Suppleme | ental Information Regarding | g Fun | drais | ing or Gaming | Activities | OMB No. 1545-0047 | | |
|---|--|---|--------------|--------|-----------------------------------|--|-------------------------|--|--|
| (Form 990 or 990-EZ) | | e organization answered "Yes" or organization entered more than \$ | | | | or 19, or if the | 2018 | | |
| Department of the Treasury Internal Revenue Service | luces a stress | | | | | | | | |
| Name of the organization | | o to www.irs.gov/Form990 for inst | ruction | is and | the latest informat | | r identification number | | |
| Hame of the organization | FRANKLIN'S FRIENDS, INC 46-1111664 | | | | | | | | |
| | ing Activities | Complete if the organization answ t. | ered "Y | es" o | n Form 990, Part IV, | line 17. Form 99 | 00-EZ filers are not | | |
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a 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. | | | | | | | | | |
| (i) Name and addres or entity (fund | s of individual | (ii) Activity | have custody | | (iv) Gross receipts from activity | (v) Amount pa to (or retained fundraiser listed in col. | by) to (or retained by) | | |
| | | | Yes | No | | | | | |
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| Total | | 1 | | • | | | | | |
| | 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration | | | | | | | | |
| | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018 FRANKLIN'S FRIENDS, INC

Part II 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 arc s income on Form 990.EZ lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | or rundraising event contributions and gr | 055 1100118 0111 0111 990 | | eventis with gross receip | Jis greater than \$5,000. |
|------------------------|------------|--|-----------------------------|--|---------------------------|---|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | FUNDRAISER - | FUNDRAISER - | | (add col. (a) through |
| | | | UNLEASHED | HOWLOWEEN | 2 | col. (c) |
| Ø | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 123,783. | 52,620. | 6,705. | 183,108. |
| £ | 0 | Less: Contributions | | | | |
| | 2 | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 123,783. | 52,620. | 6,705. | 183,108. |
| | 4 | Cash prizes | | | | |
| s | 5 | Noncash prizes | | | | |
| kpense | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | 3,575. | | 118,644. |
| | 10 | | | | | 118,644. |
| | 11 | Net income summary. Subtract line 10 from | | | | 64,464. |
| Pa | nrt | Gaming. Complete if the organization | answered "Yes" on Form | n 990, Part IV, line 19, or | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Вĕ | | _ | | | | |
| | 1 | Gross revenue | | | | |
| S | 2 | Cash prizes | | | | |
| Direct Expenses | | | | | | |
| t Exp | 3 | Noncash prizes | | | | |
| Direc | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | - | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | | | | |
| | 7 | Direct expense summary. Add lines 2 throug | h 5 in column (d) | | ► | |
| | 8 | Net gaming income summary. Subtract line 7 | 7 from line 1, column (d) | | | |
| ~ | F ~ | | uoto goming antivitian | | | |
| | | ter the state(s) in which the organization cond the organization licensed to conduct gaming a | | atataa2 | | Yes No |
| | | | ICTIVITIES IN EACH OF THESE | Sidles? | | |
| ۵ | 11 | No," explain: | | | | |
| | | | | | | |
| 10a | We | ere any of the organization's gaming licenses r | evoked, suspended, or t | erminated during the tax | vear? | Yes No |
| | | Yes," explain: | | | · · · · | |
| | | · · · · · | | | | |
| | | | | | | |

| Sch | hedule G (Form 990 or 990-EZ) 2018 FRANKLIN'S FRIENDS, INC 46-1 | L11166 | 4 Page 3 |
|-----|--|------------------|-------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No |
| | 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? | Yes | 🗌 No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | a The organization's facility | 13a | % |
| | • An outside facility | | <u> </u> |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | 70 |
| 14 | | | |
| | Address | | |
| 45. | | Yes | No |
| | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | |
| k | o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount | | |
| | of gaming revenue retained by the third party $ ightarrow \$$ | | |
| c | If "Yes," enter name and address of the third party: | | |
| | Name | | |
| | Address 🕨 | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | Gaming manager compensation > \$ | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions: | | |
| a | ${f a}$ Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | 📖 Yes | No No |
| k | • 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 | art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV | art III, lines § | 9, 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | |
|--|---------------|------------------------------------|-----------------------------------|---|---|---------------------------------------|---|
| Department of the Treasury Internal Revenue Service | | ► Go to www.ir | Attach to For s.gov/Form990 fo | | nation. | | Open to Public Inspection |
| Name of the organization FRANKLIN | S FRIENDS | , INC | | | | | Employer identification number $46 - 1111664$ |
| Part I General Information on Grants a | nd Assistance | | | | | | |
| 1 Does the organization maintain records t criteria used to award the grants or assis | tance? | | | | | | |
| 2 Describe in Part IV the organization's pro | | | | | | (| |
| Part II Grants and Other Assistance to I recipient that received more than \$ | | | | | anization answered "Y | es" on Form 990, Par | t IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| SPAY N SAVE 988 N RONALD REAGAN BLVD LONGWOOD, FL 32750 | | | 11,250. | 0. | | | GENERAL SUPPORT |
| SOPHIE'S CIRCLE, INC. 1228 WAYNE AVENUE NEW SMYRNA BEACH, FL 32168 | | | 15,000. | 0. | | | GENERAL SUPPORT |
| PET ALLIANCE OF GREATER ORLANDO, INC 2727 CONROY ROAD - ORLANDO, FL 32839 | | | 15,000. | 0. | | | GENERAL SUPPORT |
| THE PIXEL FUND PO BOX 653 GORHAM, ME 04038 | | | 10,000. | 0. | | | GENERAL SUPPORT |
| DAYTONA BEACH GERMAN SHEPARD RESCUE INC - 26 DORMER DRIVE - ORMOND BEACH, FL 32174 | | | 10,000. | 0. | | | GENERAL SUPPORT |
| HAPPY TRAILS ANIMAL RESCUE, INC. 1720 N GOLDENROD ROAD ORLANDO, FL 32807 | | | 5,000. | 0. | | | GENERAL SUPPORT |
| 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations | | | ne line 1 table | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

FRANKLIN'S FRIENDS, INC Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|----------------------------------|-----------------------------|---|---|--|--|
| SPAY THE STRAYS INC 1015 SHAWNDA LANE KISSIMMEE, FL 34744 | | | 10,000. | 0. | | | GENERAL SUPPORT |
| HUSKY HAVEN OF FLORIDA P.O. BOX 195066 WINTER SPRINGS, FL 32719 | | | 28,000. | 0. | | | GENERAL SUPPORT |
| THE WAY HOME, INC. 801 N. ORANGE AVE 102B ORLANDO, FL 32801 | | | 10,000. | 0. | | | GENERAL SUPPORT |
| OSCEOLA COUNTY ANIMAL SERVICES 3910 OLD CANOE CREEK ROAD ST CLOUD, FL 34769 | | | 10,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
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46-1111664 Page 1

46-1111664

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE GRANT APPLICATION PROCESS INITIALLY INVOLVES A WRITTEN APPLICATION

PROCESS THAT REVIEWS FINANCIAL AND VETERINARY PRACTICES. THE BOARD REVIEWS,

DISCUSSES AND VOTES ON APPLICANTS FOR APPROPRIATENESS AND FULFILLMENT OF

REQUIREMENTS. AFTER GRANT IS GIVEN, APPLICANT IS REQUIRED TO UPDATE US AT

LEAST QUARTERLY ON WHERE FUNDS ARE BEING SPENT. IF THERE IS A QUESTION,

RECEIPTS/INVOICES ARE REQUESTED. FAILURE TO UPDATE US REGULARLY

DISQUALIFIES APPLICANTS FROM FUTURE GRANTS.

| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Informatio Complete to provide information for Form 990 or 990-EZ or to provid Attach to Form Go to www.irs.gov/Form99 | responses to specific questions on de any additional information. 1 990 or 990-EZ. | OMB No. 1545-0047 | | | | | | |
|--|---|---|---|--|--|--|--|--|--|
| Name of the organization | FRANKLIN'S FRIENDS, IN | | Employer identification number 46-1111664 | | | | | | |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: | | | | | | | | | |
| HAPPY TRAILS AN | MAL RESCUE, INC. | | | | | | | | |
| EXPENSES \$ 5,00 | . INCLUDING GRANTS O | F\$5,000. REVENU | Έ\$0 | | | | | | |
| THE PIXEL FUND | | | | | | | | | |
| EXPENSES \$ 10,0 | 0. INCLUDING GRANTS | OF \$ 10,000. REVE | ENUE \$ 0. | | | | | | |
| SPAY THE STRAYS | INC | | | | | | | | |
| EXPENSES \$ 10,0 | 0. INCLUDING GRANTS | OF \$ 10,000. REVE | NUE \$ 0. | | | | | | |
| THE WAY HOME IN | | | | | | | | | |
| EXPENSES \$ 10,0 | 0. INCLUDING GRANTS | OF \$ 10,000. REVE | NUE \$ 0. | | | | | | |
| PARTNERSHIP FOR | PAWS, INC. | | | | | | | | |
| EXPENSES \$ 2,50 | . INCLUDING GRANTS O | F \$ 2,500. REVENU | Έ\$0 | | | | | | |
| FLORIDA HOSPITA | FOUNDATION | | | | | | | | |
| EXPENSES \$ 4,72 | . INCLUDING GRANTS O | F \$ 4,729. REVENU | E \$ 0. | | | | | | |
| OSCEOLA COUNTY ANIMAL SERVICES | | | | | | | | | |
| EXPENSES \$ 10,0 | 0. INCLUDING GRANTS | OF \$ 10,000. REVE | NUE \$ 0. | | | | | | |
| SPAY N SAVE | | | | | | | | | |
| EXPENSES \$ 11,2 | 0. INCLUDING GRANTS | OF \$ 11,250. REVE | NUE \$ 0. | | | | | | |

DAYTONA BEACH GERMAN SHEPHERD RESCUE INC

| Schedule O (Form 990 or 990-EZ) (2018) Name of the organization | Employer identification number |
|---|--------------------------------|
| FRANKLIN'S FRIENDS, INC | 46-1111664 |
| EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. | REVENUE \$ 0. |
| POODLE AND POOCH RESCUE, INC. | |
| EXPENSES \$ 4,167. INCLUDING GRANTS OF \$ 4,167. RE | EVENUE \$ 0. |
| DOG CAPES | |
| EXPENSES \$ 131. INCLUDING GRANTS OF \$ 131. REVENU | JE \$ 0. |
| SAFARI SUN | |
| EXPENSES \$ 80. INCLUDING GRANTS OF \$ 80. REVENUE | \$ 0. |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S | GOVERNING BODY BEFOR |
| IT WAS FILED. | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION MAKES ITS REGISTRATION AND FINANCIAL | INFORMATION AVAILABL |
| TO THE PUBLIC BY PROVIDING A LINK TO THE DIVISION OF | CONSUMER SERVICES ON |
| ITS WEBSITE. | |
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