Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name and title of officer

For calendar year 2016, or fiscal year beginning AUG 1 , 2016, and ending **JUL** 31 , 2017

Do not send to the IRS. Keep for your records.

2016

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of exempt organization

Employer identification number

FRANKLIN FURNACE ARCHIVE, INC 13-2879766

MARTHA WILSON PRESIDENT

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	464,157.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3a	Form 1120-POL check here F D b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize	to enter my PIN
ERO firm name	Enter five numbers, but do not enter all zeros
	/ filed return. If I have indicated within this return that a copy of the return of the IRS Fed/State program, I also authorize the aforementioned ERO to
	ure on the organization's tax year 2016 electronically filed return. If I have with a state agency(ies) regulating charities as part of the IRS Fed/State creen.
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	26258704156 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on th	ne 2016 electronically filed return for the organization indicated above. I
confirm that I am submitting this return in accordance with the requirement <i>e-file</i> Providers for Business Returns.	s of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS
ERO's signature ROBERT A. WOLOSHEN, CPA PC	Date D ate 06/18/18
	Form - See Instructions
Do Not Submit This Form To the	IRS Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2016)
623051 09-26-16	

	0	00	Return of Organization Exempt Fror	n Income Tax	OMB No. 1545-0047
For	n y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		^{ns)} 2016
Dena	rtment	of the Treasury	Do not enter social security numbers on this form as it n	nay be made public.	Open to Public
		enue Service	Information about Form 990 and its instructions is at www.	/w.irs.gov/form990.	Inspection
AF	or th	e 2016 calend	ar year, or tax year beginning $ { m AUG} 1$, $ 2016 $ and ending	<u>JUL 31, 2017</u>	
B c	heck if pplicab	le: C Name of	organization	D Employer identific	ation number
	Addre	FRAN	KLIN FURNACE ARCHIVE, INC		
	Name		usiness as	13-23	879766
	Initial return	v	and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone number	
	Final return	200	WILLOUGHBY AVENUE		398-7255
	termir ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	464,157.
X	Amen	DKOO	KLYN, NY 11205	H(a) Is this a group re	
			nd address of principal officer:MARTHA WILSON	for subordinates	? Yes 🔀 No
	pendi	- 80 HA	NSON PLACE, BROOKLYN, NY 11217	H(b) Are all subordinates in	cluded? Yes No
			X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
			FRANKLINFURNANCE.ORG	H(c) Group exemption	
	_		X Corporation Trust Association Other ► L	Year of formation: 1976 N	State of legal domicile: NY
Pa	art I				
e	1	Briefly describ	e the organization's mission or most significant activities: TO PRESE	SNT, PRESERVE,	INTERPRET,
ano			OCATE ON BEHALF OF AVANTE-GARDE ART,		
/err			x if the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its operations or disposed of its interval in the organization discontinued its interval in the organization discontinued its operations or disposed of its interval in the organization disposed of its interval in the organization discontinued its interval in the organization disposed of its interv		sets. 13
ğ					13
80 00	4		ependent voting members of the governing body (Part VI, line 1b)		0
Activities & Governance			of individuals employed in calendar year 2016 (Part V, line 2a)		0
ži			of volunteers (estimate if necessary)		23,152.
¥			business taxable income from Form 990-T, line 34		0.
	~	Not unrelated		Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	316,377.	318,787.
nu	9		ce revenue (Part VIII, line 2g)	6,027.	122,218.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	18,164.	15,092.
£			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,660.	8,060.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	344,228.	464,157.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	151,458.	184,564.
ens	16a	Professional fu	and raising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright 48,849.	0.	0.
Expense				100 100	011 700
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)	169,163. 320,621.	211,709.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		396,273.
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12	23,607.	67,884.
Net Assets or Fund Balances		Total accests /	Dert V line 16)	Beginning of Current Year 390, 104.	End of Year 454,699.
Asse Bala	20	Total assets (F		154,733.	151,444.
Net / und	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	235,371.	303,255.
	art II				
			declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my	/ knowledge and belief. it is
			Declaration of preparer (other than officer) is based on all information of which pre		
			· · · · · · · · · · · · · · · · · · ·	, , ,	

Sign Here	Signature of officer MARTHA WILSON, PRESIDE Type or print name and title	NT	Date			
	Print/Type preparer's name	Preparer's signature				
Paid	ROBERT WOLOSHEN CPA	ROBERT WOLOSHEN CPA	06/18/18 self-employed P00026425			
Preparer	Firm's name 🕨 ROBERT A. WOLOSH	-	Firm's EIN 13-3837810			
Use Only	Firm's address 📐 29 WEST 15TH STF	LEET				
	NEW YORK, NY 10011 Phone no.212-843-3486					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)					
632001 11-1	2001 11-11-16 LHA For Paperwork Beduction Act Notice see the separate instructions Form 990 (2016)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016) FRANKLIN FURNACE ARCHIVE, INC 13-2879766 Page 2	2
Pai	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission: TO PRESENT, PRESEVER, INTERPRET, AND ADVOCATE ON BEHALF OF AVANT-GARDE	
	ART, ESPECIALLY FORMS THAT MAY BE VULNERABLE DUE TO INSTITUTIONAL	
	NEGLECT, THEIR EPHEMERAL NATURE, OR POLICTICALLY UNPOPULAR CONTENT.	_
	Did the exception undertake any configurat preasure convices during the year which were not listed on the	_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	I
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No 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 measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 237,743 · including grants of \$) (Revenue \$ 122,218 ·)
	FRANKLIN FURNANCE AWARDS GRANTS TO DESERVING ARTISTS. A PANEL REVIEWS	,
	ALL PROPOSALS TO ENSURE DIVERSITY OF VIEWPOINTS. EMERGING ARTISTS	_
	SELECTED PREPARE FOR MAJOR PERFORMANCE OF ART WORKS FOR PRESENTATION IN	
	THE NEW YEAR.	_
		_
		_
		—
		—
		-
		_
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	FRANKLIN FURNACE PROVIDED ART EDUCATION BY PLACING PROFESSIONAL ARTISTS IN NEW YORK CITY PUBLIC SCHOOL CLASSROOMS. CREATIVE THINKING AND HANDS	_
	IN NEW YORK CITY PUBLIC SCHOOL CLASSROOMS. CREATIVE THINKING AND HANDS ON PROJECTS THAT BUILD HIGHER STANDARDS OF LEARNING ARE STRESSED.	_
	on incoherb inni boind inchink bindbakbb or binning and binbbbbb.	_
		-
		-
		_
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
10		,
		-
		_
		_
		—
		-
		-
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	_
4e	Total program service expenses ► 237,743.	~
62000	Form 990 (2010)
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Part IV Checklist of Required Schedules

FRANKLIN FURNACE ARCHIVE, INC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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			
	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		Х
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		X
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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10		x
	Schedule D, Parts XI and XII	12a		<u> </u>
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	106		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	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,	144		
5	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		Х
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		X
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

Form **990** (2016)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
~ ~	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? <i>If</i> "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?	24a 24b		
c	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
Ŭ	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,"			37
	complete Schedule L, Part II	26		X
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	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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
	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?			
	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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	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 Part V, line 1	34		x
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
5	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?		<u> </u>	
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	1

Form **990** (2016)

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Check if Schedule O contains a response or note to any line in this Part V	Form	990 (2016) FRANKLIN FURNACE ARCHIVE, INC 13-2879	766	P	age 5
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 0 1a Enter the number of Forms W.2G included in line 1a. Enter -0- if not applicable 1b 1a 0 2 Define the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming 1c 1a 1c 2a Enter the number of forms W.2G included in line 1a. Enter 0. In organization file and reportable payments to vendors and reportable gamming 1c 1c 2a Enter the number of payments? 2a 0 1c 1c 2a Enter the number of payments? 2a 0 1c 1c 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b 3b 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b 3c 3a Dd the organization ap atry to a prohibited tax shake acount, securitis acount? 4a X 5a MX Dd any taxable party notify the organization have an anilrace of homo and function? 5a X 5b MX Dd any taxable party notify the organization tashake acount, securitis acounthice tax shake transacoun	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number erported in 5xx 3 of From 1066. Enter -0-1 not applicable 1a 0 b Enter the number of Form SVX 30 chulded in the x Enter -0-1 not applicable 1b 0 2 Definition on the set of		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W2B included in the 1a. Enter 0-4 mit applicable 10 10 10 c) Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to pick winnes? 10 10 2a Enter the number of employees reported on from W3. Transmittal of Wags and Tax Statements. 2a 0 b If at least one is reported on line 2.a. did the organization file all required to 6free is entructions) 3a 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a X 4a At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X b If **s, * enter the name of the foreign county. 5a X X b Did any itsable party notify the organization have an interest in, or a signature or other authority over, a financial account? 5b X c) Did any itsable party notify the organization have an interest in, or a signature or other authority over, a financial account? 5c X c) Did any itsable party notify the organization have an interest in, or a signature or other authority over, a financial account? 5c X			_	Yes	No
b Enter the number of Perme W2G included in line 1a. Enter -0. If not applicable 10	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
c Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? 16 2a Easter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on line 2a, dot 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 e-file (see instructions) 3a X a At any time during the calandry seq, dot the organization have an explanation in Schedule O 3b X b If Yes, 'has It flied a form 900 Tor this year? (If 'No, 'to line 2b, provide an explanation in Schedule O 3b X b If Yes, 'to all the organization have an interest in, na signature or other authority over, a financial account in the origin country (such as a bank account, securities account, or other financial accounts (EBAR). 5a X b If Yes, 'to line 5a of 5b, dot the organization have in the autire faith are signature or other authority the organization have have output on the value of the process statement that such contributions onlint any contributions solit any contributions that are process olication an express statement that such contributions or gifts were not tax deductible? 5a X 0 If Yes, 'to line 6a contify the organization have and the value of the prodos or sevices provided 1 7a					
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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 organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 9a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 10b 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13 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 13b 13a 14a Did the organization receiv					
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
					L X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			(00.1-

Form 990	(2016)
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Form	990	(2016)
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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.

ec	Check if Schedule O contains a response or note to any line in this Part VI					
					Yes	5
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	.3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with a	any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under					
-	of officers, directors, or trustees, or key employees to a management company or other person?		-	3		
4	Did the organization make any significant changes to its governing documents since the prior Form					
5	Did the organization become aware during the year of a significant diversion of the organization's a					
6	Did the organization have members or stockholders?					
	Did the organization have members, stockholders, or other persons who had the power to elect or					
74				7a		
h	more members of the governing body?			. <u>1a</u>	<u> </u>	
D				710		
~	persons other than the governing body?			. 7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				v	
а	The governing body?			. <u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Code.)			
_					Yes	5
	Did the organization have local chapters, branches, or affiliates?			. 10a	<u> </u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10 b	L	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody befor	e filing the form?	11a	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	se to conf	licts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," de	scribe			
	in Schedule O how this was done			12c		
3	Did the organization have a written whistleblower policy?				X	
4	Did the organization have a written document retention and destruction policy?					
5	Did the process for determining compensation of the following persons include a review and appro					
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a		
	Other officers or key employees of the organization					
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6.		omontw	ith a			
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			10-		
	taxable entity during the year?			. 16 a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatior	1′S			
	exempt status with respect to such arrangements?			. 16b		_
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed NY					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	- I (Secti	on 501(c)(3)s onl	y) availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website I Upon request Other (expla					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of	f interest policy,	and finar	ncial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's b	ooks an	d records: 🕨			_
	MARTHA WILSON - 718-398-7255					
	80 HANSON PLACE, BROOKLYN, NY 11217					
					n 990	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Emplo	yees, Highe	est Compens	ated
	Employees, and Independe	ent Contra	ctors				

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	ge Position (do not check more than one per box, unless person is both an officient and a director (trustoc)					h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Offlicer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARTHA WILSON PRESIDENT	35.00	x		x				60,000.	0.	0.
(2) SUSAN WIDERMAN BLOG	2.00								Ŭ.	
TREASURER				х				0.	0.	0.
(3) ADAM M. COHEN	2.00									
DIRECTOR				х				0.	0.	0.
(4) CHRIS DAZE ELLIS	2.00									
DIRECTOR		1		х				0.	0.	0.
(5) COCO FUSCO	2.00									
DIRECTOR		1		Х				0.	0.	0.
(6) RUTH HARDINGER	2.00									
DIRECTOR				Х				0.	0.	0.
(7) CHRIS HAVENS	2.00									_
DIRECTOR				х				0.	0.	0.
(8) JON HENDRICKS	2.00									
DIRECTOR				Х				0.	0.	0.
(9) RUSSET LEDERMAN	2.00									0
DIRECTOR				X				0.	0.	0.
(10) SANDRA LIPSMAN	2.00			v				0	0	0
SECRETARY	2.00			Х				0.	0.	0.
(11) DAVID S. PERLMUTTER	2.00			х				0.	0.	0.
VICE-CHAIRMAN (12) RICARDO MIRANDA ZUNIGA	2.00			Δ				0.	0.	0.
(12) RICARDO MIRANDA ZONIGA CHAIRMAN	2.00			х				0.	0.	0.
CHAIRMAN				Δ				0.	•	U •
										·
		1								
		1								
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Form **990** (2016)

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	990 (2	2016)	FRANKLIN	FURNACI	Ξ 2	ARC	CHI	EVI	Ξ,	IJ	NC	13-2	879	766	Pa	age 8
Par	t VII	Section A. Officers	, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
		(A) Name and title		(B) Average hours per week	box offi	not c , unle	Pos heck ss pe	more rson i	than is bot pr/trus	h an	n compensation compensat from from relate			am	(F) timate nount o other	
				(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	pensa om the anizati d relate anizatio	e ion ed
. <u> </u>																
	Cub 4	intel									60,000.		0.			0.
c d	Total Total	total from continuation (add lines 1b and 1	sheets to Part VI c)	I, Section A		·····					0. 60,000.		0.			0.
2		number of individual ensation from the or	· •	ot limited to th	lose	liste	ed al	bove	e) wr	וס r	eceived more than \$100	0,000 of reportab	le		Yes	0 No
3	line 1	a? If "Yes," complete	Schedule J for s	uch individual			· 				highest compensated e			3		X
4 5	and re	elated organizations	greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	her compensation from for such individual ted organization or indiv		 i	4		X
				plete Schedul	e J f	or su	uch	pers	son .					5		Х
Sec 1	Comp	-	ur five highest co	-	-						that received more than		npens	ation f	rom	
	the or	· ·	ompensation for (A) me and business			endi ONE		vith	or w	ithir	n the organization's tax (B) Description of s		c	(C omper	;) hsatior	 n
										_						
2		number of independ 000 of compensatio		e e	ot li	mite	d to		se lis)	stec	d above) who received n	nore than				
														Form	990 (2	2016)

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					NACE ARCH	IVE, INC		13-2879	766 Page 9
Pa	rt V	/							
			Check if Schedule O cont	ains a response	or note to any lir	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts 1ts	1	а	Federated campaigns	1a	146,500.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
ts, (Am		С	Fundraising events						
Gif		d	Related organizations	1d					
ns,			Government grants (contribut		64,200.				
utio er S		f	All other contributions, gifts, gran		100 000				
Oth			similar amounts not included abo		108,087.				
ont			Noncash contributions included in lines			210 707			
<u>a</u> C		h	Total. Add lines 1a-1f			318,787.			
	-		ARTWORK SALES		Business Code 900099	115,818.	115 010		
vice	2		RESIDENCY SERVI	<u></u>	900099	5,903.			
Ser		D	PUBLICATIONS	.059	900099	497.	497.		
ver.		d			500055	± <i>)</i> / •			
Program Service Revenue		u e							
Pro		-	All other program service reve	enue					
			Total. Add lines 2a-2f			122,218.			
	3	•	Investment income (including						
			other similar amounts)			15,092.		15,092.	
	4		Income from investment of ta						
	5		Royalties		►				
				(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
	'	a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		h	Less: cost or other basis						
		Ň	and sales expenses						
		с	Gain or (loss)						
			Net gain or (loss)		>				
e	8	а	Gross income from fundraisin	g events (not					
Other Revenue			including \$	of					
Sev			contributions reported on line	1c). See					
ler			Part IV, line 18						
Oth			Less: direct expenses						
			Net income or (loss) from fund		····· •				
	э	a	Gross income from gaming ac						
		h	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gar						
			Gross sales of inventory, less						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11	а	UNREALIZED GAIN	I ON SEC	900099	8,060.		8,060.	
		b			ļ				
		c	<u> </u>						
			All other revenue			8,060.			
	12	e	Total. Add lines 11a-11d Total revenue. See instructions.			464,157.		23,152.	0.
63200		11					,		Form 990 (2016)

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13-2879766

Part IX Statement of Functional Expenses

FRANKLIN FURNACE ARCHIVE, INC

	Check if Schedule O contains a respons	e or note to any line in	this Part IX	(C)	
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1 G	rants and other assistance to domestic organizations				
a	nd domestic governments. See Part IV, line 21				
2 G	arants and other assistance to domestic				
in	ndividuals. See Part IV, line 22				
3 G	arants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	compensation of current officers, directors,	60,000.		60,000.	
	rustees, and key employees	00,000.		00,000.	
	ompensation not included above, to disqualified				
	ersons (as defined under section $4958(f)(1)$) and	108,224.	108,224.		
	ersons described in section 4958(c)(3)(B)	100,224.	100,224.		
	Other salaries and wages ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes	16,340.	13,889.	2,451.	
	ees for services (non-employees):	,	,	_,	
	lanagement				
	egal				
		15,380.		15,380.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
f Ir	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
C	olumn (A) amount, list line 11g expenses on Sch 0.)				
2 A	dvertising and promotion	6,852.	365.	107.	6,380
3 O	Office expenses				
4 Ir	nformation technology				
5 R	oyalties				
6 O					
7 T	ravel	62.			62
B P	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates	3,084.		3,084.	
	Depreciation, depletion, and amortization	8,260.		8,162.	98
	ther expenses. Itemize expenses not covered	0,200.		0,102.	30
al	bove. (List miscellaneous expenses in line 24e. If line				
2	4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	EACHER	59,400.	59,400.		
	IONORARIA	42,250.	42,250.		
	ARTWORK AUCTION EXPENSE	30,020.	,		30,020
	OCUMENTATION & PUBLICA	8,545.	8,545.		
	Il other expenses	37,856.	5,070.	20,497.	12,289
	otal functional expenses. Add lines 1 through 24e	396,273.	237,743.	109,681.	48,849
	oint costs. Complete this line only if the organization				· -
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2016)

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FRANKLIN	FURNACE	ARCHIVE,	TNC

<u>13-2879766</u> Page 11

		Check if Schedule O contains a response or not	e to anv l	ine in this Part X			
			<u></u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			56,825.	1	150,830.
	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 for					
		trustees, key employees, and highest compensation	ated empl	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).	Complet	e Part II of Sch L		6	
Assels	7	Notes and loans receivable, net				7	
ž	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	119,105.			
	b	Less: accumulated depreciation	10b	115,629.	6,560.	10c	3,476
	11	Investments - publicly traded securities			206,467.	11	180,141
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			120,252.	15	120,252
	16	Total assets. Add lines 1 through 15 (must equa			390,104.	16	454,699
	17	Accounts payable and accrued expenses			78,078.	17	87,953
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
LIAUIIILIES		Complete Part II of Schedule L				22	
3	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	5 17-24). C	Complete Part X of			
		Schedule D			76,655.	25	63,491
	26	Total liabilities. Add lines 17 through 25			154,733.	26	151,444
		Organizations that follow SFAS 117 (ASC 958), check	here ▶ X and			
N E		complete lines 27 through 29, and lines 33 an	d 34.				
Net Assets of Fund Datances	27	Unrestricted net assets			235,371.	27	303,255
	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets		<u>.</u>		29	
		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
5		and complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds				30	
2	31	Paid-in or capital surplus, or land, building, or eq	luipment	fund		31	
	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
Z	33	Total net assets or fund balances			235,371.	33	303,255
	34	Total liabilities and net assets/fund balances			390,104.	34	454,699

Form 990 (2016)
Part X Balance Sheet

Form	1990 (2016) FRANKLIN FURNACE ARCHIVE, INC	13-2879	9766	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			C	
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,15	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,273	
3	Revenue less expenses. Subtract line 2 from line 1	3		,884	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	235	,371	L .
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		202	0.5	_
De	column (B))	10	303	,255).
Pa	rt XII Financial Statements and Reporting			Г	
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes N	10
1	<u> </u>				
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		0-		X
za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		7
		Jona			
	separate basis, consolidated basis, or both:				
h	Were the organization's financial statements audited by an independent accountant?		2b	5	x
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		20	-	-
	consolidated basis, or both:	e Dasis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit			
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?	-	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
54	Act and OMB Circular A-133?	-	3a	Σ	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (20	16)

SCHEDULE A

(Form	990	or	990-	·ΕΖ
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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.

2016	
Open to Public	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is	www.ire.gov/form000
Information about Schedule A (Form 990 of 990-EZ) and its instructions is	al """."

Name of the organization	
--------------------------	--

Name of the organization Employer identification number										
			CE ARCHIVE,					3-2879766		
Part I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction:	S.			
The organ	ization is not a private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)					
1 🛄	A church, convention of ch	urches, or associati	on of churches describe	d in sectio	n 170(b)([.]	1)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 										
4	 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 									
	city, and state:									
5	An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental ı	unit describ	bed in		
	section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, state, or local go									
7 X	An organization that norma		antial part of its support i	from a gov	ernmental	unit or from t	he general	public described in		
-	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8										
9 📖	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
10	university:						-hin face a	und average van sinde fuere		
10	······································									
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
	See section 509(a)(2). (Con				sses acqu		ganization			
11 🔲	An organization organized	,	sively to test for public sa	afety. See	section 50)9(a)(4).				
12	An organization organized	-	•	•			arrv out the	e purposes of one or		
	more publicly supported or	-	-	-			•			
	lines 12a through 12d that	-								
a 🗌	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	<i>r</i> giving		
	the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting		
	organization. You must o	complete Part IV, S	ections A and B.							
b	Type II. A supporting org	anization supervise	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving		
	control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
	organization(s). You mus	t complete Part IV,	Sections A and C.							
с	Type III functionally interpretent of the second						Illy integrate	ed with,		
	its supported organizatio									
d 🗆	Type III non-functionally						•			
	that is not functionally int	с с	• •	•		•	d an attent	iveness		
. [requirement (see instruct	-	-				U. T			
e 🗆	Check this box if the orgation functionally integrated, or					а туре ї, туре	ii, iype ii			
f Ent	er the number of supported									
	vide the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	fmonetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Total								<u> </u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Schedule A (Form 990 or 990-EZ) 2016 FRANKLIN FURNACE ARCHIVE, INC

13-2879766 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

300	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	861,932.	198,186.	256,563.	316,377.	318,787.	1951845.
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 \dots						
4	Total. Add lines 1 through 3	861,932.	198,186.	256,563.	316,377.	318,787.	1951845.
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.						1951845.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	861,932.	198,186.	256,563.	316,377.	318,787.	1951845.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots			15,461.	18,164.	15,092.	48,717.
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						2000562.
	Gross receipts from related activities,	· ·	,			12	
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
<u> </u>	organization, check this box and stor ction C. Computation of Publ	o here	roontago	<u></u>		<u></u>	
	-						97.56 %
	Public support percentage for 2016 (-			14	
	Public support percentage from 2015					15	,,,
16a	33 1/3% support test - 2016. If the d	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	IT UIU HOT CHECK A	box on line 13, 16	a, 100, 17a, or 17t		nd see instruction	

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 FRANKLIN FURNACE ARCHIVE, 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.)

See	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
Ŭ	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						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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.)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here				-	-	
See	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2015					16	%
See	ction D. Computation of Inve	stment Incom	e Percentage			<u> </u>	
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
1 9a	1 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than a	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□]
b	33 1/3% support tests - 2015. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organizatior	n▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check			
6320	23 09-21-16			15	Sch	edule A (Form 99	0 or 990-EZ) 2016

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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 (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.)

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Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 FRANKLIN FURNACE ARCHIVE, INC Part IV Supporting Organizations (continued)

	Capporting Organizations (continued)			••
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
L	below, the governing body of a supported organization?	11a		
	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. tion B. Type I Supporting Organizations	11c		
Sec			Vaa	No
	Did the diverters tructure, or membership of one or more supported argenizations have the neuror to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		×	
			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	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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	<i>.</i>		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	5			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016
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Schedule A (Form 990 or 990-EZ) 2016	FRANKLIN	FURNACE	ARCHIVE,	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.

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

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

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 FRANKLIN FURNACE ARCHIVE, INC

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
5000			FIE-2010	
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
	From 2015			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
0	and 4c Breakdown of line 7:			
8				
<u>a</u>	Exercise from 2012			
	Excess from 2013 Excess from 2014			
-				
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Part VI	Supplemental Information . P Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part	b, 4c, 5a, 6, 9a, 9b, 9c, 1 ⁻ 3; Part IV, Section E, lines	1a, 11b, and 11c; F 1c, 2a, 2b, 3a, and	Part IV, Section E I 3b; Part V, line	8, lines 1 and 2; Pa 1; Part V, Section E	rt IV, Section C, 3, line 1e; Part V
	(See instructions.)	,,,				
32028 09-21-1	6			S	chedule A (Form	990 or 990-EZ
	804486 FRANKLIN		20 FRANKLIN			

SCHEDULE D)
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(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.



		Attach to Form 990. Form 990) and its instructions is at www.irs.	.gov/form990.	Inspection
	of the organization		Employe	r identification number
	FRANKLIN FURNACE			3-2879766
Part	I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds	or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV			
		(a) Donor advised funds	(b) Funds an	d other accounts
1 T	Fotal number at end of year			
2 A	Aggregate value of contributions to (during year)			
3 A	Aggregate value of grants from (during year)			
4 A	Aggregate value at end of year			
5 D	Did the organization inform all donors and donor advisors	in writing that the assets held in donor advise	ed funds	
a	are the organization's property, subject to the organizatio	n's exclusive legal control?		. Yes No
6 [Did the organization inform all grantees, donors, and done	or advisors in writing that grant funds can be u	used only	
f	or charitable purposes and not for the benefit of the dom	or or donor advisor, or for any other purpose o	conferring	
ii	mpermissible private benefit?			. 🗌 Yes 🗌 No
Part	II Conservation Easements. Complete if the	organization answered "Yes" on Form 990, P	art IV, line 7.	
1 F	Purpose(s) of conservation easements held by the organi	zation (check all that apply).		
	Preservation of land for public use (e.g., recreation	or education) Preservation of a histo	rically important I	and area
	Protection of natural habitat	Preservation of a certif	ied historic struct	ure
	Preservation of open space			
2 (Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution in the form c	of a conservation	easement on the last
с	day of the tax year.		Held	at the End of the Tax Yea
a T	Total number of conservation easements		2a	
	Number of conservation easements on a certified historic	structure included in (a)	2c	
	Number of conservation easements included in (c) acquir			
li	isted in the National Register		2d	
	Number of conservation easements modified, transferred			ng the tax
	/ear ►		C C	•
4 N	Number of states where property subject to conservation	easement is located		
	Does the organization have a written policy regarding the			
	violations, and enforcement of the conservation easemen			Yes No
6 8	Staff and volunteer hours devoted to monitoring, inspecti			
7 A	Amount of expenses incurred in monitoring, inspecting, h	andling of violations, and enforcing conservation	ion easements du	iring the year
	▶\$			
8 [Does each conservation easement reported on line 2(d) a	bove satisfy the requirements of section 170(h	n)(4)(B)(i)	
a	and section 170(h)(4)(B)(ii)?			. Yes No
	n Part XIII, describe how the organization reports conser			alance sheet, and
ii	nclude, if applicable, the text of the footnote to the organ	nization's financial statements that describes t	he organization's	accounting for
c	conservation easements.			
Part	III Organizations Maintaining Collections	s of Art, Historical Treasures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Fe	orm 990, Part IV, line 8.		
1a li	f the organization elected, as permitted under SFAS 116	(ASC 958), not to report in its revenue statem	ent and balance	sheet works of art,
r	nistorical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public servi	ce, provide, in Part XIII
	he text of the footnote to its financial statements that de			
b li	f the organization elected, as permitted under SFAS 116	(ASC 958), to report in its revenue statement	and balance shee	et works of art, historic;
t	reasures, or other similar assets held for public exhibition	n, education, or research in furtherance of pub	lic service, provic	le the following amount
	elating to these items:			· ·
	i) Revenue included on Form 990, Part VIII, line 1		> \$	
			N .	
•	f the organization received or held works of art, historical			
	he following amounts required to be reported under SFA		U , , , , , , , , , , , , , , , , , , ,	
	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶ \$	

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
632051	08-29-16

Schedule D (Form 990) 2016

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	1 /	N FURNACE		-				13-28			ıge 2
Pa	rt III Organizations Maintaining C		-		-					,	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	t are a si	gnificant	use of its	collectio	n items	3
	(check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		1
Dec	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod								٦		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	blowing ta	able:					•		
									Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance Did the organization include an amount on F								Yes		No
	-						• • • • • • • • • • • • • • • • • • • •	······ └──			NO
_	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete										1
		(a) Current year		ior year	(c) Two years			ears back	(e) Four	vears	hack
19	Beginning of year balance	(a) Ourient year		ior year		3 DUCK	(u) mee y		(e) 1 001	yours	Juon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
C	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 10	n column (a)) held as:						
a	Board designated or quasi-endowment		%	y, oolanni (c							
b	Permanent endowment	%									
	Temporarily restricted endowment	%									
Ū	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	red for tl	ne organiz	vation			
	by:						ie eigenie		Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on So	chedule R?							
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipn										
	Complete if the organization answere	ed "Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c	· · · · · · · · · · · · · · · · · · ·		or other		cumulate	ed	(d) Bool	< value	 }
	,	basis (investr			(other)		preciation				
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
е	Other			11	9,105.	1	L15,6	29.		3,41	76.
	I. Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 1	0c.)					3,4	76.
								Sabadula		0001	0040

Schedule D (Form 990) 2016

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Part VII	Investments -	Other Securities	5.		
Schedule D	(Form 990) 2016	FRANKLIN	FURNACE	ARCHIVE,	INC

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ARTWORK	120,100.
(2) SECURITY DEPOSIT	152.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	120,252.

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

e en piere n'ine er gan illuiter e		,	,
1. (a) Description of	of liability	(b) Book value	
(1) Federal income taxes			
(2) CREDIT CARD PAYAB	LE	27,420.	
(3) ANNUITY		1,200.	
(4) PAYABLE TO DIRECT	OR	34,871.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, P	art X, col. (B) line 25.) 🕨	63,491.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

632053 08-29-16

Sche	dule D (Form 990) 2016 FRANKLIN FURNACE ARCHIVE	E, INC	13-2879766 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.,)	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	on ZUID Open to Public
Name of the organization	FRANKLIN FURNACE ARCHIVE, INC	Employer identification numb
FORM 990, PAR	I I, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
MAY BE VULNER	ABLE DUE TO INSTITUTIONAL NEGLECT, THEIR EN	PHEMERAL NATURE,
OR POLITICALL	Y UNPOPULAR CONTENT.	
FORM 990, PAR	T VI, SECTION B, LINE 11B:	
UPON REQUEST		
FORM 990, PAR	T VI, SECTION C, LINE 18:	
THE BOARD MEE	IS TO DISCCUS THE FORM 990 BEFORE IT IS FIL	LED.
FORM 990, PAR	T VI, SECTION C, LINE 19:	
FORM 990 PART	IX LINE 6	
SALARIES EXPE	NSE WAS MISCLASSIFIED AS MANAGEMENT WHEN IN	N FACT THEY WERE
PROGRAM RELAT	ED.	
LHA For Paperwork Red	uction Act Notice, see the Instructions for Form 990 or 990-EZ. Sci	hedule O (Form 990 or 990-EZ) (20

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2016 DEPRECIATION AND AMORTIZATION REPORT

ORM 99	2M 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C L o t v	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	OFFICE EQUIPMENT	07/01/09	200DB	5.00	HY1	.7	8,451.				8,451.	8,451.		0.	8,451.
2	FURNITURE & FIXTURES	07/01/09	200DB	5.00	нү1	.7	23,807.				23,807.	23,807.		٥.	23,807.
3	COMPUTER AND VIDEO EQUIPMENT	07/01/12	200DB	5.00	нү1	.7	63,829.				63,829.	63,829.		0.	63,829.
4	COMPUTER AND VIDEO EQUIPMENT	12/18/14	200DB	5.00	нү1	.7	2,292.			1,146.	1,146.	2,292.		٥.	1,146.
5	COMPUTER AND VIDEO EQUIPMENT	01/24/15	200DB	5.00	HY1	.7	862.				862.	862.		0.	862.
6	COMPUTER AND VIDEO EQUIPMENT	02/28/15	200DB	5.00	нү1	.7	2,776.				2,776.	2,776.		0.	2,776.
7	COMPUTER AND VIDEO EQUIPMENT	03/06/15	200DB	5.00	HY1	.7	3,511.				3,511.	2,322.		476.	2,798.
8	COMPUTER AND VIDEO EQUIPMENT	03/12/15	200DB	5.00	HY1	.7	1,998.				1,998.	1,039.		384.	1,423.
9	COMPUTER AND VIDEO EQUIPMENT	03/14/15	200DB	5.00	HY1	.7	4,781.				4,781.	2,486.		918.	3,404.
10	COMPUTER AND VIDEO EQUIPMENT	03/23/15	200DB	5.00	HY1	.7	2,449.				2,449.	1,274.		470.	1,744.
11	COMPUTER AND VIDEO EQUIPMENT	05/03/15	200DB	5.00	HY1	.7	1,050.				1,050.	546.		202.	748.
12	COMPUTER AND VIDEO EQUIPMENT	06/14/15	200DB	5.00	нү1	.7	1,008.				1,008.	524.		194.	718.
13	COMPUTER AND VIDEO EQUIPMENT	07/07/15	200DB	5.00	HY1	.7	2,291.				2,291.	1,191.		440.	1,631.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						119,105.			1,146.	117,959.	111,399.		3,084.	113,337.
	* GRAND TOTAL 990 PAGE 10 DEPR						119,105.			1,146.	117,959.	111,399.		3,084.	113,337.

628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone