### Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

#### Revenue

1. Contributions, gifts, grants, and similar amounts received.
   - 189,500
2. Program service revenue including government fees and contracts.
   - 92,192
3. Membership dues and assessments.
   - 45,841
4. Investment income.
   - 21,771
5a. Gross amount from sale of assets other than inventory.
   - 37,000
5b. Less: cost or other basis and sales expenses.
   - 31,931
6a. Gross revenue (not including $0 of contributions reported on line 1).
   - 6
6b. Less: direct expenses other than fundraising expenses.
   - 0
6c. Net income or (loss) from special events and activities (Subtract line 6b from line 6a).
   - 5,069
7a. Gross sales of inventory, less returns and allowances.
   - 17,925
7b. Less: cost of goods sold.
   - 0
7c. Net profit or (loss) from sales of inventory (Subtract line 7b from line 7a).
   - 0
8. Other revenue (describe ▶ MISCELLANEOUS).
   - 372,298

#### Expenses

9. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.
   - 372,298

10. Grants and similar amounts paid (attach schedule).
11. Benefits paid to or for members.
12. Salaries, other compensation, and employee benefits.
   - 179,033
13. Professional fees and other payments to independent contractors.
   - 6,500
14. Occupancy, rent, utilities, and maintenance.
   - 27,831
15. Printing, publications, postage, and shipping.
   - 5,997
16. Other expenses (describe ▶ See attached statement).
   - 324,224
17. Total expenses. Add lines 10 through 16.
   - 543,585

18. Excess or (deficit) for the year (Subtract line 17 from line 9).
   - -171,287

#### Net Assets

19. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return).
   - 457,056
20. Other changes in net assets or fund balances (attach explanation).
   - 29,677
   - 256,092

### Part II: Balance Sheets

(See the instructions for Part II.)

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>155,526</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>11,269</td>
</tr>
<tr>
<td>24 Other assets (describe ▶ See attached statement)</td>
<td>399,243</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>566,038</td>
</tr>
<tr>
<td>26 Total liabilities (describe ▶ See attached statement)</td>
<td>108,982</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>457,056</td>
</tr>
</tbody>
</table>
Part III
Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?  SEE STATEMENT #2

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>28</td>
<td>(Grants $ 0 ) If this amount includes foreign grants, check here</td>
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<tr>
<td>29</td>
<td>(Grants $ 0 ) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>30</td>
<td>(Grants $ 0 ) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>31</td>
<td>Other program services (attach schedule)</td>
</tr>
<tr>
<td>32 Total program service expenses. (add lines 28a through 31a)</td>
<td>32</td>
</tr>
</tbody>
</table>

Part IV
List of Officers, Directors, Trustees, and Key Employees  List each one even if not compensated. (See the instructions for Part IV.)

<table>
<thead>
<tr>
<th>Name</th>
<th>SEE ATTACHED STATEMENT</th>
<th>Str</th>
<th>City</th>
<th>ST</th>
<th>ZIP</th>
<th>Title</th>
<th>Hr/WK</th>
<th>Community Service devoted to position</th>
<th>(c) Compensation (If not paid, enter -0-)</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
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</tbody>
</table>
### Part V Other Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 Did the organization engage in any activity not previously reported to the IRS?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>34 Were any changes made to the organizing or governing documents but not reported to the IRS?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a tax return on Form 990-T for this year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Was there a liquidation, dissolution, or substantial contraction during the year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete applicable parts of Schedule N.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization file Form 1120-POL for this year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; complete Schedule L, Part II and enter the total amount involved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on line 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on line 9, for public use of club facilities</td>
<td></td>
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<tr>
<td>40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911</td>
<td></td>
<td></td>
</tr>
<tr>
<td>section 4912</td>
<td></td>
<td></td>
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<tr>
<td>section 4955</td>
<td></td>
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</tr>
<tr>
<td>b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958</td>
<td></td>
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<tr>
<td>d Enter amount of tax on line 40c reimbursed by the organization</td>
<td></td>
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</tr>
<tr>
<td>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If &quot;Yes,&quot; complete Form 8886-T.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>41 List the states with which a copy of this return is filed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42a The books are in care of</td>
<td>Name FRANKLIN FURNACE ARCHIVE INC.</td>
<td>Telephone no.</td>
</tr>
<tr>
<td>Located at</td>
<td>80 HANSON PLACE #301</td>
<td>City</td>
</tr>
<tr>
<td>b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td></td>
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</tr>
<tr>
<td>If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
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</tr>
<tr>
<td>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</td>
<td></td>
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</tr>
<tr>
<td>c At any time during the calendar year, did the organization maintain an office outside of the U.S.?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 Did the organization maintain any donor advised funds? If &quot;Yes,&quot; Form 990 must be completed instead of Form 990-EZ.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If &quot;Yes,&quot; Form 990 must be completed instead of Form 990-EZ.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Part VI  
Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  
- Yes  
- No

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.  
- Yes  
- No

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  
- Yes  
- No

49a Did the organization make any transfers to an exempt non-charitable related organization?  
- Yes  
- No

49b If "Yes," was the related organization(s) a section 527 organization?  
- Yes  
- No

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>Str</th>
<th>State</th>
<th>ZIP</th>
<th>Title</th>
<th>Hr/WK</th>
<th>Compensation</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARTHA WILSON</td>
<td>BROOKLYN</td>
<td></td>
<td>NY</td>
<td>11217</td>
<td>Title</td>
<td>.00</td>
<td>71,875</td>
<td>5,194</td>
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</tbody>
</table>

Total number of other employees paid over $100,000: 0

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>Str</th>
<th>State</th>
<th>ZIP</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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</table>

Total number of other independent contractors each receiving over $100,000: 0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature]

Date: 6/16/2010

Preparer's Identifying Number (See instructions): P00905413

EIN: 11-2549964

Preparer's signature: IRWIN KAUFMAN CPA

Phone no.: 718-376-3456

May the IRS discuss this return with the preparer shown above? See instructions.

Yes [x]  No [ ]
### SCHEDULE A
(3 Form 990 or 990-EZ)

#### Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

- Attach to Form 990 or Form 990-EZ.
- See separate instructions.

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status (All organizations must complete this part.) (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The organization is not a private foundation because it is: (Please check only one organization.)</td>
</tr>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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). (Complete Part III.)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.</td>
</tr>
<tr>
<td>a</td>
<td>Type I</td>
</tr>
<tr>
<td>b</td>
<td>Type II</td>
</tr>
<tr>
<td>c</td>
<td>Type III—Functionally integrated</td>
</tr>
<tr>
<td>d</td>
<td>Type III—Other</td>
</tr>
<tr>
<td>e</td>
<td>By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</td>
</tr>
<tr>
<td>f</td>
<td>If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.</td>
</tr>
<tr>
<td>g</td>
<td>Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</td>
</tr>
<tr>
<td>(i)</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?</td>
</tr>
<tr>
<td>(ii)</td>
<td>A family member of a person described in (i) above?</td>
</tr>
<tr>
<td>(iii)</td>
<td>A 35% controlled entity of a person described in (i) or (ii) above?</td>
</tr>
<tr>
<td>h</td>
<td>Provide the following information about the organizations the organization supports.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col.(i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

#### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>174,339</td>
<td>378,825</td>
<td>230,944</td>
<td>367,912</td>
<td>294,398</td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>76,387</td>
<td>70,360</td>
<td>31,662</td>
<td>52,304</td>
<td>36,154</td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td><strong>Total</strong> Add lines 1-3</td>
<td>250,726</td>
<td>449,185</td>
<td>262,606</td>
<td>420,216</td>
<td>330,552</td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td><strong>Public support</strong> Subtract line 5 from line 4</td>
<td>1,713,285</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td>250,726</td>
<td>449,185</td>
<td>262,606</td>
<td>420,216</td>
<td>330,552</td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>8,979</td>
<td>11,107</td>
<td>12,850</td>
<td>15,745</td>
<td>17,096</td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td>32</td>
<td>1,403</td>
<td>1,619</td>
<td>150</td>
<td>55</td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support</strong> Add lines 7 through 10</td>
<td>1,782,321</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td><strong>First five years.</strong> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <strong>stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>2008 (line 6, column (f) divided by line 11, column (f))</th>
<th>(f) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2008</td>
<td>96.13%</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2007 Schedule A, Part IV-A, line 26f</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>16a</td>
<td><strong>33 1/3% support test—2008.</strong> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <strong>stop here.</strong> The organization qualifies as a publicly supported organization.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16b</td>
<td><strong>33 1/3% support test—2007.</strong> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <strong>stop here.</strong> The organization qualifies as a publicly supported organization.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td><strong>10%-facts-and-circumstances-test—2008.</strong> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and <strong>stop here.</strong> The organization qualifies as a publicly supported organization.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17b</td>
<td><strong>10%-facts-and-circumstances-test—2007.</strong> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and <strong>stop here.</strong> The organization qualifies as a publicly supported organization.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td><strong>Private foundation.</strong> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### Part III  Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Gross receipts from admissions,</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>merchandise sold or services performed,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or facilities furnished in any activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>that is related to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  Gross receipts from activities that are</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>not an unrelated trade or business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Tax revenues levied for the</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>organization's benefit and either paid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  The value of services or facilities</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  Total. Add lines 1-5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7a  Amounts included on lines 1, 2, and 3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b  Amounts included on lines 2 and 3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>received from other than disqualified</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>persons that exceed the greater of 1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of the total of lines 9, 10c, 11, and 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Public support (Subtract line 7c from</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9   Amounts from line 6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends,</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>payments received on securities loans,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rents, royalties and income from similar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>section 511 taxes) from businesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11  Net income from unrelated business</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>activities not included in line 10b,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>whether or not the business is</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12  Other income. Do not include gain or</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13  Total support. (Add lines 9, 10c, 11,</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14  First five years. If the Form 990 is</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>for the organization's first, second,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>third, fourth, or fifth tax year as a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>section 501(c)(3) organization,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | 0.00% |
| Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | 0.00% |

#### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00% |
| Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | 0.00% |
| 19a 33 1/3% support tests--2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | 19 |   |
| 19b 33 1/3% support tests--2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | 20 |   |
| Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | 21 |   |
Part IV  Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Name of the organization: FRANKLIN FURNACE ARCHIVE, INC
Employer identification number: 13-2879766

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

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

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

General Rule

X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) $ ...........................

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
### Part I  Contributors (see instructions)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Aggregate contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
</table>
| 1   | **J.P. MORGAN CHASE FOUNDATION**  
270 PARK AVENUE, 33RD FLOOR  
NEW YORK, NY 10014 | $15,000                 | **Person** X  
Payroll  
Noncash |
|     | Foreign State or Province:  
Foreign Country: |                         |                      |
| 2   | **STARRY NIGHT FUND OF TIDES FOUNDATION**  
55 EXCHANGE PLACE, SUITE 402  
NEW YORK, NY 10005 | $38,500                 | **Person** X  
Payroll  
Noncash |
|     | Foreign State or Province:  
Foreign Country: |                         |                      |
| 3   | **THE ANDY WARHOL FOUNDATION**  
65 BLEECKER STREET, 7TH FLOOR  
NEW YORK, NY 10012 | $25,000                 | **Person** X  
Payroll  
Noncash |
|     | Foreign State or Province:  
Foreign Country: |                         |                      |
| 4   | **NYC DEPT OF CULTURAL AFFAIRS**  
330 WEST 42ND STREET  
NEW YORK, NY 10036 | $14,030                 | **Person** X  
Payroll  
Noncash |
|     | Foreign State or Province:  
Foreign Country: |                         |                      |
| 5   | **NYS COUNCIL ON THE ARTS**  
175 VARICK STREET, 3RD FLOOR  
NEW YORK, NY 10014 | $49,300                 | **Person** X  
Payroll  
Noncash |
|     | Foreign State or Province:  
Foreign Country: |                         |                      |
| 6   | **NATIONAL ENDOWMENT FOR THE HUMANITIES**  
1100 PENNSYLVANIA, N.W.  
WASHINGTON, DC 20506 | $133,000                | **Person** X  
Payroll  
Noncash |
|     | Foreign State or Province:  
Foreign Country: |                         |                      |
### Part III

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>For. Prov.</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>For. Prov.</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>For. Prov.</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>For. Prov.</td>
</tr>
</tbody>
</table>

For. Prov. | Country
**Part III**

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For. Prov.</th>
<th>Country</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For. Prov.</th>
<th>Country</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
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<table>
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<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For. Prov.</th>
<th>Country</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For. Prov.</th>
<th>Country</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
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<th>(d) Description of how gift is held</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For. Prov.</th>
<th>Country</th>
</tr>
</thead>
</table>
**Part I, Line 16 (990-EZ) - Other Expenses**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Travel, Meals and Entertainment</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Travel</td>
<td>1,545</td>
</tr>
<tr>
<td>b</td>
<td>Total meals and entertainment</td>
<td>1b</td>
</tr>
<tr>
<td>2</td>
<td>Fundraising</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>From Form 4562 - Amortization</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Conferences, conventions, and meetings</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation, depletion, etc.</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Equipment rental and maintenance</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Interest</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Supplies</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Telephone</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Unrelated business income taxes</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Honoraria</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Consulting</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Public Relations and Advertising</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Insurance</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Office Expense and Maintenance</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Documentation</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Storage</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Miscellaneous</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Depreciation</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>NET ASSETS RELEASED FROM RESTRICTIONS</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22</td>
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<tr>
<td>25</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Description</td>
<td>Beginning</td>
<td>End</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>-------</td>
</tr>
<tr>
<td>SAVINGS AND TEMPORARY CASH INVESTMENTS</td>
<td>14,227</td>
<td>49,000</td>
</tr>
<tr>
<td>GRANTS RECEIVABLE</td>
<td>122,858</td>
<td>53,000</td>
</tr>
<tr>
<td>INVENTORIES FOR SALE OR USE</td>
<td>37,300</td>
<td>37,300</td>
</tr>
<tr>
<td>PREPAID EXPENSES AND DEFERRED CHARGES</td>
<td>25,276</td>
<td>2,580</td>
</tr>
<tr>
<td>INVESTMENTS - PUBLICLY TRADED SECURITIES (FMV)</td>
<td>194,418</td>
<td>155,125</td>
</tr>
<tr>
<td>SECURITY DEPOSITS</td>
<td>5,164</td>
<td>5,164</td>
</tr>
</tbody>
</table>

10
## Part II, Line 26 (990-EZ) - Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ACCOUNTS PAYABLE</td>
<td>76,298</td>
<td>47,388</td>
</tr>
<tr>
<td>2 MORTGAGES OR OTHER NOTES PAYABLE</td>
<td>9,529</td>
<td>48,292</td>
</tr>
<tr>
<td>3 ACCRUED PAYROLL AND RELATED LIABILITIES</td>
<td>22,855</td>
<td>9,315</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## General Information

a. For the fiscal year beginning (mm/dd/yyyy) **08/01/2008** and ending (mm/dd/yyyy) **07/31/2009**

b. Check if applicable for NYS:
- *Address change*
- *Name change*
- *Initial filing*
- *Final filing*
- *Amended filing*
- *NY registration pending*

c. Name of organization: FRANKLIN FURNACE ARCHIVE, INC

d. Fed. employer ID no. (EIN) (##-#######): 13-2879766

e. NY State registration no. (##-##-##): 02-28-18

301

City or town, state or country and zip + 4: BROOKLYN, NEW YORK 11217

## Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

<table>
<thead>
<tr>
<th>Position</th>
<th>Signature</th>
<th>Printed Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. President or Authorized Officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Chief Financial Officer or Treas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)

- **Check** if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

**NOTE:** An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed $25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)

- **Check** if gross receipts did not exceed $25,000 and assets (market value) did not exceed $25,000 at any time during this fiscal year.

For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

*Do not* submit a fee, *do not* complete the following schedules and *do not* submit any attachments to this form.

## Article 7-A Schedules

If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:

- a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?  
  - *If "Yes", complete Schedule 4a.*  
  - *If "No", check the box.*

- b. Did the organization receive government contributions (grants)?
  - *If "Yes", complete Schedule 4b.*
  - *If "No", check the box.*

## Fee Submitted: See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form:

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Article 7-A filing fee</td>
<td>$25</td>
</tr>
<tr>
<td>b. EPTL filing fee</td>
<td>$100</td>
</tr>
<tr>
<td>c. Total fee</td>
<td>$125</td>
</tr>
</tbody>
</table>

Submit only one check or money order for the total fee, payable to “NYS Department of Law”

## Attachments

For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):
   - Professional fund raiser
   - Fund raising counsel
   - Commercial co-venturer

2. Name of FRP:

   __________________________________________

   Number and street (or P.O. box if mail is not delivered to street address):

   __________________________________________

   City or town, state or country and zip + 4:

   __________________________________________

3. FRP telephone number:

4. Services provided by FRP (provide description):

5. Compensation arrangement with FRP (provide description):

6. Dates of contract from (mm/dd/yyyy) through (mm/dd/yyyy)

7. Amount paid to FRP $ __________

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the Executive Law?
If you checked the box in question 4.b. on page 1, complete the following schedule for each government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

<table>
<thead>
<tr>
<th>Government Agency Name</th>
<th>Grant Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW YORK STATE COUNCIL ON THE ARTS</td>
<td>$63,330</td>
</tr>
</tbody>
</table>

Total Government Contributions (Grants) $63,330
5. Fee Instructions

The filing fee depends on the organization’s Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

<table>
<thead>
<tr>
<th>Organization’s Registration Type</th>
<th>Fee Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article 7-A</td>
<td>Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is $0.</td>
</tr>
<tr>
<td>EPTL</td>
<td>Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is $0.</td>
</tr>
<tr>
<td>Dual</td>
<td>Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.</td>
</tr>
</tbody>
</table>

a) Article 7-A filing fee

<table>
<thead>
<tr>
<th>Total Support &amp; Revenue</th>
<th>Article 7-A Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>more than $250,000</td>
<td>$25</td>
</tr>
<tr>
<td>up to $250,000 *</td>
<td>$10</td>
</tr>
</tbody>
</table>

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of $25, regardless of total support and revenue.

b) EPTL filing fee

<table>
<thead>
<tr>
<th>Net Worth at End of Year</th>
<th>EPTL Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $50,000</td>
<td>$25</td>
</tr>
<tr>
<td>$50,000 or more, but less than $250,000</td>
<td>$50</td>
</tr>
<tr>
<td>$250,000 or more, but less than $1,000,000</td>
<td>$100</td>
</tr>
<tr>
<td>$1,000,000 or more, but less than $10,000,000</td>
<td>$250</td>
</tr>
<tr>
<td>$10,000,000 or more, but less than $50,000,000</td>
<td>$750</td>
</tr>
<tr>
<td>$50,000,000 or more</td>
<td>$1500</td>
</tr>
</tbody>
</table>

6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

<table>
<thead>
<tr>
<th>Filing Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Single check or money order payable to “NYS Department of Law”</td>
</tr>
</tbody>
</table>

Copies of Internal Revenue Service Forms

<table>
<thead>
<tr>
<th>IRS Form 990</th>
<th>IRS Form 990-EZ</th>
<th>IRS Form 990-T</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All required schedules (including Schedule B)</th>
<th>All required schedules (including Schedule B)</th>
<th>IRS Form 990-PF</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td></td>
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Additional Article 7-A Document Attachment Requirement

Independent Accountant’s Report

<table>
<thead>
<tr>
<th>Audit Report (total support &amp; revenue more than $250,000)</th>
<th>Review Report (total support &amp; revenue $100,001 to $250,000)</th>
<th>No Accountant’s Report Required (total support &amp; revenue not more than $100,000)</th>
</tr>
</thead>
<tbody>
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