Department of the Treasury Internal Revenue Service

	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2021
	 Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 	Open to Public Inspection
nd	ar year, or tax year beginning $$ AUG $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	
	organization D. Employer identification	on number

\overline{A}	For the	2021 calendar year, or tax year beginning $\overline{}$ $\overline{}$ $\overline{}$ AUG $\overline{}$ 1 , $\overline{}$ 2021 and ending	JUL 31, 2022	•
В	Check if	C Name of organization	D Employer identifi	cation number
	applicable		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
	Address change	FRANKLIN FURNACE ARCHIVE, INC		
	Name change	Doing business as	**-***97	66
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
	Final return/	200 WILLOUGHBY AVENUE	718-687-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	521,603.
Г	Amende		H(a) Is this a group re	
$\overline{\Box}$	Applica		for subordinates	
	pending	96 ROCKWELL PL. APT 2C, BROOKLYN, NY 1121		—
$\overline{}$	Tax-exe		─ ` ′	list. See instructions
		E ► WWW.FRANKLINFURNACE.ORG	H(c) Group exemptio	
				A State of legal domicile: NY
_	_	Summary		- Clare of regar dominents
	T 4 6	Briefly describe the organization's mission or most significant activities: FRANKLIN	FURNACE'S MI	SSION IS TO
Governance	']	PRESENT, PRESERVE, INTERPRET, PROSELYTIZE AN	D ADVOCATE ON	BEHALF OF
na.	2	Check this box if the organization discontinued its operations or disposed of r		
Ş	3 1		I _	13
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		13
ფ		otal number of individuals employed in calendar year 2021 (Part V, line 1a)		6
Activities		otal number of volunteers (estimate if necessary)		0
≨		otal number of volunteers (estimate in necessary) otal unrelated business revenue from Part VIII, column (C), line 12		-58,037.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
	 "	vet difficated business taxable moonle north offit 550 1,1 art 1, into 11	Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	351,727.	542,037.
ne			2.	37,603.
Revenue	1	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	11,064.	11,795.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,927.	-69,832.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	387,720.	521,603.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	130,483.	170,609.
Ses	160	Professional fundraising face (Part IV solumn (A), line 11a)	0.	0.
Expenses	loa r	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	•	0.
Ä	1 47 6		160,948.	227,195.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	291,431.	397,804.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	96,289.	123,799.
<u></u>		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Net Assets or	<u> </u>	otal assets (Part X, line 16)	396,259.	564,316.
ASSE Rail	20 1	, , , , , , , , , , , , , , , , , , , ,	159,214.	104,472.
let /	21 7	otal liabilities (Part X, line 26)	237,045.	459,844.
	22	let assets or fund balances. Subtract line 21 from line 20	237,043.	437,044.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tamente and to the heet of m	v knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y knowledge and beller, it is
uu	, сопъсі	, and complete. Declaration of preparer (other than officer) is based on an information of which prep	arei rias ariy kilowieuge.	
c:.		Signature of officer	I Date	
Sig		MARTHA WILSON, PRESIDENT		
He	re	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	II PTIN
Pai		ROBERT WOLOSHEN CPA ROBERT WOLOSHEN CPA	ال = ١٥٥ ١٥٥ ا أأسس	
	-	Firm's name ROBERT A. WOLOSHEN, CPA PC		**-***7810
	-	Firm's address 29 WEST 15TH STREET	Firm's EIN	7010
USI	Jonly	NEW YORK, NY 10011	Dhana na 21	2-843-3486
N # -	the a !!!		Priorie no. 21	77
ivia	y tne iR	S discuss this return with the preparer shown above? See instructions		X Yes No

Pa	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, PRESERVE, INTERPRET, AND ADVOCATE ON BEHALF OF AVAN	
	ART, ESPECIALLY FORMS THAT MAY BE VULNERABLE DUE TO INSTITUTION	
	NEGLECT, THEIR EPHEMERAL NATURE, OR POLITICALLY UNPOPULAR CONTE	NT.
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	165140
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 e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	27 602
4a	(Code:) (Expenses \$ 321,134. including grants of \$) (Revenue \$	37,603.
	ALL PROPOSALS TO ENSURE DIVERSITY OF VIEWPOINTS. EMERGING ARTIS	
	SELECTED PREPARE FOR MAJOR PERFORMANCE OF ART WORKS FOR PRESENT	
	THE NEW YEAR.	
4b	(Code:) (Expenses \$)
	FRANKLIN FURNACE PROVIDED ART EDUCATION BY PLACING PROFESSIONAL	
	IN NEW YORK CITY PUBLIC SCHOOL CLASSROOMS. CREATIVE THINKING AN	
	ON PROJECTS THAT BUILD HIGHER STANDARDS OF LEARNING ARE STRESSE	<u>υ•</u>
4c	(Code:) (Expenses \$)
A :1	Other pregram continue (Deceribe on Schodule C.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	1
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 321,134.	
		Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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	3		122
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	١		
•	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3,7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ا ا		 ₩
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
b	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		х
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	<u> </u>		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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. See instructions	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			\ _{3,7}
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

132003 12-09-21

Part IV Checklist of Required Schedules (continued)

			V	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			٠,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
a	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
	"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			X
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		1
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l <u> </u>
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
•	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		\ _{3,7}	
Par	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Contouring a response of note to any line in this rare v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		1.55	1.10
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ISa		
h	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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

6

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARTHA WILSON - 718-687-5800			
	96 ROCKWELL PLACE APT 2C, BROOKLYN, NY 11217			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

See the instructions for the order in which to list the persons above.

Week (list any hours for related organizations below line) Martha Wilson Treasure Treasure	ons IISC/	other compensation from the organization
X		and related organizations
10.00		_
X	0.	0.
(3) SUSAN WIDERMAN BLOG 2.00 TREASURER X X (4) ADAM M. COHEN 2.00 X DIRECTOR X 0. (5) CHRIS DAZE ELLIS 2.00 X DIRECTOR X 0. (6) COCO FUSCO 2.00 X DIRECTOR X 0. (7) JON HENDRICKS 2.00 X DIRECTOR X 0. (8) RUSSET LEDERMAN 2.00 0.	ا ۾	
X	0.	0.
(4) ADAM M. COHEN 2.00 DIRECTOR X (5) CHRIS DAZE ELLIS 2.00 DIRECTOR X (6) COCO FUSCO 2.00 DIRECTOR X (7) JON HENDRICKS 2.00 DIRECTOR X (8) RUSSET LEDERMAN 2.00		
DIRECTOR	0.	0.
Column	ا ۾	
DIRECTOR X	0.	0.
(6) COCO FUSCO 2.00 DIRECTOR X (7) JON HENDRICKS 2.00 DIRECTOR X (8) RUSSET LEDERMAN 2.00		
DIRECTOR X 0.	0.	0.
(7) JON HENDRICKS 2.00 DIRECTOR X (8) RUSSET LEDERMAN 2.00	ا ۾	
DIRECTOR X 0. (8) RUSSET LEDERMAN 2.00	0.	0.
(8) RUSSET LEDERMAN 2.00	ا ۾	
	0.	0.
DIRECTOR X X U	ا ہ	
	0.	0.
(9) SANDRA LIPSMAN 2.00	ا ہ	
SECRETARY X X 0.	0.	0.
(10) DAVID S. PERLMUTTER 2.00	ا ہ	
CO-CHAIR X X 0.	0.	0.
(11) RICARDO MIRANDA ZUNIGA 2.00	ا ہ	_
CHAIR X X 0.	0.	0.
(12) CAROLE NAGGAR 2.00	ا ہ	
DIRECTOR X 0.	0.	0.
(13) PABLO HELGUERA 2.00	ا ہ	
DIRECTOR X 0.	0.	0.
(14) JUAN ARUEGO 2.00 X 0.	0.	^
DIRECTOR X 0.	<u> </u>	0.
	ı	

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ ((-			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck) than (one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss pe	rson i	is botl or/trus	n an	compensation	compensation	۱		nount (of
	week (list any	-	001 411		10010	Ctor/trustee/		from	from related			other	4.5
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MIS			pensa om the	
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	ار		anizati	
	organizations	truste	Institutional trustee		ee/	mpen		1099-NEC)	10001420)		•	d relate	
	below	idual	ution	ı	key employee	est co oyee	er	,				anizatio	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
										\neg			
										\dashv			
										\dashv			
										\dashv			
										\dashv			
db Cubbatal					<u> </u>			48,480.		0.			0.
1b Subtotal								40,400.		0.			0.
c Total from continuation sheets to Part V								48,480.		0.			0.
d Total (add lines 1b and 1c)								-	000 - f				<u> </u>
2 Total number of individuals (including but n	ot limited to tr	iose	IISTE	ea ar	DOVE	e) wr	io re	eceived more than \$100	,000 of reportable)			0
compensation from the organization										—		Yes	No
O Diel the committee list and formation of	-15									П		163	NO
3 Did the organization list any former officer,	,	,	,		,	,	_		,				Х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su	=		-						the organization				v
and related organizations greater than \$15			•								4		X
5 Did any person listed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·				-			~			_		v
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										pensa	ation f	rom	
the organization. Report compensation for	tne calendar y	ear	endi	ng v	vith	or w	ıthir T		year.				
(A) Name and business	address	NT/	ONE	7				(B) Description of s	envices	C,	(C	;) nsatior	n
	audress	14(JMI	<u> </u>			_	Description of s	ervices		Jilibei	isatioi	
							\dashv						
							\dashv						
							\dashv						
							\dashv						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to		_	sted	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation 🕨				(0							
									·	F	Form	9 90 (2	2021)

Pa	rt v	4111			a in this Dort VIII			
			Check if Schedule O contains a respor	ise or note to any lin	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	4	_	Federated campaigns 1a	163,000.				00010110 012 011
Contributions, Gifts, Grants and Other Similar Amounts	'		Membership dues 1b	103,000.				
			Fundraising events 1c					
			Related organizations 1d					
			Government grants (contributions) 1e	110,220.				
			All other contributions, gifts, grants, and					
ber		•	similar amounts not included above 1f	268,817.				
ort		a	Noncash contributions included in lines 1a-1f 1g \$	93,076.				
Cor		_	Total. Add lines 1a-1f		542,037.			
0 10			Totall / lad iii loo la li	Business Code	, ,			
ø.	2	а	VISUAL ARTS	900099	37,603.	37,603.		
vic	_	b		_	, , , , , , ,	,		
Program Service Revenue		c		_				
		d						
ogr		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f		37,603.			
	3		Investment income (including dividends, in					
			other similar amounts)	•	11,795.		11,795.	
	4		Income from investment of tax-exempt bor					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	s (ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
nue			and sales expenses					
Revenue		С	Gain or (loss)					
		d	Net gain or (loss))				
her	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			,	8a				
				8b				
			Net income or (loss) from fundraising event	s				
	9	а	Gross income from gaming activities. See	_				
			,	9a				
				9b				
			Net income or (loss) from gaming activities	_				
	10	а	Gross sales of inventory, less returns					
				10a				
				10b				
		С	Net income or (loss) from sales of inventory					
sn		_	UNREALIZED LOSS ON SE	Business Code 2 900099	-69,832.		-69,832.	
Miscellaneous Revenue	11		OHITEMETERS TOSS ON SE	- - 0 0 0 9 9	09,034.		09,034.	
ella ven		b		-				
Re		۲ C	All other revenue	-				
Σ			All other revenue Total. Add lines 11a-11d		-69,832.			
	12	<u> </u>	Total revenue. See instructions	·	521,603.	37,603.	-58,037.	0.
					,	,		·

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	156 252	124 (22	21 720	
	persons described in section 4958(c)(3)(B)	156,352.	134,623.	21,729.	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,257.	12,276.	1,981.	
10	Payroll taxes	14,43/•	14,4/0.	1,301.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	5,245.		5,245.	
C	Accounting	3,243.		3,243.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	9,545.		9,545.	
10	Advertising and promotion	3,030.		7,343.	3,030
12 13		3,030.			3,030
13 14	Office expenses Information technology				
15					
16	Royalties				
17	Occupancy Travel	387.		387.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,108.		2,108.	
23	Insurance	7,340.		7,340.	
24	Other expenses. Itemize expenses not covered	,		,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	HONORARIA	56,538.	56,538.		
b	IN-KIND CONTRIBUTION -	39,990.	28,858.	10,024.	1,108
c	TEACHER	39,750.	39,750.	•	·
d	CONSULTING	25,004.	25,004.		
	All other expenses	38,258.	24,085.	9,461.	4,712
25	Total functional expenses. Add lines 1 through 24e	397,804.	321,134.	67,820.	8,850
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	educational campaign and fundraising solicitation.	I	l l		

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			74,988.	1	198,600.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			3	16,220.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	5				9	459.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	1 1	129,648.			
	b	Less: accumulated depreciation	10b	127,822.	3,934.	10c	1,826.
	11	Investments - publicly traded securities		-	196,837.	11	127,711.
	12	Investments - other securities. See Part IV, line			·	12	·
	13	Investments - program-related. See Part IV, line		_		13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	120,500.	15	219,500.		
	16	Total assets. Add lines 1 through 15 (must eq			396,259.	16	564,316.
	17	Accounts payable and accrued expenses			103,338.	17	104,472.
	18	Grants payable	, , , , , , , , , , , , , , , , , , ,	18	,		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
w	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
ig		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unre		Г		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
	23	parties, and other liabilities not included on line					
					55,876.	25	0.
	26	Total liabilities. Add lines 17 through 25			159,214.	26	104,472.
	20	Organizations that follow FASB ASC 958, ch			200,2210	20	201/1/20
es		and complete lines 27, 28, 32, and 33.	eck liele j				
anc anc	27	Net assets without donor restrictions			237,045.	27	459,844.
3ali	28	Net assets with donor restrictions			237,0131	28	13370111
힏	20	Organizations that do not follow FASB ASC				20	
Ξ			956, CHECK	There			
ō	200	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current fund				29	
\SS	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			237,045.	31	459,844.
Ź	32	Total net assets or fund balances			396,259.	32	564,316.
	33	Total liabilities and net assets/fund balances			330,433.	33	JU4, J10.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	7,0	<u>45.</u>
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	9,0	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	45	9,8	44.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , , ,			990	2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number **-***9766

Name of the organization FRANKLIN FURNACE ARCHIVE, INC

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	orgar	nization 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 association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz	· ·				-	the hospital's name.	
		city, and state:	·					. ,	
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a q	overnmental unit descril	ped in	
		section 170(b)(1)(A)(iv). (C		,	•	, ,			
6		A federal, state, or local go	. ,	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma						public described in	
-		section 170(b)(1)(A)(vi). (C			3		9		
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	一	An agricultural research org				ed in coni	inction with a land-grant	college	
_		or university or a non-land-g	-			-	-	-	
		university:	grant conego or agne		· Lintor tino	1101110, 010	y, and state of the come	,0 0,	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons membership fees a	nd gross receipts from	
		activities related to its exen							
		income and unrelated busin		<u>=</u>			= = =		
		See section 509(a)(2). (Con		(1000 000 tion on taxy ii	0111 2 401110	oooo aoqe	and by the organization		
11		An organization organized	'	ively to test for public sa	fety. See:	section 50	09(a)(4).		
12		An organization organized	•	•	-			e purposes of one or	
		more publicly supported or	·	•	•		· · · · · · · · · · · · · · · · · · ·		
		lines 12a through 12d that							
а		Type I. A supporting orga	* *			•		v aivina	
		the supported organization	•	•				-	
		organization. You must o			, ,			11 3	
b		Type II. A supporting org	- ·		tion with it	ts support	ed organization(s), by ha	avina	
		control or management of	•					-	
		organization(s). You mus			•		3 .		
c		Type III functionally inte	-		in connec	tion with,	and functionally integrat	ed with,	
		its supported organizatio					• •	,	
d		Type III non-functionally		•				ization(s)	
		that is not functionally int					• • • •		
		requirement (see instruct	-		•		•		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information	about the supporte	ed organization(s).				•	
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
Tota	al						<u> </u>	1	

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and	, ,	` '	` ,	, ,	` ,	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	152,698.	192,635.	279,946.	320,377.	579,640.	1525296.	
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	1 = 0 = 0 = 0	100 100				1 = 2 = 2 2 2	
4	Total. Add lines 1 through 3	152,698.	192,635.	279,946.	320,377.	579,640.	1525296.	
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)							
	Public support. Subtract line 5 from line 4.						1525296.	
	ction B. Total Support				1			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019 279, 946.	(d) 2020 320,377.	(e) 2021 579,640.	(f) Total 1525296 •	
	Amounts from line 4	152,698.	192,635.	2/9,946.	320,377.	5/9,640.	1525296.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	15 707	10 004	11 (22	11 064	11 705	(1 171	
	and income from similar sources	15,707.	12,084.	11,623.	11,064.	11,795.	62,273.	
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.)						1587569.	
	Total support. Add lines 7 through 10		,				156/569.	
	Gross receipts from related activities,					12		
13	First 5 years. If the Form 990 is for th						. —	
Sec	organization, check this box and storetion C. Computation of Publ		rcentage				<u></u>	
	Public support percentage for 2021 (column (f\)		14	96.08 %	
						15	95.07 %	
	Tubile support personnings from 2020 continuers, that it, mile 11							
100	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
-	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact	ŭ					•	
	meets the facts-and-circumstances to		·	-	•	vi new and organiz		
b	10% -facts-and-circumstances tes	-	· · · · · · · · · · · · · · · · · · ·	*	-			
-		-						
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization		-				s	
_	J		,	. , ,				

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	slow, picase com	piete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	1 , ,	
	membership fees received. (Do not						
	include any "unusual grants.")						
	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		 	faculto au fifth tax		F01/a)/0) averaginat	<u> </u>
14	First 5 years. If the Form 990 is for the	ū			•		ion,
200	check this box and stop heretion C. Computation of Publi		roontago				
	<u> </u>			(5)		145	
	Public support percentage for 2021 (li						
	Public support percentage from 2020					16	•
	tion D. Computation of Inves		<u>~</u> _			147	
	Investment income percentage for 202						
	Investment income percentage from 2					18	
19a	33 1/3% support tests - 2021. If the						1 / is not
	more than 33 1/3%, check this box ar						▶∟
	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies a	as a publicly sup	oorted organization	▶∟
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

132023 01-04-22

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		_	
	1		
	2		
	_		
	3a		
	3b		
	3с		
	00		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	00		
	9c		
	40-		
	10a		
	10b		
مارية	Δ (Forr	n aan	2021

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has the	organization accepted a gift or contribution from any of the following persons?			
а	A perso	n who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		ow, the governing body of a supported organization?	11a		
b		member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		Part VI.	11c		
		Type I Supporting Organizations			
				Yes	No
1	Did the	governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ipported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		s, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	ed 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			
		ation(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,			
	supervis	sed, or controlled the supporting organization.	2		
Sect	ion 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 truste	ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mana	gement of the supporting organization was vested in the same persons that controlled or managed			
		oorted organization(s).	1		
Sect	ion 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			
		ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	-	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	_	anization maintained a close and continuous working relationship with the supported organization(s).	2		
		on of the relationship described on line 2, above, did the organization's supported organizations have a			
		ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
		ed organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
		he box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) ne organization satisfied the Activities Test. Complete line 2 below.	•		
a b		ne organization satisfied the Activities rest. Complete line 2 below.			
C		ne organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ne)	
2		is Test. Answer lines 2a and 2b below.	oti a oti o	Yes	No
		stantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
		ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		upported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		se activities constituted substantially all of its activities.	2a		
		activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		nore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		ctivities but for the organization's involvement.	2b		
		of Supported Organizations. Answer lines 3a and 3b below.			
		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		organization eversise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	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 0.015 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 0.035.	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 0.85 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	ally integra	ted Type III supporting org	anization (see				
	instructions).							

Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
	From 2017				
С	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
<u>,</u> 4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
9	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3				
'	and 4c.				
<u> </u>	Breakdown of line 7:				
8					
	Excess from 2017				
	Excess from 2018				
<u> </u>	Excess from 2019				

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

FRANKLIN FURNACE ARCHIVE, INC

Employer identification number **-***9766

Par			Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	(a) z sites da tisso tanto	(a) i and and care account				
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in		funde				
3	are the organization's property, subject to the organization's	_					
6	Did the organization of property, subject to the organization of a property of the organization of the org						
Ü	for charitable purposes and not for the benefit of the donor						
Par		ganization answered "Yes" on Form 990. Part					
1	Purpose(s) of conservation easements held by the organizat	-					
·	Preservation of land for public use (for example, recrea		istorically important land area				
	Protection of natural habitat		ertified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
	Total acreage restricted by conservation easements						
	Number of conservation easements on a certified historic str						
	Number of conservation easements included in (c) acquired						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re						
	year >		· ·				
4	Number of states where property subject to conservation ea	asement is located					
5	Does the organization have a written policy regarding the pe						
	violations, and enforcement of the conservation easements		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year				
	▶ \$						
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4	4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement and				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	s that describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	er Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works				
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in further	erance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	ance sheet works of				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	nce of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		> \$				
<u>b</u>	Assets included in Form 990, Part X		🕨 \$				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021				

132051 10-28-21

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a	Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Other	Similar As	sets(continued)
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization a collection? 10 In the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included 11 on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, for escribing the part of the organization and part intermediary for contributions or other assets not included 11 on Form 990, Part X, line 21, for escribing the part of the organization include an amount on Form 990, Part X, line 21, for escribing the part of the organization include an amount on Form 990, Part X, line 21, for escribing the part of the organization include an amount on Form 990, Part X, line 21, for escribing the part of the organization include an amount on Form 990, Part X, line 21, for escribing the part of the organization include an amount on Form 990, Part X, line 21, for escribing the part X line 10 line and line and t	3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following that	at make sigr	nificant use of	its
b Scholarly research e Other Other		collection items (check all that apply):							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b I'Yes, 'explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c I Amount C Beginning balance 1d I I I I I I I I I I I I I I I I I I I	а	Public exhibition	d	ı 🗌	Loan or exc	hange progr	am		
4. Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is Beginning balance C Beginning balance 1	b	Scholarly research	е	, .	Other				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ia Is the organization and pagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. Ia Is the organization included an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Ia Beginning of year balance (a) Current year (b) Prior year (c) Iwn years back (d) Three years back (e) Four years bac	С	Preservation for future generations							
The section of the raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explai	in how th	ney further t	the organizat	ion's exemp	t purpose in F	Part XIII.
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	er similar as	ssets	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's c	ollection?			Yes No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7	Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered	"Yes" on Fo	orm 990, Part	IV, line 9, or
on Form 990, Part X?		reported an amount on Form 990, Par	t X, line 21.						
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributio	ns or other as	ssets not inc	cluded	
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount		on Form 990, Part X?							Yes No
d Additions during the year	b								
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization has been provided on Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four ye									Amount
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization has been provided on Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four ye	С	Beginning balance						1c	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or the organization and programs (c) Two years back or the organization and programs (d) Three years back or the organization and programs (d) Three years back or the organization and programs (d) Three years back or the organization and programs (d) Three years back or the organization and programs (d) Three years back or the organization and programs (d) Three years back or the organization and programs (d) Three years back or the organization and programs (d) Three years back (e) Four years back (e) Fou								1d	
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Calcument year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (1e	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_							1f	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a							?	Yes No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	n provided on	Part XIII		
Beginning of year balance	Pai	t V Endowment Funds. Complete if	the organization ar	nswered	"Yes" on F	orm 990, Par	t IV, line 10.		
b Contributions		·	(a) Current year	(b) P	rior year	(c) Two yea	rs back (d)	Three years ba	ck (e) Four years back
b Contributions	1a	Beginning of year balance							
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment									
di Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment									
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		Г							
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
g End of year balance	f								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
a Board designated or quasi-endowment ▶	_	-	ent vear end baland	ce (line 1	a. column (a)) held as:	I		.
b Permanent endowment		· · · · · · · · · · · · · · · · · · ·	,		3,(,,			
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In a sa(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings Buildings			%						
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings			uld equal 100%.						
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings Buildings Cost or other basis (other) Buildings Cost or other basis (other)	За		•	ation tha	at are held a	and administe	ered for the	organization	
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value			9-					9	Yes No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings		-							3a(i)
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered basis (other) basis (other) 1a Land b Buildings									
A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land buildings buildings	b								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings	_		=						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings				0, Part I\	/, line 11a. \$	See Form 990	D, Part X, lin	e 10.	
1a Land			(a) Cost or o	ther	(b) Cos	t or other	(c) Accı	ımulated	(d) Book value
b Buildings	1a	Land	<u> </u>	<u> </u>		. ,	,		
d Equipment 129,648. 127,822. 1,826.					12	29,648.	12	7,822.	1,826.
e Other						,		,	=,==
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				X, colur	nn (B). line	10c.)		•	1,826.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 FRANKLIN FU	RNACE ARCHIVE	E, INC **	-***9766 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-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.	5 000 D 1 N 1	14 0 5 000 B 1 V II 10	
Complete if the organization answered "Yes"		-	-1 -4
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-ot-year market value
(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	
	Description	7 11d. 300 1 3111 330, 1 at 7, mile 13.	(b) Book value
(1) ARTWORK			219,500.
(2)			225,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	•	219,500.
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2021

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pa	rt XI Reconciliation	n of Revenue per Audited Financia	l Statements With Revenu	e per Return.	
	Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and	other support per audited financial statemen	ts	1	
2	Amounts included on line	e 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (loss	ses) on investments	2a		
b		e of facilities			
С		grants			
d		III.)			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line	1		3	
4		m 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 XI	II.)	4b		
С	Add lines 4a and 4b			4c	
5		3 and 4c. (This must equal Form 990, Part I, lir		5	
Pa		า of Expenses per Audited Financia	-	ses per Return.	
		ganization answered "Yes" on Form 990, Part			
1		es per audited financial statements		1	
2		e 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use	e of facilities	2a		
b	Prior year adjustments		2b		
С					
d		III.)	2d		
е	3				
3		1		3	
4	Amounts included on For	m 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not	included on Form 990, Part VIII, line 7b	4a		
	· · · · · · · · · · · · · · · · · · ·				
b	Other (Describe in Part XI	III.)	4b		
С	Other (Describe in Part XI Add lines 4a and 4b				
с 5	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines	s 3 and 4c. (This must equal Form 990, Part I,			
с 5 Ра	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental	s 3 and 4c. (This must equal Form 990, Part I, Information.	line 18.)	5	T. M.
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	ırt XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (This must equal Form 990, Part I, Information.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	urt XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	urt XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	urt XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	urt XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	urt XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	urt XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	urt XI,
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5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	urt XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,
5 Pa	Other (Describe in Part XI Add lines 4a and 4b Total expenses. Add lines rt XIII Supplemental ide the descriptions require	s 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I,</i> I Information. ed for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	art XI,

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization FRANKLIN FURNACE ARCHIVE, INC Employer identification number **-***9766

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	1	53,086.	CLOSING STOC	K PRI	CE
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (IN-KIND - SPA)	X	1	39,990.	FMV OF OFFIC	E SPA	CE
26	Other • ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation durin	g the tax year for c	contributions			
	for which the organization completed Form 828	3, Part V, [Oonee Acknowledg	jement 29			
					_	Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required to be u	sed for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that r	equires the review	of any nonstandard contribu	ıtions?	31	Х
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						
						-	

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Name of the organization

FRANKLIN FURNACE ARCHIVE, INC **Employer identification number** **-***9766

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AVANTE-GARDE ART ESPECIALLY FORMS THAT MAY BE VULNERABLE DUE TO
INSTITUTIONAL NEGLECT, CULTURAL BIAS, THEIR EPHERMERAL NATURE, OR
POLITICALLY UNPOPULAR CONTENT. FRANKLIN FURNACE IS DEDICATED TO
SERVING ARTISTS BY PROVIDING BOTH PHYSICAL AND VIRTUAL VENUES FOR THE
PRESENTATION OF TIME-BASED ART, INCLUDING BUT NOT LIMITED TO ARTISTS'
BOOKS AND PERIODICALS, INSTALLATION ART, PERFORMANCE ART, AND
UNFORESEEN CONTEMPORARY AVANT-GARDE ARTFORMS; AND TO UNDERTAKING OTHER
ACTIVITIES RELATED TO THESE PURPOSES. FRANKLIN FURNACE IS COMMITED TO
SERVING EMERGING ARTISTS; TO ASSUMING AN AGGRESSIVE PEDAGOGICAL STANCE
WITH REGARD TO THE VALUE OF AVANT-GARDE ART TO LIFE; AND TO FOSTERING
ARTISTS' ZEAL TO BROADCAST IDEAS.
FORM 990, PART VI, SECTION B, LINE 11B:
UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 18:
THE TREASURER, PRESIDENT AND EXECUTIVE DIRECTOR MEET TO DISCUSS THE FORM
990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST

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

Schedule O (Form 990) 2021

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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
	MACHINERY & EQUIPMENT													
1	OFFICE EQUIPMENT	07/01/09	200DB	5.00	HY17	8,451.				8,451.	8,451.		0.	8,451.
2	FURNITURE & FIXTURES	07/01/09	200DB	5.00	ну17	23,807.				23,807.	23,807.		0.	23,807.
3	COMPUTER AND VIDEO EQUIPMENT	07/01/12	200DB	5.00	нү17	63,829.				63,829.	63,829.		0.	63,829.
4	COMPUTER AND VIDEO EQUIPMENT	12/18/14	200DB	5.00	нү17	2,292.			1,146.	1,146.	2,292.		0.	2,292.
5	COMPUTER AND VIDEO EQUIPMENT	01/24/15	200DB	5.00	ну17	862.				862.	862.		0.	862.
6	COMPUTER AND VIDEO EQUIPMENT	02/28/15	200DB	5.00	нү17	2,776.				2,776.	2,776.		0.	2,776.
7	COMPUTER AND VIDEO EQUIPMENT	03/06/15	200DB	5.00	ну17	3,511.				3,511.	3,511.		0.	3,511.
8	COMPUTER AND VIDEO EQUIPMENT	03/12/15	200DB	5.00	ну17	1,998.				1,998.	1,998.		0.	1,998.
9	COMPUTER AND VIDEO EQUIPMENT	03/14/15	200DB	5.00	ну17	4,781.				4,781.	4,781.		0.	4,781.
10	COMPUTER AND VIDEO EQUIPMENT	03/23/15	200DB	5.00	ну17	2,449.				2,449.	2,449.		0.	2,449.
11	COMPUTER AND VIDEO EQUIPMENT	05/03/15	200DB	5.00	ну17	1,050.				1,050.	1,050.		0.	1,050.
12	COMPUTER AND VIDEO EQUIPMENT	06/14/15	200DB	5.00	ну17	1,008.				1,008.	1,008.		0.	1,008.
13	COMPUTER AND VIDEO EQUIPMENT	07/07/15	200DB	5.00	ну17	2,291.				2,291.	2,291.		0.	2,291.
14	COMPUTER AND VIDEO EQUIPMENT	11/29/18	200DB	5.00	ну17	3,292.				3,292.	2,345.		379.	2,724.
15	COMPUTER AND VIDEO EQUIPMENT	06/18/20	200DB	5.00	MQ17	7,251.				7,251.	3,118.		1,653.	4,771.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					129,648.			1,146.	128,502.	124,568.		2,032.	126,600.
	* GRAND TOTAL 990 PAGE 10 DEPR					129,648.			1,146.	128,502.	124,568.		2,032.	126,600.

128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone