2949813800913

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

Internal Revenue Service ► Go to www irs gov/Form990 for instructions and the latest information For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18 C Name of organization D Employer identification number Check if applicable Franklins Promise Coalition Address change Doing business as 30-0115977 Name change Number and street (or P O box if mail is not delivered to street address) Telephone numbe Initial return 75 School Rd Final return/ City or town, state or province, country, and ZiP or foreign postal code terminated Eastpoint FL 32328 461,247 G Gross receipts \$ Amended return Name and address of principal office X No H(a) Is this a group return for subordinates' Application pending Tamara Allen Nο H(b) Are all subordinates included? If "No," attach a list (see instructions) ·X. 501(c)(3) 501(c) (insert no) · 4947(a)(1) or www.franklinspromisecoalition.org Website H(c) Group exemption number X Corporation Association | Other Trust M State of legal domicile Form of organization Part I Summary 2129 Briefly describe the organization's mission or most significant activities APR 29 2019 See Schedule O Activities & Governance ogden. Ut 2 Check this box | if the organization discontinued its operations or disposed of more than 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 3 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 300 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 151, 368 208,675 8 Contributions and grants (Part VIII, line 1h) 609,200 252,452 9 Program service revenue (Part VIII, line 2g) 106 120 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 760,674 247 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 151, 124.812 913 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 25 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 377,387 502,682 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 529,300 627,494 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 231,374 -166,24719 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 288,274 120,289 20 Total assets (Part X, line 16) 4,594 2,856 21 Total liabilities (Part X, line 26) 283,680 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge nature of office Sign Here Fran Edwards Treasurer

Date 4-22-19 Type or print name and title Print/Type preparer's name Check Paid 04/18/19 self-employed P00149032 Ralph C Roberson CPA Preparer 59-3721216 Roberson & Associates, P.A. Firm's EIN Use Only 116A Sailors Cove Dr 850-653-1090 Port Saint Joe, FL 32456-1890 X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

	Franklins Promise,		30-0115977	Page 2
	Statement of Program Servi	ice Accomplishments a response or note to any line in t	this Part III	$[\overline{\mathbf{X}}]$
1 Briefly des	scribe the organization's mission	Tu response of note to any line in t	ano i dieni	
See Sch	hedule O			
prior Form	ganization underlake any significant p i 990 or 990-EZ? escribe these new services on Sched	orogram services during the year which wer	re not listed on the	Yes X No
3 Did the org	ganization cease conducting, or make	e significant changes in how it conducts, an	ny program	Yes X No
4 Describe to expenses		complishments for each of its three largest inizations are required to report the amoun		
4a (Code) (Expenses \$ tached page	including grants of \$) (Revenue \$)
	ouomeu puge			
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
		,		
4d Other prog (Expenses	gram services (Describe in Schedule s \$ 597,187 inclu	uding grants of \$) (Revenue \$)
	ram service expenses >	597,187		Form 990 (2017)
DAA				Form 330 (2017

30-0115977

ABDO Page 3

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)? 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 public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h)		ļ	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		i	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		_X
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		Х
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	
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			
	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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ				
	fundraising, business, 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	<u>14b</u>		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 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		<u> X</u>
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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

Part IV Checklist of Required Schedules (continued)

			Yes	No
nο	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	200		
- 1		24		Х
12	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		_ <u>X</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	-	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		1	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- 1		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		i	
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-20		
- 1	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	· · ·	27		х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		-	v
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		j	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 1		
	complete Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	ĺ	
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		Ì	
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	į	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ļ	ļ	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
			_m 990	

	330 (2017) (12 13 13 13 13 13 13 13 13 13 13 13 13 13				ugu .
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	,			Fi
	Check if Schedule O contains a response of note to any fine in this rait v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	7		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ŀ	
	reportable gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 3	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	\$?	2b	X	
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial			
	account)?		4a	ļ	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 Ad	counts			
	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	on?	5b		X
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•			.,
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or		<u> </u>	
_	gifts were not tax deductible?		6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods	- -	}	
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	5	7.0		
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c	 	
ď	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	<u> </u>	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contrain		7f		
q	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	·	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine		' ''		
٠	sponsoring organization have excess business holdings at any time during the year?	o by the	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	10a		<u> </u>	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter			}	
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	116			
12a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		}	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 1			
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c		ļ	l
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	Х
h	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	0	14b	I	l

, <u>F</u> orm	990 (2017) Franklins Promise Coalition 30-0115977		Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd for a "	No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ınstru	iction	ıs
	Check if Schedule O contains a response or note to any line in this Part VI			
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 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1.0		
-	slockholders, or persons other than the governing body?	7b		Х
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	35		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	,		
360	tion B. Folicies (This Section B requests information about policies not required by the internal Nevenue	1	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
10a		100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a		11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			•
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Oid the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1 1		
	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 ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ori Switzer 192 Coach Wagoner			
	- Control - Cont	50-32	<u>3-0</u>	<u>515</u>

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Tille	(B) Average hours per week (list any	bo:	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both ar r/trustee)	ר)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(88-271035-141136)	organization and related organizations
(1) Fran Edwards	2.00									
Treasurer	0.00	x		х			-	0	o	0
(2) Deanna Simmons						 				
•	1.00									
DIrector	0.00	Х						0	0	0
(3) Mindy Parker										
	1.00									
Director	0.00	X	ļ		ļ	ļļ		0	0	0
(4) Edward Aguilar	1 00									
	1.00						1		_	
Director	0.00	Х	ļ		ļ		4	0	0	0
(5) Beth Brinkley	2.00									
Director	0.00	x					1	0	o	0
(6) Tamara Allen	0.00		 	_		\vdash	\dashv			
(b) Tamara Arren	2.00						-			
Chair	0.00	x		x				0	0	0
(7) Nancy Culp										
	1.00			}						
Director	0.00	X						0	0	0
(8) Ginny Griner										
_	1.00									
Director	0.00	X			<u> </u>			0	0	0
(9) Susan Bassett										
	1.00							_	_	_
Director	0.00	X						0	0	0
(10) Shannon Hartsfie										
	1.00							_		
Director	0.00	X		_			_	0	0	0
(11)										
DAA	L		<u> </u>		L	1			L	5 990 (2017)

Pai	rt VII Section A Officers	, Directors, Tru	stee	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) (C) Average Position hours per (do not check more than one week box, unless person is both ai officer and a director/trustee						an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	соп	(F) slimated mount of other apensation	
		hours for related organizations below dolled line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the ganization id related anization	d
			_										
										<u></u>			
	,												
1b c 	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	A			> >					
2	Total number of individuals (in reportable compensation from	icluding but not li the organization	mited •	0 to 1	hose	e list	ed al	oove	e) who received more than t	\$100,000 of	·	ΤÝ	es No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization.	complete Schede 1a, is the sum of	<i>ule</i> of rep	<i>l for</i> corta	such ble d	indi comp	vidu. bens	a <i>l</i> atior	n and other compensation f	rom the		3	х
5	individual Did any person listed on line 1 for services rendered to the or	a receive or acci	rue c	omp	ensa	ation	from	any	y unrelated organization or			5	X X
Secti 1	on B Independent Contractor Complete this table for your five compensation from the organic	e highest compe	ensat	ed II	ndep	ende	ent c	ontra	actors that received more that	nan \$100,000 of	············		
		(A) I business address	,pc						Descrip	(B) of services		Compe	C) ensation
		<u> </u>											
2	Total number of independent received more than \$100,000								e listed above) who	0		Form (990 (2017)
DAA												- Jilli	(2017)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue exempt function excluded from tax under sections business revenue revenue 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns b Membership dues 1b c Fundraising events 1c 7,902 1d d Related organizations Contributions, and Other Simi 66,810 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 133,963 g Noncash contributions included in lines 1a-1f 208,675 h Total. Add lines 1a-1f Program Service Revenue Busn Code 252,452 252,452 2a Program Service Revenue b С f All other program service revenue 252,452 g Total Add lines 2a-2f \triangleright Investment income (including dividends, interest, 120 120 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b b Less direct expenses c Net income or (loss) from gaming activities Þ 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b Þ c Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue 11a b ~ C All other revenue Total Add lines 11a-11d Þ 461,247 252,572 0 Total revenue. See instructions

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo		=	ete column (A)	
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
 -	3b, 9b, and 10b of Part VIII		expenses	general expenses	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 persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	115,100	109,345	5,755	
7 8	Pension plan accruals and contributions (include	113,100	103,343	3,733	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1	+		
10	Payroll taxes	9,712	9,226	486	
11	Fees for services (non-employees)	3,.22	3,220		
ı. a	Management	<i>→</i>			
b	Legal	761		761	
c	Accounting	655		655	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g		·			
J	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	24,827	22,344	2,483	
14	Information technology				
15	Royalties				
16	Occupancy	447	447		
17	Travel				
18	Payments of travel or entertainment expenses			4	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		,		
23	Insurance	9,825		9,825	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	105 010			
а	Training Assistance	196,010	196,010		
b	Contracted Services	150,500	150,500	0 700	
C	Travel	64,888	55,155	9,733	
d	Other Assistance	16,600	16,600		~=
е	All other expenses	38,169	37,560	584	25
25	Total functional expenses Add lines 1 through 24e	627,494	597,187	30,282	25
26	Joint costs Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here III				

	art)	Balance Sneet				
		Check if Schedule O contains a response or note t	o any line in this Part X			
				(A)		(B)
	,			Beginning of year		End of year
	1	Cash—non-interest bearing		268,684	1	94,339
	2	Savings and temporary cash investments			2	<u>. </u>
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,300	4	10,660
	5	Loans and other receivables from current and former offi	cers, directors,			
		trustees, key employees, and highest compensated employees	loyees			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified personal	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary			
ţ		organizations (see instructions) Complete Part II of Sche	edule L		6	
ssets	7	Notes and loans receivable, net			7	
×	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
	ŀ	other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b	=	10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15,290	15	15,290
	16	Total assets Add lines 1 through 15 (must equal line 34)	288,274	16	120,289
	17	Accounts payable and accrued expenses		4,594	17	2,856
	18	Grants payable		•	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
S	22	Loans and other payables to current and former officers,	directors,			
Liabilities	ļ	trustees, key employees, highest compensated employee	es, and			
iabi		disqualified persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	rties	•	24	
	25	Other liabilities (including federal income tax, payables to	related third			
		parties, and other liabilities not included on lines 17-24)	Complete Part X	,		
	į	of Schedule D			25	
	26	Total liabilities Add lines 17 through 25		4,594	26	2,856
		Organizations that follow SFAS 117 (ASC 958), check	k here ▶ X and			
səs		complete lines 27 through 29, and lines 33 and 34.			1	
Balances	27	Unrestricted net assets		283,680	27	117,433
Ba	28	Temporarily restricted net assets			28	· · · · · · · · · · · · · · · · · · ·
Fund	29	Permanently restricted net assets			29	·····
Ť.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🔃 and			
s or		complete lines 30 through 34				
sets	30	Capital stock or trust principal, or current funds			30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
let et	32	Retained earnings, endowment, accumulated income, or	other funds		32	
~	33	Total net assets or fund balances		283,680	33	117,433
	34	Total liabilities and net assets/fund balances		288,274	34	120,289

Form 990 (2	017) Franklins Promise Coalition	30-0115977			Page 12
Part XI	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line i	n this Part XI			
1 Total	revenue (must equal Part VIII, column (A), line 12)		1		1,247
2 Total	expenses (must equal Part IX, column (A), line 25)		2		7,494
3 Reve	nue less expenses. Subtract line 2 from line 1		3		6,247
4 Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, colu	ımn (A))	4	28	3,680
5 Net u	nrealized gains (losses) on investments		5		
6 Dona	ed services and use of facilities		6		
7 Inves	ment expenses		7		
8 Prior	period adjustments		8		
9 Other	changes in net assets or fund balances (explain in Schedule O)		9		
10 Net a	ssets or fund balances at end of year. Combine lines 3 through 9 (must equ	al Part X, line			
33, co	lumn (B))		10	11	7,433
Part XII	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line i	n this Part XII			
				,	Yes No
1 Accou	inting method used to prepare the Form 990 🔃 Cash 🔀 Accrua	ol Other			
If the	organization changed its method of accounting from a prior year or checker	d "Other," explain in			
Sche	dule O				
2a Were	the organization's financial statements compiled or reviewed by an independent	ndent accountant?		2a	X
If "Ye	s," check a box below to indicate whether the financial statements for the ye	ear were compiled or			
reviev	ved on a separate basis, consolidated basis, or both				
·	eparate basis Consolidated basis Both consolidated and	·			
b Were	the organization's financial statements audited by an independent account	ant?		2b	X
If "Ye	s," check a box below to indicate whether the financial statements for the ye	ear were audited on a			
separ	ate basis, consolidated basis, or both				1
[_] s	eparate basis	separate basis		1 1	
c If "Ye	s" to line 2a or 2b, does the organization have a committee that assumes re	esponsibility for oversight			
of the	e audit, review, or compilation of its financial statements and selection of ar	independent accountant?		2c	
If the	organization changed either its oversight process or selection process duri	ng the tax year, explain in			
	dule O				
3a Asa	esult of a federal award, was the organization required to undergo an audit	or audits as set forth in			
	ngle Audit Act and OMB Circular A-133?			3a	
	s," did the organization undergo the required audit or audits? If the organiza				
requi	ed audit or audits, explain why in Schedule O and describe any steps taken	to undergo such audits		3b	
				Form	990 (2017)

SCHEDULE A. (Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Name of the organization

Franklins Promise Coalition

Employer identification number 30-0115977

P	Part I Reason for Public Charity Status (All organizations must complete this part) See instructions											
The	orga	nization is not	a private foundation because	e it is (For lines 1 through 12, ch	neck only	one box)						
1		A church, con	nvention of churches, or asso	ciation of churches described in	section	170(b)(1)	(A)(ı)	$^{\sim}$ 1				
2		A school desc	cribed in section 170(b)(1)(A	A)(II). (Attach Schedule E (Form	990 or 99	10-EZ))		f)T				
3	+ 4			e organization described in sec			u)					
4	- '	•	· ·	in conjunction with a hospital de	•		•	soital's name				
•			,	in conjunction that a neeplest of				opital o manne,				
c	1	city, and state		f a college or university award s	vr aparata	d by 2 go	voramontal unit described in					
5	'			f a college or university owned o	n operate	u by a go	verninental unit described in					
c	, -,		b)(1)(A)(iv). (Complete Part	ii) overnmental unit described in se	otion 170	/h\/4\/A\	(v)					
6	$\overline{\mathbf{x}}$			ubstantial part of its support from								
7	A	-	section 170(b)(1)(A)(vi). (Co	• • • • • • • • • • • • • • • • • • • •	ii a gover	mmeman	anit of from the general public					
8		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
9		-	_	cribed in section 170(b)(1)(A)(i				e				
		or university of university	or a non-land grant college o	f agriculture (see instructions) E	Enter the r	iame, city	, and state of the college or					
10	1) more than 33 1/3% of its suppo				s				
				ot functions—subject to certain e								
				d unrelated business taxable inc								
	£ =1		· ·), 1975 See section 509(a)(2).								
11	ا ـ ا			exclusively to test for public safe								
12	ŀ			exclusively for the benefit of, to p								
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
	a Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the											
	supporting organization. You must complete Part IV, Sections A and B.											
	b Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having											
	control or management of the supporting organization vested in the same persons that control or manage the supported											
	organization(s) You must complete Part IV, Sections A and C.											
	С			upporting organization operated ructions) You must complete				h,				
	d			A supporting organization ope								
			• •	organization generally must sat nust complete Part IV, Section				6S				
	е		,	eived a written determination fro								
			· ·	-functionally integrated supporti	ng organi	zation		Г				
	f		nber of supported organization					L				
	g	Provide the fo	ollowing information about the	e supported organization(s)	Т			г				
(e of supported	(n) EIN	(iii) Type of organization	(iv) is the o	•	(v) Amount of monetary	(vi) Amount of other support (
	Org	ganization		(described on lines 1–10 above (see instructions))	docui	-	support (see instructions)	instructions				
				,	Yes	No						
(A)												
					ļ	<u> </u>						
(B)												
(C)												
(D)												
(E)												
T - 4.												

Schedule A (Form 990 or 990-EZ) 2017 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	tion A. Public Support											
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	277,138	182,581	190,985	151,368	208,675	1,010,747					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to the organization without charge											
4	Total Add lines 1 through 3	277,138	182,581	190,985	151,368	208,675	1,010,747					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)											
6	Public support Subtract line 5 from line 4	<u> </u>					1,010,747					
	tion B. Total Support	,										
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
7	Amounts from line 4	277,138	182,581	190,985	151,368	208,675	1,010,747					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources											
9	Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)											
11	Total support Add lines 7 through 10						1,010,747					
12	Gross receipts from related activities, etc	(see instructions)				12	252,572					
13	First five years If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	_					
	organization, check this box and stop her						<u> </u>					
Sec	tion C. Computation of Public St											
14	Public support percentage for 2017 (line 6	• •	=	(f))		14	100 00%					
15	Public support percentage from 2016 Sche					15	96 15 %					
16a	3·				3 1/3% or more, ch	eck this	. =					
	box and stop here. The organization qual	•					▶ [X					
þ	33 1/3% support test—2016 If the organ				is 33 1/3% or mor	e, check	. –					
	this box and stop here. The organization	•					▶ .					
17a		· ·										
	10% or more, and if the organization meet											
	Part VI how the organization meets the "fa	cts-and-circumstand	ces" test. The orga	nization qualifies a	is a publicly suppo	rted						
	organization						P 1					
b	10%-facts-and-circumstances test—20					line						
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here											
	Explain in Part VI how the organization me	ets the "facts-and-c	ircumstances" test	The organization	qualifies as a pub	licly	⊾ ₁-					
	supported organization		التناجيد الجيارات	,			P [
18	Private foundation. If the organization did	o not check a box or	1 line 13, 16a, 16b	, 1/a, or 17b, chec	k inis box and see		<u>.</u> r					
	instructions						P 1.					

33 1/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2016 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Part IV

Schedule A (Form 990 or 990-EZ) 2017

Supporting Organizations

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

Section A	aguS IIA.	ortina Ora	anizations

- 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
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only Was any added or substituted supported organization part of a class already b designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1	···	
2		
32		
3a		
21-	;	
3b		
3c	······	
4a	,	
4b		
4c		
_		
5a		
5b		
5c		
6		
_		
7		
8		
9a	············	
9b		
75		
9c		
10a		
10b		
(Form 99	0 or 990	EZ) 2017

Page 4

3a

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2017 Franklins Promise Coalitie	on	30-0115	977 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (····
1 Li Check here if the organization satisfied the Integral Part Test as a qualifying trust on			e
instructions. All other Type III non-functionally integrated supporting organizations	must complete	e Sections A through E	
Section 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		
Section 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)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		•	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

Schedule A (Form 990 or 990-EZ) 2017

emergency temporary reduction (see instructions)

instructions)

~~~~	t V Type III Non Eunctionally Integrated 500(a)(3)		tions (continued)	JII Fage I
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions			
		Current Year		
1				
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo			
<del></del>	Amounts paid to acquire exempt-use assets	nted organizations		
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
- 6	Other distributions (describe in Part VI) See instructions			<del></del>
7	Total annual distributions Add lines 1 through 6	tion is toonessiin		
8	Distributions to attentive supported organizations to which the organizations to which the organizations are stated as a first VIV. See particular as	tion is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6		_	
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017		danama karana	
<u>a</u>				
	From 2013			
	From 2014	<del> </del>		
	From 2015			<del></del>
	From 2016 -			
	Total of lines 3a through e	/		
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	<u> </u>		· · · · · · · · · · · · · · · · · · ·
1	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f		· · · · · · · · · · · · · · · · · · ·	
4	Distributions for 2017 from			
	Section D, line 7 \$			. , , , , , , , , , , , , , , , , , , ,
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4	· · · · · · · · · · · · · · · · · · ·		
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j			
	and 4c	<u> </u>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
8	Breakdown of line 7	1 ADDITION OF THE TOTAL OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	Excess from 2013	111111111111111111111111111111111111111	A to the property of the prope	general/Jensus S. S. S. S. S.
b	Excess from 2014	a completion		
с	Excess from 2015	Construct and distributions of	midted that the	
d	Excess from 2016	, , , , , , , , , , , , , , , , , , , ,	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	d'e
	1-934e8 from 2017	( nin ) ( ( i i i i i i i i i i i i i i i i i	Page 11 mar 1 mar 1 min	ويتماد كالمنا الإناليالياليا المستدمين

Schedule A (Form 990 or 990-EZ) 2017

Franklins Promise Coalition

30-0115977

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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 2017

Open to Public Inspection

Name of the organization Employer identification number Franklins Promise Coalition 30-0115977 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 S (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2017

b Buildings

d Equipment e Other

c Leasehold improvements

Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV II	ne 11h See Form 990 Par	t X line 12
	(a) Description of security or category	(b) Book value	(c) Method of value	
	(including name of security)	(=,====================================	Cost or end-of-year ma	
(1) Financial	derivatives			
•	eld equity interests			
(3) Other				
(A)				·
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				·
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, Ii	ne 11c See Form 990, Par	t X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valu	uation
			Cost or end-of-year m	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colum	nn (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, II	<u>ne 11d See Form 990, Par</u>	t X, line 15
	(a) Description			(b) Book value
(1)	other assets			15,290
(2)				
(3)				
(4)		<del></del>		
(5)				
(6)				
(7)				
(8)				
_(9)				15 000
	nn (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	15,290
Part X	Other Liabilities.	E 000 D-#N/ I	445 446 C F 00	NO D-4-V
	Complete if the organization answered "Yes"	on Form 990, Part IV, II	ine Tie or Tif See Form 99	ou, Part X,
	line 25			
1	(a) Description of liability	(b) Book value		
<del></del>	Income taxes		$\dashv$	
(2)			┥ ′	
(3)			_	
(4)			<del>-</del>	
(5)				
(6)				
(7)				
(8)		-		
(9)			$\dashv$	
Total (Colum	nn (b) must equal Form 990, Part X, col_(B) line 25 ) ▶			

Sche	ule D (Form,990) 2017 Franklins Promise Coalition	30-01159	77	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per Re	eturn.	
	<ul> <li>Complete if the organization answered "Yes" on Form 990, F</li> </ul>	Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII )	2d	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donaled services and use of facilities	2a	_	
b	Prior year adjustments	2b	_	
С	Other losses	2c	_	
d	Other (Describe in Part XIII )	2d	_	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII )	4b	_	
С	Add lines 4a and 4b		4c	

Part XIII Supplemental Information.

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

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

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

Schedule D (Form,990) 2017 Franklins Promise Coalition
Part XIII Supplemental Information (continued)

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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Franklins Promise Coalition

Employer identification number

30-0115977

Form 990 - Organization's Mission

To provide a forum though which various groups & agencies dealing with concerns in the areas of social services, education, volunteerism and advocacy for the children & families of Franklin County FL could come together and strategically plan to enhance the lives of the people of the county.

Form 990, Part III, Line 4d - All Other Accomplishment See attached page

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public