

, 990-T	- E	xempt Organization		siness Income 3 der section 6033(6		n	OMB No 1545-0687
3		ndar year 2017 or other tax year begin		·		。	2017
Department of the Treasury		► Go to www.irs.gov/Form990				L	
Internal Revenue Service		not enter SSN numbers on this form a)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (Check bo				D Employ	yer identification number
address chang	ged	THE FLORENCE FORGOTS	SON	CHARITABLE FOUND	ATION	(Employ	rees' trust, see instructions)
B Exempt under section	,	INC.					
X 501(C)(3)	Print	Number, street, and room or suite no li	fa P O	box, see instructions	_	20-08	57287
408(e) 220	- Ar						ted business activity codes
408A 530	0(a)	FOUNDATION SOURCE 50)1 S	ILVERSIDE RD		(266 III)	structions)
529(a)		City or town, state or province, country	, and Z	IP or foreign postal code			
C Book value of all asse	ets	WILMINGTON, DE 19809	9-13	77		52590	00
at end of year	F Gro	oup exemption number (See instruction	ons)	<u> </u>			
		eck organization type 🕨 🐰 501				401(a) 1	rust Other trust
		orimary unrelated business activity					
I During the tax ye	ar, was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary o	ontrolled group?		▶
		identifying number of the parent cor	poration				
J The books are in	care of 🕨	FOUNDATION SOURCE		Telephon	e number ► 80	0-839-	1754
Part I Unrelate	ed Trade	or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts	or sales						
b Less returns and a	llowances	c Balance ▶	1c				
2 Cost of goods	sold (Sched	dule A, line 7)	2				
3 Gross profit S	Subtract line	2 from line 1c	3_				
4a Capital gain n	et income (attach Schedule D)	4a			_	
b Net gain (loss)	(Form 4797	, Part II, line 17) (attach Form 4797)	4b				
c Capital loss d	eduction for	trusts	4c				<u> </u>
5 Income (loss) fr	om partnersh	ips and S corporations (attach statement)	_ 5				
6 Rent income (Schedule C)		6				
7 Unrelated deb	t-financed i	ncome (Schedule E)	7	246.	**	917.	-671.
8 Interest, annuities,	royalties, and re	ents from controlled organizations (Schedule F)	8	-		_	
		01(c)(7), (9), or (17) organization (Schedule G)	_9_				
•	•	income (Schedule I)	10				
11 Advertising in	come (Sche	dule J)	11				
	•	ctions, attach schedule)	12	0.4.6		017	671
		rough 12		246.		917.	
		Taken Elsewhere (See insti				except to	or contributions,
deduct	ions mus	t be directly connected with t	ne ui	related business inco	me)	<u> </u>	г
14 Compensation	n of officers	, directors, and trustees (Schedule I	REC	EIVED···		i i	
15 Salaries and v	vages	1 . 19 090				15	
16 Repairs and n	naintenance						
17 Bad debts.			3 V · (ו באבו סוט איני ע			
18 Interest (attac	n schedule)	· · · · · · · · · · · · · · · · · · ·					
19 Taxes and lice	enses	See instructions for limitation rules	GD	EN: UT			
						20	
		n 4562)		F 1		\dashv	
		d on Schedule A and elsewhere on re		·-		22b	
						1	
		compensation plans					-
		18					
		(Schedule I)				- 1	
		Schedule J)					
		schedule)					
		es 14 through 28					-671.
		ble income before net operating					071.
		tion (limited to the amount on line 30					-671.
		le income before specific deduction				` '	1,000.
•	•	erally \$1,000, but see line 33 instruct able income. Subtract line 33 fr					1,000.
							-671.
enter the sma	mer of zero c	r line 32			<u> </u>	34	<u> </u>

Par	t III	x Computation					
35	Organi	ions Taxable as Corporations. See instructions for tax computation. Controlled	group	ŀ			
	member	sections 1561 and 1563) check here See instructions and.					
а	Enter ye	share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	r)				
	(1) \$	(2) \$(3) \$					
b	Enter or	ızatıon's share of (1) Addıtıonal 5% tax (not more than \$11,750) \$]			
	(2) Addı	al 3% tax (not more than \$100,000)]			
С		on the amount on line 34	▶	35c		_	
36	Trusts	axable at Trust Rates. See instructions for tax computation. Income t	ax on				
	the amo	on line 34 from. Tax rate schedule or Schedule D (Form 1041)	▶	36			
37	Proxy ta	See instructions		37			
38	_	minimum tax		38			_
39	Tax on	-Compliant Facility Income. See instructions		39			
40	Total. A	nes 37, 38 and 39 to line 35c or 36, whichever applies		40			
Par	t IV	x and Payments					
41 a		credit (corporations attach Form 1118; trusts attach Form 1116) 41a					
		is (see instructions)		7			
		siness credit. Attach Form 3800 (see instructions)		1 1			
		rior year minimum tax (attach Form 8801 or 8827)	-	1			
		s. Add lines 41a through 41d		41e			
42	Subtrac	e 41e from <u>line 40 </u>		42			
43		Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so		43			
44	Total ta	dd lines 42 and 43		44			0.
45 a		A 2016 overpayment credited to 2017					
ь		ated tax payments					
С		ed with Form 8868					
d		anizations. Tax paid or withheld at source (see instructions) 45d]			
е		nholding (see instructions)					
f		mall employer health insurance premiums (Attach Form 8941) 45f					
g		s and payments: Form 2439]			
_	F	4136 Other Total ▶ 45g					
46	Total pa	ents. Add lines 45a through 45g		46			
47	Estimate	ax penalty (see instructions) Check if Form 2220 is attached	ightharpoonup	47			
48	Tax due	ine 46 is less than the total of lines 44 and 47, enter amount owed	▶	48			
49	Overpay	nt. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	▶	49			
<u>50</u>	Enter the	ount of line 49 you want. Credited to 2018 estimated tax Refu	nded 🕨	50			
Par	t V	atements Regarding Certain Activities and Other Information (see ins	struction	s)			
51	At any	e during the 2017 calendar year, did the organization have an interest in or a sign	ature or	other	authority	Yes	No
	over a	ancial account (bank, securities, or other) in a foreign country? If YES, the organiz	ation m	ay hav	e to file		
	FINCEN	rm 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name	of the	foreig	n country		
	here 🕨						Х
52	During t	ax year, did the organization receive a distribution from, or was it the grantor of, or transferor t	o, a fore	ign trus	t?		Х
	If YES, s	nstructions for other forms the organization may have to file.					
53	Enter th	mount of tax-exempt interest received or accrued during the tax year ▶ \$					<u> </u>
	1 10	penalties of penury. I declare that I have examined this return, including accompanying schedules and statements, ai rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled		oest of r	ny knowledge	and bel	ef, it is
Sig	າ 🛌 🖔	Do do la superiori de proposo (outer tras taxayar) is based on an information of which propose has any knowled	_	y the	IRS discuss	this	return
Her	e ₹ (_	10/19/18 / 1/es.	wi	th the	preparer sh	nown i	
	Sı	ure of officer Date Title	(se	e instruct	ions)?XY	es	No
Da:		nt/Type preparer's name Preparer's signature Date	Chec	، [] ،	f PTIN		
Paid		FFREY D HASKELL JEFFREY D HASKELL 10/17/201		mploye			0
	oarer Only	m's name ► FOUNDATION SOURCE	Firm's	EIN 🕨	5103983	47	
	Jy	m's address ► ONE HOLLOW LN, STE 212, LAKE SUCCESS, NY 11042	Phon	e no	800-839	-175	4

	THE FLO	ORENCE F	ORGOTSON C	HARITA	BLE FOU	NDATION	20-	0857287		
Form 990-T (2017)		-							Pag	ge :
Schedule A - Cost of Go	ods Sold. En	ter method	of inventory va	luation	<u> </u>					
1 Inventory at beginning of y 2 Purchases	ear . 1 2	_	6 I 7 C 6 F 8 E 5 t t	nventory a Cost of from I Part I, line Do the property the orga	at end of year goods so line 5 En 2 rules of produced anization?	d Subtract line ter here and in section 263A (or acquired fo	7 with ro	ile) apply	Yes I	No (
(1)				-			_			
(2)	 -								_	_
(3)	·		<u> </u>							_
(4)							_			
	2. Rent receiv	ved or accrue	ed -			_			-	_
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) 3(a) Deductions directly connecte in columns 2(a) and 2(b) (atta								е
(1)										
(2)		-								
(3)			-					_		
(4)										
Total		Total							•	
(c) Total income Add totals of cohere and on page 1, Part I, line 6						(b) Total deducti Enter here and o Part I, line 6, colu	n page 1			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructions)	instructions)						
1 Description of del			2 Gross income			Deductions directly co debt-finan	ced prop	erty		
- Description of del			property			nt line depreciation ch schedule)		(b) Other ded (attach sche		
(1) ATTACHMENT 1										
(2)	·									
(3)										
(4)	-				i	<u></u> -				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	6 Colum 4 divided by column	5		income reportable n 2 x column 6)	_	Allocable de umn 6 x total 3(a) and 3	of columns	;
	i .		•	0/						

% %

%

Enter here and on page 1, Part I, line 7, column (A)

246.

▶

Form **990-T** (2017)

Enter here and on page 1, Part I, line 7, column (B)

917. 173.

(2)

(3)

(4)

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	lities, Royalties		pt Controlled Or			ions (see	instruction	15)	
1 Name of controlled organization	2 Employer identification numb	er 3 Ne	t unrelated income) (see instructions)	4 Total	of specified	included	column 4 tha in the controll on's gross inc	lling	6 Deductions directly connected with income in column 5
(1)									
(2)				1					
(3)				_		_	_	\longrightarrow	
(4)						<u> </u>			
Nonexempt Controlled Organiz	ations	_					I		
7 Taxable Income	8 Net unrelated in (loss) (see instruct		9 Total of specification payments mad		includ	art of column led in the cor zation's gross	ntrolling		Deductions directly nected with income in column 10
(1)									
(2)									
(3)									
(4)						columns 5 a			d columns 6 and 11
Totals	come of a Sec	tion 501(c		▶ 7) Orga	Part	here and on I, line 8, colur	nn (A)		er here and on page 1, t I, line 8, column (B)
1 Description of income	2 Amount of	ıncome	3 Dedu directly co (attach so	nnected			l-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)								_	
(3)									
(4)	Enter here and				ļ.,,				Enter here and on page 1
Totals ▶ Schedule I - Exploited Exe	Part I, line 9, co		er Than Adver	tising <u>I</u> r	come (see instru	ctions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with or business 2 minus or if a gain,	ated trade s (column olumn 3) compute	from a	ss income ctivity that unrelated ss income	6. Expen attributab column	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			-		-	-			
(2)									
(3)									
(4)									
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,						Enter here and on page 1, Part II, line 26
Schedule J - Advertising In	ı	uctions)							<u>.</u>
Part I Income From Per			nsolidated Ra	sis			_		<u> </u>
Part income From Per	2 Gross	3 Direct	4 Adve	rtising	5 C:	rculation	6 Reader	ership	7 Excess readership costs (column 6
1 Name of periodical	advertising income	advertising o	2	ompute	1	come	costs		minus column 5, but not more than column 4)
(1)									4
(2)									4
(3)									_
(4)									
Totals (carry to Part II, line (5)) ▶					<u></u>				Form 990-T (2017

(4)

THE FLORENCE FORGOTSON CHARITABLE FOUNDATION Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 7 Excess readership 4 Advertising costs (column 6 2 Gross gain or (loss) (col 6 Readership 5 Circulation 3 Direct minus column 5, but advertising 2 minus col 3) If 1 Name of periodical income costs advertising costs not more than income a gain, compute column 4) cols 5 through 7 (1) (2) (3)

Totals from Part I. . Enter here and on Enter here and Enter here and on page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (B) line 11, col (A) Totals, Part II (lines 1-5) ▶

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to business 4 Compensation attributable to 2 Title unrelated business (1) % % (2) (3) % % (4) Total. Enter here and on page 1, Part II, line 14 ▶

Form 990-T (2017)

SCHEDULE D (Form 1120)

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form1120 for instructions and the latest information Name THE FLORENCE FORGOTSON CHARITABLE FOUNDATION

Employer identification number

20-0857287 INC Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (h) Gain or (loss) (g) Adjustments to gain See instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from the lines below Proceeds 8949. Part I. line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (a) whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (h) Gain or (loss) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (d) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) column (a) whole dollars Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 -799. Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 15 -799 Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV

Note: If losses exceed gains, see Capital losses in the instructions

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

THE FLORENCE FORGOTSON CHARITABLE FOUNDATION

20-0857287

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

1 1 (7 3	,	~ -			Τ		
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f) arate instructions	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo, day, yr)	(Mo , day, yr)	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
SECURITIES PURCHASED ON MARGIN	VARIOUS	VARIOUS					-799
					_		
		<u> </u>					
		-		-			
	<u> </u>						
	1						<u> </u>
		-					
	-						
		-					
2 Totals Add the amounts in columns							
negative amounts) Enter each total Schedule D, line 8b (if Box D above	ıs checked), line	e 9 (If Box E					-799

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

	ω	ALLOCABLE	DEDUCTIONS	6 + (3A + 3B)	917	917
	7	GROSS INCOME	REPORTABLE	(2 X 6)	246	246
		9	% 4 IS	<u>0F 5</u>	14 378	
	ĸ	AVERAGE	ADJUSTED	BASIS	427,961	
ATTACHMENT .	4	AVERAGE	ACQUISITION	DEBT	61,532	TOTALS
		3	DEDUCTIONS DIRECTLY CONNECTED	(38)	6,377	
			DEDUCTIONS	(45)		
			2	GROSS INCOME	1,713	
SCHEDULE E - INNELLATED DERT-FINANCED INCOME			1	DESCRIPTION OF DEBT-FINANCED PROPERTY	SECURITIES PURCHASED ON MARGIN	

20-0857287

THE FLORENCE FORGOTSON CHARITABLE FOUNDATION

TOTAL DIVIDENDS-RECEIVED DEDUCTIONS INCLUDED IN COLUMN 8

The Florence Forgotson Charitable Foundation, Inc Taxable Year Ending December 31, 2017

Line 6 (Schedule D (1120)) - Capital Loss Carryover

Capita	Capital Loss	Loss Carryback	ryback	Loss Carryover	ırryover		Current Year	
Year	Amount	Preceding Years	Amount Used	Subsequent Years	Amount Used	Available	Amount Used in 2015	Remaining Loss to 2016
		2014						
2017	199	2015						•
		2016						
		2013						
2016		2014						
		2015						
		2012	(83,681)					
2015		2013						
		2014						
		2011						
2014		2012						
		2013						
		2010						
2013		2011						
		2012						

Total unused capital loss carryover available Current year short-term gain or (loss) Current year long-term gain or (loss) Subtotal Surrender Capital Loss Carryback Total losses available for 2017

(462)	(667)	799	•	

The Florence Forgotson Foundation Inc Taxable Year Ending December 31, 2017

Part II, Line 31 (990-T) - Net Operating Loss Carryover

	Reginging	Fuding Loss	Amount of	Amount Used In Adjustment	Adustment		Amount	Amount		Net Operating	Cumulative Unused Net
	Loss Period		Operating	Prior Years /	Under Sec			Used This	Expiring	Loss Avaitable Operating	Operating
Carryover Period	(M/D/YYYY)	(M/D/YYYY)	Loss	Carrybacks	170(d)(2)(B)	Adjustments	This Year	Year	Losses	for Carryover	Loss
20th Preceding Period											
19th Preceding Period											
18th Preceding Period											
17th Preceding Period											
16th Preceding Period											
15th Preceding Period											
14th Preceding Period											
13th Preceding Period											
12th Preceding Period											
11th Preceding Period											
10th Preceding Period											
9th Preceding Period											
8th Preceding Period											
7th Preceding Period											
6th Preceding Period											
5th Preceding Period											
4th Preceding Period											
3rd Preceding Period											
2nd Preceding Period											Ĵ
1st Preceding Period											
Current Period	1/1/2017	12/31/2017	(670)				(670)	,		(670)	(670)

Total Net Operating Loss Used This Year:

Taxable Income Before Net Operating Loss:

Form 990-T, Schedule E Attachments

Line 3 - Other Deductions Allocable to Debt-Financed Property

	\$ 1,199	\$ 5,113	\$ 65	TOTAL: \$ 6,377
Securities Acct #0459	Dividends Received Deduction	Margin Interest	Fees	

Line 4 - Amount of Average Acquisition Debt on or Allocable to Debt-financed Property

(10.275)	(15,475)	(23,935)	(57,190)	(20,895)	(69,703)	(82,866)	(96,725)	(72,480)	(75,140)	(74,477)	(106,224)	TOTAL: (738 385)	
Securities Acct #0459	2/1/2017	3/1/2017	4/1/2017	5/1/2017	6/1/2017	7/1/2017	8/1/2017	9/1/2017	10/1/2017	11/1/2017	12/1/2017		

Line 5 - Average Adjusted Basis of or Allocable to Debt-financed Property

	395,910	460,012
Securities Acct #0459	1/1/2017	12/31/2017

855,922	427 961
TOTAL:	AVG