294913070000 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

8 OMB No 1545-0052

Department of the Treasury

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

		ue Service Oo to WWW.II 3. go W O TITLO OF THE		•			
_		dar year 2017 or tax year beginning		, and e	ending	11.4	
	me of fou				A Employe	r identification number	
		DBERT FROMER CHARITABLE FDN INC					
		street (or PO box number if mail is not delivered to street address)	Roor	n/suite		46-4350926	
		MER PARK ROAD			B Telephone	e number (see instruction	ns)
		, state or province, country, and ZIP or foreign postal code					_
PA	LM BE	ACH FL_	33480			(561) 842-180	
Fo	eign cou	ntry name Foreign province/state/county	Foreign post	al code	C If exempt	tion application is pendin	g, check here 🕨 📝
							-
G	Check	all that apply 🔲 Initial return 🔲 Initial return	of a former public of	charity	D 1. Foreig	n organizations, check h	ere- ► 📗
		☐ Final return ☐ Amended re	turn	-	2. Foreig	n organizations meeting	the 85% test,
		🛛 Address change 🔲 Name chang	je	/	check	here and attach comput	ation ▶ 🔲
H	Check	type of organization X Section 501(c)(3) exempt pr	ivate foundation	04		foundation status was te	rminated under
		n 4947(a)(1) nonexempt charitable trust Other tax		tion	section 5	07(b)(1)(A), check here	▶ 🗆
=		arket value of all assets at J Accounting method		ccrual			
•			<u> Д</u> Оазіі <u> </u> ,			ndation is in a 60-month	
			e on cach hacie)		under sec	ction 507(b)(1)(B), check	uete
-			e on cash basis /			I	(d) Dishurasmonts
P	art l	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily	expenses per books	, , ,	come	income	purposes
		equal the amounts in column (a) (see instructions))			1.	77	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	270,380	1 P		The said who we have the	4 74 29
	2	Check ► ☐ if the foundation is not required to attach Sch B		<u> </u>	<i>y</i>	. 3	tu du
	3	Interest on savings and temporary cash investments	. 241		241		
	4	Dividends and interest from securities	9,773		9,773		•
	5a	Gross rents					v 0 is 1
	b	Net rental income or (loss)	1.4	2.7	4, , , , , ,	er "	- "4 ₁
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10	27,427	, ,		" 45° <u>"</u> 4	, , ,
Ĭ	b	Gross sales price for all assets on line 6a 457,204	1. 1. K. 17. 18	ہ ہ آ′ہ		4	" " C 30 " 10 "
Revenue	7	Capital gain net income (from Part IV, line 2)	1 . " a " . " a " . a		27,427	. 45	1. (2.)
ď	8	Net short-term capital gain) G	4.		,
	9	Income modifications	1 11, 11 ,	. * ;-	يها عد ،		1 200 0
CD	10a	Gross sales less returns and allowances	In '	,		J	
\mathfrak{O}	ь	Less Cost of goods sold		, -	. j.	۱٬ ۵٬ ۱ سا	· · ·
3	c	Gross profit or (loss) (attach schedule)			. : .		· 1
Ź	11	Other income (attach schedule)					1-16-142 A
Ш	12	Total. Add lines 1 through 11	307,821		37,441	0	
<u>Ş</u>	13	Compensation of officers, directors, trustees, etc					
SCANNEI) se su	14	Other employee salaries and wages				-	
	15	Pension plans, employee benefits .					
ğ,	16a	Legal fees (attach schedule)					
Operating and Administrative 压攻龟	b	Accounting fees (attach schedule)	2,678		2,178		500
Ve.	c	Other professional fees (attach-schedule)	2,370				
19	17	Interest RECEIVED		 		<u> </u>	
St	18	Taxes (attach sched ule)-(see instructions)	366				
Ë	19		300				Bath & #1
Ē	20	Depreciation (attach schedule) and depletion Cocupancy					Company of the Compan
٩d	21	Travel, conferences, and meetings	·	 			
ō	22	mavel, comercinces, and mockings		 			
an		Printing and publications GDEN, UT Other expenses (attach schedule)		 			
β	23						
Ĕ	24	Total operating and administrative expenses.	2044		2 470		500
ЭTа		Add lines 13 through 23	3,044		2,178	<u>0</u>	500
ğ	25	Contributions, gifts, grants paid	462,000				462,000
0	26	Total expenses and disbursements. Add lines 24 and 25	465,044	ļ	2,178	0	462,500
	27	Subtract line 26 from line 12	1420年,山田城 沙湖		in service	TO THE STATE OF TH	
	а	Excess of revenue over expenses and disbursements .	-157,223	[學術]	607、40月1日		Mary Street
	b	Net investment income (if negative, enter -0-)	en har the		35,263	がかって、対数関係に	的 独立。
	c	Adjusted net income (if negative, enter -0-)	2000年1986日本	L.BETT	"Minho"	n	The second second

n.	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	2	494	494
	2	Savings and temporary cash investments	95,095	96,775	96,775
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			-
	-	Less allowance for doubtful accounts			
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	502,190	342,795	480,170
	c	Investments—corporate bonds (attach schedule)	002,100	0 12,100	100,110
	11				
	'''	Less accumulated depreciation (attach schedule)			<u></u>
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1 1 2 1 2 1		
	14	Land buildings and accompant body			
	14		1		· · · · · · · · · · · · · · · · · · ·
	15		-		
	16	Total assets (to be completed by all filers—see the	507 207	440.064	E77 420
_	47	instructions Also, see page 1, item I)	597,287	440,064	577,439
	17	Accounts payable and accrued expenses .		I	
es	18	Grants payable			
Ξ	19	Deferred revenue			1
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable (attach schedule)			•
	22	Other liabilities (describe)			·
	23	Total liabilities (add lines 17 through 22)	0	0	
Ś		Foundations that follow SFAS 117, check here			
ž		and complete lines 24 through 26, and lines 30 and 31.			
alances	24	Unrestricted			
	25	Temporarily restricted	-	-	
פַ	26	Permanently restricted			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here			
ΓF		and complete lines 27 through 31.			
SO	27	Capital stock, trust principal, or current funds			
et	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
155	29	Retained earnings, accumulated income, endowment, or other funds	597,287	440,064	
tΑ	30	Total net assets or fund balances (see instructions)	597,287	440,064	
Ne	31	Total liabilities and net assets/fund balances (see			•
		instructions)	597,287	440,064	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		net assets or fund balances at beginning of year—Part II, column (a)	, line 30 (must agree w	ıth	
		of-year figure reported on prior year's return)		1	597,287
2	Enter	amount from Part I, line 27a		2	-157,223
3	Other	increases not included in line 2 (itemize)		3	
4	Add Iı	nes 1, 2, and 3		4	440,064
5		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part	t II, column (b), line 30	6	440,064

Form 990-PF (2017)

<u>Part</u>	V Capital Gains an	<u>d Losses for Tax on Investn</u>	nent Income				
		ind(s) of property sold (for example, real est use, or common stock, 200 shs MLC Co)	ate,	(b) How acquired P—Purchase D—Donation	(c) Date a		(d) Date sold (mo , day, yr)
1a	See Attached Statement						
b				 			
<u> </u>							
<u> </u>				 			<u> </u>
е_				<u> </u>			<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			n or (loss) f) minus (g))
<u>a</u> b							
c							
q							
ė							
	Complete only for assets st	nowing gain in column (h) and owned	by the foundation	n on 12/31/69	(1)	Gains (Col	l (h) gain minus
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any	col		t less than -0-) or rom col (h))
a							
<u> </u>							
<u> </u>			-				
q							
e		f If goin	also enter in Pai	rt Line 7		_	
2	Capital gain net income or	(net capital loss) If (loss)	, enter -0- ın Paı	,	2		27,427
3	, ,	or (loss) as defined in sections 1		0			
	-	, line 8, column (c) See instruction	ns if (loss), ente	er - 0 - In }	3		0.000
Part	Part I, line 8	der Section 4940(e) for Redu	lood Tay on N	let Investment			
Was t		re this part blank section 4942 tax on the distributat ualify under section 4940(e) Do no			e period?		☐ Yes ☒ No
1	Enter the appropriate amo	unt in each column for each year,	see the instruct	ions before makin	ig any ent	ries	
Cal	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) of noncharitable-use as	sets		(d) tribution ratio divided by col (c))
	2016		9,815	777	7,529		0 449906
	2015	405	5,552		3,317		0 486672
	2014	42*	1,566		3,181		0 531488
	2013		0	37	7,924		0 000000
	2012	_	0]			т	0 000000
2	Total of line 1, column (d)				2		1 468066
3		or the 5-year base period—divide oundation has been in existence if			3	<u> </u>	0 293613
4	Enter the net value of none	charitable-use assets for 2017 from	m Part X, line 5		4		667,020
5	Multiply line 4 by line 3				5		195,846
6		at income (1% of Part I, line 27b)			6		353
7	Add lines 5 and 6	,,,			. 7		196,199
	• • • • •		•			1	
8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions	ns from Part XII, line 4 ter than line 7, check the box in Pa	art VI, line 1b, ar	nd complete that p	art using	 a 1% tax	462,500 rate See the

46-4350926

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Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	- 76 12 Airi - 1
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	<u> </u>
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	353
	here ▶ 🛛 and enter 1% of Part I, line 27b	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	
	Part I, line 12, col (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	0
3	Add lines 1 and 2	353
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	353
6	Credits/Payments	· · · · · · · · · · · · · · · · · · ·
а	2017 estimated tax payments and 2016 overpayment credited to 2017 Exempt foreign organizations—tax withheld at source 6b	
b	Exompt for origin original actions and actions and actions are actions as a second action and actions are actions as a second action actions are actions as a second action	
C	Tax para trial approach for extension and the control of the contr]]
d -		0
7	Total ordate and paymente yield interest and	
8 9	Enter any penalty for underpayment of estimated tax. Check here	353
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10	0
11	Enter the amount of line 10 to be. Credited to 2018 estimated tax	0
	VII-A Statements Regarding Activities	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	- Yes No
	participate or intervene in any political campaign?	1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	
_	instructions for the definition	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	- 1
	published or distributed by the foundation in connection with the activities	
С	Did the foundation file Form 1120-POL for this year?	1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	
	(1) On the foundation ► \$ NONE (2) On foundation managers ► \$ NONE	_ " -
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
	on foundation managers ► \$ NONE	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
	If "Yes," attach a detailed description of the activities	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
_	If "Yes," attach the statement required by General Instruction T	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	0.6
	By language in the governing instrument, or By language in t	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6 X
_	conflict with the state law remain in the governing instrument?	7 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions	
L	FL If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b X
0	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	VD /
9	or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If	
	"Yes," complete Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	
10	names and addresses	10 X

I all	Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within	the			Yes	No
40	the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	a alıfı ad		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disperson had advisory privileges? If "Yes," attach statement. See instructions	quaiiiieu		12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption app	lication?		13	х	 ^
	Website address ► N/A		•			·
14	The books are in care of ► ROBERT FROMER Telephon	e no ▶	(561) 44	5-453	9	
	Located at ► 340 POLMER PARK ROAD PALM BEACH FL Z	IP+4 ►	33401			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check to	nere	í.		1	▶ □
40	and enter the amount of tax-exempt interest received or accrued during the year	_ ▶ [15 N/A		T., -	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or oth	ner autho	rity	46	Yes	No X
	over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter to	he		16	L	-
	name of the foreign country			-		
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Require	<u> </u>				
•	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either directly or indirectly)					}
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .	☐ Yes	X No	1		·
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		C	Dependent of	-	
	disqualified person?	∐ Yes	X No	ļ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	∐ Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?(5) Transfer any income or assets to a disqualified person (or make any of either available for	Yes	X No	new centre	ME-CENTY.	To the last
	the benefit or use of a disqualified person)?	☐ Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after	□ v ₂₂	X No			
	termination of government service, if terminating within 90 days) .	∐ Yes	∑ NO	bear as	All armored	rrina serincia
р	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions describe Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instru			1b	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here	3110710	▶□	- -	.,,,	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted a	acts, that				
	were not corrected before the first day of the tax year beginning in 2017?			1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was	a private			٠	
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	☐ Yes	X No			
	If "Yes," list the years > 20 , 20 , 20 , 20	□	<u> </u>			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section	4942(a)(2	2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4		•			
	all years listed, answer "No" and attach statement—see instructions)			2b	N/A	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	ars here			"	ا ٠ .
	► 20, 20, 20, 20					;
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	X No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the found	_	<u> </u>			
v	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period appro		ne			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			.		
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine					
	foundation had excess business holdings in 2017)			3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpo			4a		_X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			 -		لعرب
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning i	1 20177		4b		X

Pari	: VII-B	_Statements Regarding Activities	for W	<u>hich Form</u>	<u>4720 l</u>	<u>May Be Re</u>	<u>equire</u>	d (contin	ued)			
5a		he year, did the foundation pay or incur any y on propaganda, or otherwise attempt to i			(section	4945(e))?		Yes	X No		4	
		ence the outcome of any specific public ele tly or indirectly, any voter registration drive		see section 4	955), o	r to carry on	١,	☐ Yes	X No	,		
	(3) Prov	ide a grant to an individual for travel, study	, or oth	er sımılar pur	poses?	i		Yes	X No			
		ide a grant to an organization other than a on 4945(d)(4)(A)? See instructions	charita	ble, etc , orga	anızatıo	n described	l in	☐ Yes	⊠ No	,		
		ide for any purpose other than religious, choses, or for the prevention of cruelty to chil			terary,	or educatioi	nal	Yes	X No		٠.	ا مع
b	If any ar	nswer is "Yes" to 5a(1)–(5), did any of the t	ransact	tions fail to qu	ialify ur	der the exc	eptions	describe	d in			E.
	Regulati	ons section 53 4945 or in a current notice	regardı	ng disaster a	ssistan	ce? See ins	truction	s		5b	N/A	
c	If the an	ations relying on a current notice regarding swer is "Yes" to question 5a(4), does the fo it maintained expenditure responsibility fo	oundati	on claim exer				☐ Yes	► _ No			
		attach the statement required by Regulation	-		-5(d)							
6a		oundation, during the year, receive any fur sonal benefit contract?	nds, dir	ectly or indire	ctly, to	pay premiui	ms	☐ Yes	⊠ No	,		
b		oundation, during the year, pay premiums, o 6b, file Form 8870	directly	y or indirectly	on a p	ersonal ber	efit cor	ntract?	•	6b		X
7a		ne during the tax year, was the foundation a pa						Yes Yes	X No			
b		did the foundation receive any proceeds o							. ! .!	7b	N/A	
Paru		Information About Officers, Directors	ors, ir	ustees, ro	unuati	ion ivianaç	gers, r	ngniy Pa	aid Eii	ipioye	es,	
1		officers, directors, trustees, and foundat	ion ma	nagers and	their co	mpensatio	n. See	instruction	ons.			
		(a) Name and address	(b) Title hou	e, and average irs per week ed to position	(c) Co (lf :	mpensation not paid, nter -0-)	(d) empl	Contributions oyee benefit erred compe	s to plans	(e) Expe	nse acc allowanc	
See A	ttached S	tatement										
				00		0						
			_	00		0						
				00		0						
				00		0						
2	Comper	sation of five highest-paid employees (other t		cluded		see in:	structions	s). If no	ne, ent	er	
		and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	/eek	(c) Comper	sation	(d) Contribution employee plans and compens	benefit leferred	(e) Expe	ense acci allowanc	
NONE												
						,						
			- <u></u>					-				
								_				-
			-									
						<u></u> .				_		
rotal i	number of	f other employees paid over \$50,000		•					•			0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "N	ONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	<u> </u>
Total number of others receiving over \$50,000 for professional services	<u> </u>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
2	
3	
4	
De 114 De Commune of December Deleted Investments (see instructions)	
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	, and an
2	
=	
All other program-related investments. See instructions	
3	
Total, Add lines 1 through 3	▶ 0

Form **990-PF** (2017)

Enter 1% of Part I, line 27b. See instructions

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

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Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	eign foundations,	
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes ⁻	E .	
а	Average monthly fair market value of securities	1a	600,230
b	Average of monthly cash balances .	1b	76,948
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	677,178
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	- taly 1	
2	Acquisition indebtedness applicable to line 1 assets .	2	
3	Subtract line 2 from line 1d .	3	677,178
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	10,158
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	667,020
6_	Minimum investment return. Enter 5% of line 5	6	33,351
Part		ations	
	and certain foreign organizations, check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	33,351
2a		353	
b	Income tax for 2017 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	353
3	Distributable amount before adjustments Subtract line 2c from line 1	3	32,998
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	32,998
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	32,998
Part	XII Qualifying Distributions (see instructions)		
	An Gadinying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	462,500
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	462,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2017)

Part	VIII Undistributed income	(see instructions	<u> </u>			
1	Distributable amount for 2017 from	n Part XI	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•	line 7					32,998
2	Undistributed income, if any, as of the	e end of 2017	,	1		,
a	Enter amount for 2016 only				0	
b		20 , 20				
3	Excess distributions carryover, if a					
а	From 2012				•	
b	From 2013 .					·
С	From 2014	384,570				
d	From 2015	364,242				
е	From 2016	311,671				
f	Total of lines 3a through e		1,060,483			
4	Qualifying distributions for 2017 fr	om Part XII,				
	line 4 ▶ \$462,500					
а	Applied to 2016, but not more than	n line 2a				
b	Applied to undistributed income of	f prior years				
	(Election required—see instruction		•			
С	Treated as distributions out of corp	pus (Election				
	required—see instructions)					
d	Applied to 2017 distributable amo				,	32,998
е	· 5		429,502			
5	Excess distributions carryover app					
	(If an amount appears in column (
	amount must be shown in column					
6	Enter the net total of each colum	nn as				
	indicated below:		4 400 005			
а			1,489,985			
b	· •	Subtract				
	line 4b from line 2b			0		
С	Enter the amount of prior years' up					
	income for which a notice of defici	-				
	been issued, or on which the sect					
	tax has been previously assessed Subtract line 6c from line 6b Taxa				<u> </u>	
a	amount—see instructions	ible	۰			
•	Undistributed income for 2016 Su	htract line				
е	4a from line 2a Taxable amount—					
	instructions	300			o	
f	Undistributed income for 2017 Su	ibtract lines	····			
•	4d and 5 from line 1 This amount					
	distributed in 2018					o
7	Amounts treated as distributions of	out of corpus				
	to satisfy requirements imposed b					
	170(b)(1)(F) or 4942(g)(3) (Electic					
	required—see instructions)					
8	Excess distributions carryover from	m 2012 not				
	applied on line 5 or line 7 (see ins	tructions)				
9	Excess distributions carryover	to 2018.				· ,
	Subtract lines 7 and 8 from line 6a	a	1,489,985			r
10	Analysis of line 9					
а	Excess from 2013					
b	Excess from 2014	384,570		1 4 5	,	
С	Excess from 2015 .	364,242				ч
d	Excess from 2016	311,671	•			,
е	Excess from 2017	429,502				

Form 9	90-PF (2017) ANN & ROBERT FROM	MER CHARITABLE	E FDN INC		46-435	50926 Page 10
Part	XIV Private Operating Foundat	ions (see instru	ctions and Part	VII-A, question 9)		N/A
	If the foundation has received a ruling o					
	foundation, and the ruling is effective for			•		
b	Check box to indicate whether the foundation	n is a private opera	ting foundation desc	cribed in section	4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for each year listed					0
b	85% of line 2a					0
c	Qualifying distributions from Part XII,					
C	line 4 for each year listed				/	Ó
d	Amounts included in line 2c not used directly					
u	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
C	for active conduct of exempt activities					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
3	alternative test relied upon					
а	"Assets" alternative test—enter					
a	(1) Value of all assets					О
	(2) Value of assets qualifying under			/		
	section 4942(j)(3)(B)(i)					o
b	"Endowment" alternative test—enter 2/3	<u> </u>				-
	of minimum investment return shown in					0
_	Part X, line 6 for each year listed "Support" alternative test—enter		/			
С	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)	/	1			0
	(2) Support from general public	/				
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from	/				<u></u>
	an exempt organization					0
	(4) Gross investment income	-				0
Part		(Complete thi	s part only if th	ne foundation ha	d \$5.000 or mo	re in assets at
	any time during the year—					
1	Information Regarding Foundation M					
а	List any managers of the foundation wh		I more than 2% of	the total contribution	ns received by the	foundation
	before the close of any tax year (but only					
ANN	R FROMER ROBERT L	FROMER				
	List any managers of the foundation wh		e of the stock of a	corporation (or an	equally large portio	n of the
	ownership of a partnership or other enti-	ty) of which the fol	undation has a 10°	% or greater interest		
NONE						
2	Information Regarding Contribution,	Grant, Gift, Loan,	Scholarship, etc	., Programs:		
	Check here ▶ 🗓 if the foundation on				ations and does no	ot accept
	unsolicited requests for funds. If the fou	ndation makes gift	s, grants, etc , to i	ındıvıduals or organı	zations under othe	r
	conditions, complete items 2a, b, c, and	d See instruction	S			
а	The name, address, and telephone num	ber or email addre	ess of the person	to whom application	s should be addres	sed
	•					
b	The form in which applications should b	e submitted and in	formation and ma	terials they should in	nclude.	
С	Any submission deadlines					
					<u>-</u>	
d	Any restrictions or limitations on awards	, such as by geog	raphical areas, ch	arıtable fields, kınds	of institutions, or o	other
	factors					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t	he Year or Approve	ed for Fut	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	33/13/13/13	
a Paid during the year				
PALM BEACH COUNTY SHERIFF'S FOUNDATION	NONE	PC	GENERAL	5,000
3228 GUN CLUB ROAD				
WEST PALM BEACH, FL 33406	}	 		}
WASHINGTON INSTITUTE FOR NEAR EAST POLICY	NONE	PC	GENERAL	100,000
1828 L STREET, NW SUITE 1050				
WASHINGTON, DC 20036				
KRAVIS CENTER FOR THE PERFORMING ARTS	NONE	PC	GENERAL	52,500
701 OKEECHOBEE BOULEVARD.				
WEST PALM BEACH, FL 33401-6323	4			
MIAMI CITY BALLET	NONE	PC	GENERAL	35,000
2200 LIBERTY AVENUE				
MIAMI BEACH, FL 33139			l	<u>.</u>
PALM BEACH DRAMAWORKS	NONE	PC	GENERAL	5,000
201 CLEMATIS STREET				
WEST PALM BEACH, FL 33401	1,01,5		OENED AL	05.000
PALM BEACH OPERA	NONE	PC	GENERAL	35,000
415 SOUTH OLIVE AVENUE				
WEST PALM BEACH, FL 33401	NONE	DC.	CENEDAL	25 000
ETHICAL CULTURE FIELDSTON SCHOOL	NONE	PC	GENERAL	25,000
33 CENTRAL PARK WEST	ļ			
NEW YORK, NY 10023	NONE	PC	GENERAL	62 500
MACCABI WORLD UNION	NONE	PC	GENERAL	62,500
520 EIGTH AVENUE, 4TH FLOOR NEW YORK, NY 10018				
THE SHALOM FOUNDATION	NONE	PC	GENERAL	27,000
845 THIRD AVENUE - 6TH FLOOR	NONE	, 0	CENERAL	27,000
NEW YORK, NY 10022				
MOUNT SINAI MEDICAL-LEGAL PARTNERSHIP	NONE	PC	GENERAL	5,000
ONE GUSTAVE L LEVY PLACE	110112		32.72.7.2	0,000
NEW YORK, NY 10029				
AMERICAN FRIENDS OF MIGDAL OHR	NONE	PC	GENERAL	25,000
1560 BROADWAY, SUITE 807				_==,000
NEW YORK, NY 10036				
Total See Attached Statement			> 3a	462,000
b Approved for future payment				
		_		
		,		
]	
		ı		
	•			
Total			. > 3b	0

Enter d						
;	gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by sect	on 512, 513, or 514	(0)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 P	rogram service revenue	Business code		Exclusion code		(See instructions)
а	<u> </u>					
b						
С						
d						
е						
f						
g	Fees and contracts from government agencies					
_	lembership dues and assessments	1	·			
	iterest on savings and temporary cash investments		<u></u>	14	241	
	bividends and interest from securities .			14	9,773	
	let rental income or (loss) from real estate				0,770	\
a						<u> </u>
	Not debt-financed property	+		 		
	let rental income or (loss) from personal property			 		
	Other investment income				07.407	
	ain or (loss) from sales of assets other than inventory	<u> </u>		18	27,427	
	et income or (loss) from special events					
	cross profit or (loss) from sales of inventory			ļ		
11 C	ther revenue a			ļ		
þ		<u> </u>		<u> </u>		
C						
d						
е		<u> </u>				
12 S	ubtotal Add columns (b), (d), and (e)	الالإنجيد	0		37,441	
13 T	otal. Add line 12, columns (b), (d), and (e)				13	37,441
See w						
	orksheet in line 13 instructions to verify calculations					
	orksheet in line 13 instructions to verify calculations XVI-B Relationship of Activities to the A		nt of Exemp	t Purposes		<u></u>
	XVI-B Relationship of Activities to the A	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)
Part Line N	Relationship of Activities to the A Explain below how each activity for which income	ccomplishme	umn (e) of Part	XVI-A contributed	importantly to the es) (See instruction	ons)

Part XVII	Information Regard	ing Transfers to and	Transactions ar	nd Relationships	With Noncharitable
	Exempt Organization	ons			

				411 411								1.7	T
1				ngage in any of the follow					SCIIDE	ea	, ,	Yes	No
			er than section 501(c	e)(3) organizations) or in s	section 5	527, rela	ating to politi	cai		ľ			
	•	nizations?								(
а	Tran	sfers from the rep	orting foundation to	a noncharitable exempt of	organiza	ation of				ų			
	(1) C				•						la(1)	L	X
	(2)	Other assets								<u>[</u>	a(2)		X
b	Othe	r transactions								4		44.4	
	(1) S	Sales of assets to	a noncharitable exe	mpt organization							b(1)		_X
	(2) F	urchases of asse	ts from a noncharita	ble exempt organization						[1	b(2)		X
	(3) F	Rental of facilities,	equipment, or other	assets						[1	b(3)		Χ
	(4) F	Reimbursement ar	rangements							[1	b(4)		Х
	(5) L	oans or loan guar	rantees							1	b(5)		Х
	(6) F	erformance of se	rvices or membershi	p or fundraising solicitation	ons					. 7	b(6)		Х
С				ts, other assets, or paid e		es .				. [1c		Х
d		-	• •	nplete the following schedu			hould always	show th	ne fair	market			
	value	of the goods, othe	er assets, or services of	given by the reporting found	dation. If	the four	ndation receiv	ed less	than f	ar market			
	value	in any transaction	or sharing arrangeme	ent, show in column (d) the	value of	the goo	ds, other ass	ets, or s	ervice	es received			
(a) Line	no	(b) Amount involved	(c) Name of none	charitable exempt organization		(d) Des	cription of trans	fers, trans	actions	s, and sharin	g arrai	ngemen	its
			N/A										
		-											
							<u> </u>						
													
	Î						-					-	•
	T T												
													-
						_							
	T												
2a	Is the	foundation direc	tly or indirectly affilia	ted with, or related to, on	ne or mo	re tax-e	exempt orgai	nization	ıs				
				ction 501(c)(3)) or in secti							′es	X N	0
b	If "Ye	s," complete the	following schedule										
		(a) Name of organi	zation	(b) Type of organiz	zation			(c) Des	cription	of relations	np		
N/A													
	·												
				turn, including accompanying schedule				nowledge a	ind belief	f, it is true,			
Sign	соле	ct, and complete Declaration	on of preparer (other than taxpa	yer) is based on all information of whice	h preparer h	has any kno	wledge			May the IRS d			
Here	│ ▶	11Cary	m	13/19/18	DIRE	CTOR				with the prepa See instruction		wn belov Yes	
	Sig	nature of officer of trus	tee	Date	Title				L	0-00 matruc(10)	'° L/	7 162	
Paid		Print/Type preparer's	name	Preparer's signature			Date		Check	X if PT	IN	-	
	-	SCOTT D DRUK	(ER	SCOTT D DRU	KER_		10/14/20	018		ployed P	0001	419	
Prepa		Firm's name	SCOTT DRUKER, (CPA, J D				Firm's E	IN Þ	47-2868	432		
Use O	шу	Firm's address	1483 NEWCASTLE	TERRACE, WELLINGTO	ON, FL	33414-2	209	Phone r	10	(561) 54	9-118	35	
			 _							Forn	990)-PF	(2017)

ANTATOBERT TROMER OFFICE				.5 .50			
Continuation of Part XV, Lin	<u>e 3a (990-PF) -</u>	Gran	ts and Co	ntributions Paid	During t	he	<u>Year</u>
Recipient(s) paid during the year							-
Name							
SOCIETY OF THE FOUR ARTS							
Street							
FOUR ARTS PLAZA							
		State	Zip Code	Foreign Count			
City				Foreign Count	.ry		
PALM BEACH		FL_	33480				
Relationship	Foundation Status		1				
NONE	PC				14		
Purpose of grant/contribution		,			Amount		
GENERAL				 ,	<u> </u>		5,000
Name							
JEWISH FEDERATION OF PALM BEAC	Н						
Street							
4601 COMMUNITY DRIVE							
City		State	Zip Code	Foreign Count	'n/		
WEST PALM BEACH		FL	33417	i oreign count	·		
Relationship	Foundation Status	<u> </u>	100417				
•							
NONE	PC				T		
Purpose of grant/contribution					Amount		40.000
GENERAL					1		10,000
Name							
WILDLIFE CONSERVATION SOCIETY							
Street							
2300 SOUTHERN BOULEVARD		- ·		<u> </u>			
City		State	Zip Code	Foreign Count	ry		
NEW YORK	<u> </u>	NY	10460				
Relationship	Foundation Status						
NONE	PC						
Purpose of grant/contribution					Amount		
GENERAL							10,000
Al							
Name							
MORSE LIFE FOUNDATION							
Street							
4847 FRED GLADSTONE DRIVE	** <u>*</u> *						
City			Zip Code	Foreign Count	ry		
WEST PALM BEACH		FL	33417				
Relationship	Foundation Status						
NONE	PC						
Purpose of grant/contribution					Amount		
GENERAL					İ		5,000
					<u></u>		
Name							
TEMPLE ISRAEL OF GREAT NECK							
Street							
108 OLD MILL ROAD							
City		State	Zip Code	Foreign Count	ry		
GREAT NECK		NY	11023				
Relationship	Foundation Status				•		
NONE	PC						
Purpose of grant/contribution	*				Amount		
GENERAL							10,000
					1		10,000
Name							
MIAMI CANCER INSTITUTE							
Street			 -				
8900 N KENDALL DRIVE	•						
City		State	Zip Code	Foreign Count	ry		
MIAMI		FL	33176		•		
Relationship	Foundation Status		 				
NONE	PC						
Purpose of grant/contribution					Amount		
GENERAL					Amount	À	10,000
OCIAPIA IF							10,000

Continuation of Part XV, Lin Recipient(s) paid during the year	e 3a (990-PF) -	Gran	ts and Contr	ibutions Paid	During the Year
Name		•			
AMERICAN FRIENDS OF HEBREW UN	IVERSITY				
Street					
ONE BATTERY PARK PLAZA, FL 25					
City NEW YORK		State NY	Zip Code 10004-1435	Foreign Count	ry ,
Relationship NONE	Foundation Status				
Purpose of grant/contribution GENERAL	11.0				Amount25,000
Name					
AMERICAN FRIENDS OF ISRAEL MUSI Street	EUM		<u> </u>	<u> </u>	
500 FIFTH AVENUE, SUTIE 2540			I		
City NEW YORK		State NY	Zip Code 10110	Foreign Count	ry
Relationship NONE	Foundation Status				
Purpose of grant/contribution	<u> </u>				Amount
GENERAL					10,000
Name					
Street					
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status		<u> </u>		
Purpose of grant/contribution	<u></u>			······································	Amount
Name					
Street					ı
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status	•	<u> </u>		
Purpose of grant/contribution	<u> </u>			····	Amount
Name		***		····	
Street .		•			
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status		<u></u>		
Purpose of grant/contribution	<u> </u>				Amount
Name				 	<u></u> _
Street					
City		State	Zip Code	Foreign Count	<u> </u>
Relationship	Foundation Status		<u> </u>		
_					T
Purpose of grant/contribution					Amount

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2017

Employer identification number

ANN & ROBERT FROME	R CHARITABLE FDN INC	46-4350926
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priva	ate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
•	4947(a)(1) nonexempt charitable trust treated as a private for	oundation
	501(c)(3) taxable private foundation	
General Rule X For an organization or more (in mone)	c)(7), (8), or (10) organization can check boxes for both the General Rul on filing Form 990, 990-EZ, or 990-PF that received, during the year, cor or property) from any one contributor. Complete Parts I and II. See inst	ntributions totaling \$5,000
contributor's total - Special Rules	contributions	
For an organization regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form nd that received from any one contributor, during the year, total contribut of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, lin	n 990 or 990-EZ), Part II, line itions of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to the year, total contributions of more than \$1,000 exclusively for religiou onal purposes, or for the prevention of cruelty to children or animals. Co	ıs, charıtable, scientific,
contributor, during contributions total during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to the year, contributions exclusively for religious, charitable, etc., purpose ed more than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Don't complete any collect to this organization because it received nonexclusively religious, charitable, etc., purpose bounds or the properties of the proper	es, but no such utions that were received of the parts unless the
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doesn't	file Schedule B (Form 990

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
ANN & ROBERT FROMER CHARITABLE FDN INC

Employer identification number 46-4350926

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANN FROMER 340 POLMER PARK ROAD PALM BEACH FL 33480 Foreign State or Province Foreign Country	\$135,190	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT FROMER 340 POLMER PARK ROAD PALM BEACH FL 33480 Foreign State or Province Foreign Country	\$ <u>135,190</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
ANN & ROBERT FROMER CHARITABLE FDN INC

Employer identification number 46-4350926

Part II	Noncash Property (see instructions). Use duplicate c	opies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1000 SHARES POWERSHARES QQQ TRUST	\$ 135,190	4/26/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	1000 SHARES POWERSHARES QQQ TRUST	\$ 135,190	4/26/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
••••		\$	

	ganization BERT FROMER CHARITABLE FDN INC		Employer identification number 46-4350926
Part III	Exclusively religious, charitable, etc., cont (10) that total more than \$1,000 for the year the following line entry. For organizations commontributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional specific productions.	r from any one contributor. Con apleting Part III, enter the total of Enter this information once. See i	cribed in section 501(c)(7), (8), or mplete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
•			
		(e) Transfer of gift	
	Transferee's name, address, and ZIP	+ 4 Relation	onship of transferor to transferee
	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP		onship of transferor to transferee
(a) No. from Part I	For Prov Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
•••			
		(e) Transfer of gift	
	Transferee's name, address, and ZIP	+ 4 Relation	onship of transferor to transferee
	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP		onship of transferor to transferee
	Ear Press		

ાના દક્ષી કેમ્પ્લ 2018 આપણાપ્રકાર્ય Systems Inc. analor પક દર્શને ચીમ વાત કાર્યાદ્રભાષ્ટ All nghts reserved

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

•	~ 1	_	_				_			~	~	10	വ	တ	മ	00	0	മ	<u></u>	<u> </u>	တ
-088	27,42)			Net Gain	or Loss	7,49	10,93	19,098	8,26	-1,46	-3,52	-58	85-	-87	-87	-1,73	-3,47	-3,47	-35	-1,409
orl						Adjustments															
d Adjustments	429,777	0			-	Depreciation															
Depreciation an				Expense of Sale	and Cost of	Improvements	1	1													
es	457,204	0			Valuation	Method															
Sale				_	Cost or	Other Basis	65,430	57,250	57,250	67,595	17,301	43,449	6,921	6,921	10,381	10,381	13,034	26,069	26,069	4,345	17,379
	apital Gains/Losses	Other sales			Gross Sales	Рпсе	72,928	68,189	76,348	75,863	15,839	39,924	6,335	6,335	9,503	9,503	11,295	22,590	22,590	3,992	15,970
	S				Date	Sold	3/31/2017	5/1/2017	10/30/2017	11/1/2017	3/6/2017	8/14/2017	3/6/2017	3/6/2017	3/6/2017	3/6/2017	3/6/2017	3/6/2017	3/6/2017	8/14/2017	8/14/2017
					Date	Acquired	12/30/2013	11/10/2015	11/10/2015	4/26/2017	12/30/2013	12/30/2013	12/30/2013	12/30/2013	12/30/2013	12/30/2013	12/30/2013	12/30/2013	1/19/2000	10/11/2000	10/10/2008
					Acquisition	Method	D	D	D	D	D	O	0	0	D	0	D	٥	٥	٥	0
			Check "X" if	Purchaser	IS a	Business										·					
						Purchaser															
			•	Check "X"	to include	in Part IV	×	×	×	X	×	×	×	×	×	×	×	×	×	×	×
Amount	0	0			•	CUSIP#										,		•			
	Long Term CG Distributions	Short Term CG Distributions				Description	1 1000 SHS COLGATE-PALMOL	2 500 SHS POWERSHARES QO	3 500 SHS POWERSHARES QO	4 500 SHS POWERSHARES QQ	5 1000 SHS CONDUENT, INC.	6 1250 SHS XEROX CORP	7 400 SHS CONDUENT INC	8 400 SHS CONDUENT INC	9 600 SHS CONDUENT INC	10 600 SHS CONDUENT INC	11 1500 SHS XEROX CORP	12 3000 SHS XEROX CORP	13 3000 SHS XEROX CORP	14 125 SHS XEROX CORP	15 500 SHS XEROX CORP
	Amount Sales Deprecation and Adjustments or Loss	Amount Sales Deprecation and Adjustments Capital Gains/Losses 457,204 429,777	Amount Sales Deprecation and Adjustments or Loss Capital Gams/Losses 457,204 429,777 or Loss Other sales 0 0 0	Amount Sales Deprecation and Adjustments or Loss	Amount Sales Deprecation and Adjustments or Loss 0 429,777 0 0 Check "X" if Check "X" if Expense of Sale 0	Amount Sales Deprecation and Adjustments or Loss 0 429,777 429,777 0 0 0 0 Check "X" if Purchaser to Include Purchaser to Include Date Date Gross Sales Cost or Valuation Valuation And Use Sales Net Ga	Amount Sales Sales Opprecation and Adjustments or Loss 0 Capital Gains/Losses 457,204 429,777 429,777 Check "X" if Include Purchaser Is a Nethod Acquired Date Gross Sales Cost or Include Inprovements Cost or Inprovements Valuation Inprovements Adjustments or Loss Net Gail	Amount Sales Deprecation and Adjustments or Loss 0 Check "X" if to include to in	Amount Sales Sales Deprecation and Adjustments or Loss Check "X" Check "X" if Induction in Inductio	Amount Sales Sales Deprecation and Adjustments or Loss Check "X" Check "X" if I or Include Check "X" Acquistion Date of Information Date of Information Adjustment of Information Date of Information Date of Information Adjustments Adjustments	Long Term CG Distributions Amount Short Term CG Distributions Amount Accordance Acco	Capital Gams/Losses Amount Adjustments Capital Gams/Losses Cap	Check TK Purchaser Continue Conti	Long Tem CG Distributions Amount Amount	Check TX Purchaser Check TX Purchaser	Check Time Continue	Amount	Amount	Amount	Amount	Cueck "Y" Capaci Cueck "Y"

Part I, Line 16b (990-PF) - Accounting Fees

,			2,678	2,178	0	500
			7			Disbursements
Ì			Revenue and			for Charitable
			Expenses per	Net Investment	Adjusted Net	Purposes
	Desc	ription	Books	Income	Income	(Cash Basis Only)
1	ACCOUNTING FEES		2,678	2,178		500

Part I, Line 18 (990-PF) - Taxes

		366	0	0	0
		Revenue			Disbursements
ŀ		and Expenses	Net Investment	Adjusted	for Charitable
	Description	per Books	Income	Net Income	Purposes
1 7	TAX ON INVESTMENT INCOME	366	0		<u> </u>

Part II, Line 10b (990-PF) - Investments - Corporate Stock

			502,190	342,795	505,753	480,170
		Num Shares/	Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
-	COLGATE-PALMOLIVE CO	1,000	65,430	65,430	65,440	75,450
7	MICROSOFT CORP	2,000	74,580	74,580	124,280	171,080
က	POWERSHARES QQQ TRUST	1,500	0	202,785	0	233,640
4	COLGATE-PALMOLIVE CO	1,000	65,430	0	65,440	0
ည	XEROX CORP	15,000	182,250		132,113	0
9	POWERSHARES GOO TRUST	1,000	114.500	0	118.480	0

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Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

Amount

٠																			
	27.427	Gains Minus	Excess FMV Over	Adi Basis or Losses	7,497	10.938	19,098	8,268	-1,462	3.525	-586	989	-878	878	-1,739	-3.479	3.479	353	-1409
	0	Excess of FMV	Over	Adjusted Basis			0		0	0			0	0					0
	0	Adjusted Basis	as of	12/31/69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	FMV	as of	12/31/69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	27,427	,		Gam or Loss	7,497	10,938	19,098	8,268	-1,462	-3,525	989	-586	878	878	-1,739	-3.479	-3.479	-353	-1 409
	429,777	Cost or Other	Basis Plus	Expense of Sale	65,431	57,251	57,250	965'29	17,301	43,449	6,921	6,921	10,381	10,381	13,034	56,069	26,069	4,345	17.379
	0			Adjustments															
	0		Depreciation	Allowed															
	457,204		Gross	Sales Proe	72,928	68,189	76,348	75,863	15,839	39,924	6,335	6,335	6,503	8)203	11,295	22,590	22,590	3,992	15.970
			Date	Sold	3/31/2017	5/1/2017	10/30/2017	11/1/2017	3/6/2017	8/14/2017	3/6/2017	3/6/2017	3/6/2017	3/6/2017	3/6/2017	3/6/2017	3/6/2017	8/14/2017	8/14/2017
			Date	Acquired	12/30/2013	11/10/2015	11/10/2015	4/26/2017	12/30/2013	12/30/2013	12/30/2013	12/30/2013	12/30/2013	12/30/2013	12/30/2013	12/30/2013	1/19/2000	10/11/2000	10/10/2008
(5)	ıa		Acquisition	Method	O	٥	0	0	٥	0	0	O	O	0	0	٥	0	0	a
				CUSIP#															
Long Term CG Distributions	Short Term CG Distributions			Description of Property Sold	1000 SHS COLGATE-PALMOL	500 SHS POWERSHARES QQ	500 SHS POWERSHARES QQ	500 SHS POWERSHARES QQ	1000 SHS CONDUENT, INC	1250 SHS XEROX CORP	400 SHS CONDUENT INC	400 SHS CONDUENT INC	600 SHS CONDUENT INC	10 600 SHS CONDUENT INC	11 1500 SHS XEROX CORP	12 3000 SHS XEROX CORP	13 3000 SHS XEROX CORP	14 125 SHS XEROX CORP	15 500 SHS XEROX CORP
		L			-	7	٣	4	s	ဖ	7	∞	တ	2	Ŧ	12	3	7	\$

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Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

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	a Ban	Check "X"	Chroat	Ž	Chate	Zin Code	Foreign Country	Tillo	Avg Hrs	Componention	o House	Expense	٠
	וגמווור	II DUSHICOS	סווכפו		olaic	מא ממב	r oreign country		LCI WCCN	Compensation	Deliciilo	HOWAIII .	
	ANN R FROMER		340 POLMER PARK ROAD	PALM BEACH	료	33480		DIRECTOR	1 00	0	0	0	
-													
<u> </u>	ROBERTLFROMER		340 POLMER PARK ROAD	PALM BEACH	교	33480		DIRECTOR	100	0	0	0	
7					-	_							
	ANTHONY B FROMER		340 POLMER PARK ROAD	PALM BEACH	교	33480		DIRECTOR	100	0	0	0	
۳	,	-										-	
	YVETTE F MINCHEFF		340 POLMER PARK ROAD	PALM BEACH	FL 3	33480		DIRECTOR	100	0	0	0	
4												_	_
-	MICHAEL F MUFSON		340 POLMER PARK ROAD	PALM BEACH	님	33480		DIRECTOR	100	0	0	0	
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