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Form	990-T	É	empt Organization and proxy ta					rn	OMB No 1545-0687
v		For cale	ndar year 2017 or other tax year be			•	• •	20	2017
Depart	ment of the Treasury		► Go to www.irs.gov/Form9	00T for	instructions and th	e latest	information.	1	
	l Revenue Service	▶ Do	not enter SSN numbers on this form						Open to Public Inspection for 501(c)(3) Organizations Only
A X	Check box if address changed	į	Name of organization (Check		-		s)		oyer Identification number oyees' trust, see instructions)
			THE FORTIN FOUNDAT	ION (OF FLORIDA, 1	INC.		, , , , ,	,,
	empt under section	D=:4	C/O LESLY SMITH						707107
X	, oo .(- <u>//.=</u> /	Print or	Number, street, and room or suite n) If a P (D box, see instructions				707197
	408(e) 220(e)	Type	203 CHILDAN AUG						ated business activity codes structions)
<u> </u>	408A530(a)		201 CHILEAN AVE		710 (.		ļ	
	529(a)	-	City or town, state or province, cou PALM BEACH, FL 334	•	ZIP or foreign postal co	ae		5313	۹۸
	k value of all assets end of year	F Gro	<u> </u>			_		3313	
5	28,668,393.		up exemption number (See instructs organization type X 5			501/6	\ truot	401(0)	trust Other trust
			rimary unrelated business activity	J1(C) CC	JVESTMENT IN	501(c) trust NERSHIPS W	401(a)	SENERATE HETT
			corporation a subsidiary in an al						
			identifying number of the parent		-	Sidially	zontrolled group?		الله الله الله
	ne books are in care			oi poi at	T-	elephon	e number > 56	1-835-	-0103
			or Business Income		(A) Income		(B) Expen		(C) Net
	Less returns and allowa		c Balance	▶ 1c					
2	Cost of goods sol	d (Sched	ule A, line 7)	. 2					
3	-	•	2 from line 1c						
4a	Capital gain net ii	ncome (a	ttach Schedule D)	. 4a					
b			Part II, line 17) (attach Form 4797) .	f					
¢	Capital loss dedu	ction for t	rusts	. 4c					
5	Income (loss) from	partnership	os and S corporations (attach statemen	ıt) 5	-81,2	233.	ATCH 1		-81,233.
6	Rent income (Sch	edule C)		. 6					
7	Unrelated debt-fit	nanced in	come (Schedule E)	. 7					
8	Interest, annuities, roya	ities, and rea	nts from controlled organizations (Schedule	F) 8					
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule	G) 9					
10		-	ncome (Schedule I)						
11			lule J)						
12	•		tions, attach schedule)		01 (222			-81,233.
13			ough 12		-81, 2		lodustions \ /I	Event	<u> </u>
Par			Taken Elsewhere (See in:					Excepti	or contributions,
		-	be directly connected with					144	
14 1 ₁₅			directors, and trastees (Schedule						
1									
716 717 718									
₹''									
ည်း သူ့	•	•							
20			See instructions for limitation rules						
21	Depreciation (atta	ach Form	4562)		21				
22			on Schedule A and elsewhere or					22b	
23	Depletion							23	
24	Contributions to d	deferred (compensation plans	REC	CEIVED	.		24	
25			· · · · · · · · · · · · · · · · · · ·					25	
26	Excess exempt ex	penses (S	Schedule I)	- M∩ W	11.0 .2010 . 10	3		26	
27	Excess readership	costs (S	Schedule I)		1 7 LUIO	b		27	
28	Other deductions	(attach s	chedule)		<u> </u>	[]		28	
29	Total deductions	Add line	s 14 through 28	OGI	DEN UT	.		29	ļ
30	Unrelated busine	ss taxab	le income before net o perati i	ig loss	deduction Subtra	ct line	29 from line	13 30	-81,233.
31			on (limited to the amount on line						01.000
32			e income before specific deduct			-			-81,233.
33			ally \$1,000, but see line 33 instr						1,000.
34			ble income. Subtract line 33			_			_01 222
	enter the smaller	of zero or	line 32	<u></u>	<u> </u>	<u> </u>		34	-81,233.

Par	t IIIs	Tax Computation				
35		izations Taxable as Corporations. See instructions for tax computation Controlled group				
- (_	ers (sections 1561 and 1563) check here See instructions and				
а		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
-	(1) \$	(2) \$ (3) \$				
b		organization's share of (1) Additional 5% tax (not more than \$11,750) \$.			
_		sitional 3% tax (not more than \$100,000)				
С		e tax on the amount on line 34	35c			
36	Trusts					
	the am	ount on line 34 from Tax rate schedule or Schedule D (Form 1041)	36			
37		tax. See instructions	37	•		
38		itive minimum tax	38			
39		Non-Compliant Facility Income. See Instructions	39			
40	Total.	Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40			
Pai	t IV	Tax and Payments				
41 a	Foreigi	n tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a				
	_	credits (see instructions)				
		al business credit Attach Form 3800 (see instructions)				
d	Credit	for prior year minimum tax (attach Form 8801 or 8827),				
		redits. Add lines 41a through 41d	41e			
42		ct line 41e from <u>line 40 </u>	42			
43		exes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43			
44	Total t	ax. Add lines 42 and 43	44			0.
45 a		nts A 2016 overpayment credited to 2017				
		stimated tax payments	f			
С		posited with Form 8868	-			
ď		n organizations. Tax paid or withheld at source (see instructions)				
е	Backup	withholding (see instructions)	ł			
f	Credit	for small employer health insurance premiums (Attach Form 8941) 45f				
g	Other o	credits and payments Form 2439	ł			
		Form 4136 Other Total ▶ 45g				
46	Total	ayments. Add lines 45a through 45g	46			
47		ted tax penalty (see instructions) Check if Form 2220 is attached	47			
48	Tax du	e. If line 46 is less than the total of lines 44 and 47, enter amount owed	48			
49		syment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49			
50		e amount of line 49 you want Credited to 2018 estimated tax Refunded	50			
Par		Statements Regarding Certain Activities and Other Information (see instructions				
51	_	time during the 2017 calendar year, did the organization have an interest in or a signature or		_	Yes	No
		financial account (bank, securities, or other) in a foreign country? If YES, the organization ma				
	_	Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	toreign	country		v
	here 🕨					X
52	•	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust	²		
		see instructions for other forms the organization may have to file				
<u>53</u>		he amount of tax-exempt interest received or accrued during the tax year \$ Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	act of m	v knowledge	and hel	of it is
e:	1 1	The correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	55t OI III	y kilowiedge	and Den	161, 1(13
Sig			•	IRS discuss		
Her	- 1 -			preparer sh ons)? X y ∈		7 I
		Print/Type preparer's name Preparer's signature Date Countries Cou	T	ons)? X Y∈ PTIN	8	No
Paic	i	Check		2007	33 00	. 4
	oarer		mployed	13-5381		
	Only	1 COL FORTH PLACE ONL STOOP WHOM PAIN PRACE DE 22401		561-688		<u></u>
		Firm's address > 1601 FORUM PLACE, 9TH FLOOR, WEST PALM BEACH, FL 33401 Phone	no ·	501-000		

Form 990-T (2017)									Page 3
Schedule A - Cost of Good	<u>s Sold. E</u>	nter metho	d of inventor						
1 Inventory at beginning of year.				6 Inventor	at end of yea	ar	6		
2 Purchases			7 Cost of goods sold. Subtract lii						
3 Cost of labor	3			6 from	line 5 En	ter here and in			
4a Additional section 263A costs				Part I, Im	e 2		7		
(attach schedule)	4a			8 Do the	rules of	section 263A (w	nth respect	to Yes	No
b Other costs (attach schedule) .	4b			property	produced	or acquired for	resale) ap	ply	
5 Total Add lines 1 through 4b .				to the or	ganization?	<u> </u>			X
Schedule C - Rent Income (Fr	om Real	Property a	nd Person	al Propert	V Leased V	Vith Real Proper	rty)		
(see instructions)									
Description of property									
(1)									
(2)									
(3)			•						
(4)									
	2. Rent rece	eived or accru	ied						
(a) From personal property (if the percei	ntage of rent	(b) F	rom real and p	ersonal propert	v (if the	3(a) Deductions directly connected with			ome
for personal property is more than 10 more than 50%)		percent	age of rent for personal property exceeds rif the rent is based on profit or income)			in columns 2(a) and 2(b) (attach sched			
(1)									
(2)	•								
(3)									
(4)							•		
Total		Total	······································						
(c) Total income Add totals of column						(b) Total deductio Enter here and on			
here and on page 1, Part I, line 6, colu						Part I, line 6, colun	nn (B) 🕨		
Schedule E - Unrelated Debt-	Financed	Income (se	ee instructio	ns)			 		
1 Description of debt-finar				come from or debt-financed	3 (Deductions directly con debt-financ		locable to	
i Description of debi-linar	iced property		1	perty		nt line depreciation ch schedule)	(b) Other deductio (attach schedule		
(1)			1	· 	latta	cir scriedale)	(attaci)	oriedule)	
<u>(1)</u> (2)					+				
(3)					+	• • • • • • • • • • • • • • • • • • • •			
(4)									
	Average ad	ueted hasis			-				
acquisition debt on or	of or alloc			olumn	7 Gross	ncome reportable		e deductions	
allocable to debt-financed property (attach schedule)	debt-finance (attach sci			ivided Sumn 5	(columi	2 x column 6)	(column 6 x t 3(a) a	otal of coluit nd 3(b))	ins
	(attach sci	160016)	<u> </u>						
(1)	····		+	9					
(2)		. .	+ -	9					
(3)				9					
(4)			<u> </u>		+	a and an error 4	Enter harri	nd oc ====	
					Part I, lin	e and on page 1, e 7, column (A)	Enter here a Part I, line 7		
Totals					٠				

Page 4

Schedule F - Interest, Annu	ines, Royannes			ntrolled Org			itions (see	: IIISTI UCIK	J115)	
Name of controlled organization	2 Employer identification numb	iei į	Net unrelated income (loss) (see instructions) 4. Total of specified payments made		ed included	of column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5		
(1)										
(2)										
(3)				•						
(4)							<u> </u>	··· · · · · · · · · · · · · · · · · ·		
Nonexempt Controlled Organiz	zations								,	
7 Taxable Income	8. Net unrelated in (loss) (see instruc			otal of specific syments made	d	incl	Part of column uded in the co nization's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals	come of a Sec		· · · · (7), ((9), or (17 3 Deduc		Par		mn (A) tructions)		ter here and on page 1, rt 1, line 8, column (8) 5 Total deductions
1 Description of income	2 Amount of	f income	ļ	directly con (attach sch	nected			t-asides schedule)		and set-asides (col 3 plus col 4)
(1)			-	· · · · · · · · · · · · · · · · · · ·		-				
(2)			-		-	-				
(3)			- 							-
(4)	Enter here and Part I, line 9, c									Enter here and on page 1 Part I, line 9, column (B)
Totals ► Schedule I - Exploited Exe	empt Activity In	come, Oth	er Tha	n Adverti	sing In	come	(see instru	ections)		<u></u>
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business ind	es with of	2 minus column 3) from activity that attri		. Gross income om activity that s not unrelated column 5		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 a page 1, Pa line 10, col	ırt I,			I				Enter here and on page 1, Part II, line 26
Schedule J - Advertising In	come (see instr	uctions)		-	•	-				
Part I Income From Peri			onsoli	dated Bas	is	•	·	·		
1 Name of periodical	2 Gross advertising income	3. Direct advertising of	st .	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	sing s) (col I 3) If npute	5. Circulation 6. Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)										
(2)						-				_
(3)										-
(4)										-
<u> </u>										
Totals (carry to Part II, line (5))										

Form 990-T (2017)

10/11/000 1 (2011)			<u> </u>	
Part II · Income From Per 2 through 7 on a l		d on a Separate Basis	(For each periodica	I listed in Part II, fill in columns
	2 Gmss	4. Advertis	·	7 Excess readership costs (column 6

1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)					<u> </u>	
Totals from Part I ▶			-			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

•	ATTACHMENT 1
•	
FORM 990Ţ - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
NOL FROM 2008 NOL FROM 2013 NOL FROM 2014 NOL FROM 2015	-62,474. -3,194. -1,806. -13,759.
INCOME (LOSS) FROM PARTNERSHIPS	-81,233.

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

► Go to www.irs gov/Form1120 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name THE FORTIN FOUNDATION OF FLORIDA, INC.

Employer Identification number

C/O LESLY SMITH

59-2707197

Part	Short-Term Capital Gains and Losses	- Assets Held Or	ne Year or Less	-		· · · · · · · · · · · · · · · · · · ·
	See Instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form 8949, Part I, line	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
1a	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,	(sales price)	(or other basis)	column (g)		the result with column (g)
1b	leave this line blank and go to line 1b					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss) Combine lines 1	a through 6 in column	h		7	
Part						<u> </u>
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to	(g) Adjustments to or loss from Form 8949, Part II, line	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine		
	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	(sales pnce)	(or other basis)	column (g)		the result with column (g)
0.5	with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked				•	
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchan		13			
14	Capital gain distributions (see instructions)	14	21,110.			
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	ı <u>h</u>	<u> </u>	15	21,110.
Part	Summary of Parts I and II					
16	Enter excess of net short-term capital gain (line 7) or		16			
17	Net capital gain. Enter excess of net long-term capit	al gain (line 15) over n	et short-term capital los	s (line 7)	17	21,110.
18	Add lines 16 and 17 Enter here and on Form 1120,	page 1, line 8, or the	proper line on other retu	irns If		01 110
	the corporation has qualified timber gain, also complete. If losses exceed gains, see Capital losses in the		18	21,110.		

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017