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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

OMB No 1545-0052 2009

FOL C	alen	dar year 2009, or tax year deginning		, and ending	·	
G CI	neck	all that apply: Initial return		rmer public charity	Final return	
		Amended return	Address chang	ge <u> </u>	Name change	
Use	the I	RS Name of foundation			A Employer identification	number
la	ıbel.	THE LOUIS AND GLORIA		3	14-6285967	
		PHILANTHROPIC TRUST C	O ERIC KAPL	Room/suite		
•	rint	·	elivered to street address)	· ·	B Telephone number	0.0
See	type Spec	<u>555 111515011 111161</u>		1500	212 708-02	
instr	-	City of towit, State, and Zir Code			C If exemption application is p	
		NEW YORK, NY 10017	A second designation of the second		D 1. Foreign organizations 2. Foreign organizations me check here and attach co	eting the 85% test,
H C	_	type of organization: X Section 501(c)(3) ex			check here and attach co	mputation
			Other taxable private foundating method: X Cash		E If private foundation sta	
		rket value of all assets at end of year J Accounting		Accrual	under section 507(b)(1)	• • •
-		Part II, col. (c), line 16) 0 3 , 259 , 080 . (Part I, colu	ther (specify)	hasis I	F If the foundation is in a under section 507(b)(1)	
Po		Analysis of Revenue and Expenses	· · · · · · · · · · · · · · · · · · ·		(c) Adjusted net	(d) Disbursements
Pa	<u> </u>	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,000,000.			16 18 1913
	2	Check if the foundation is not required to attach Sch B				/- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	3	Interest on savings and temporary cash investments	19,527.	<u> 19,527.</u>	19,527.	STATEMENT 1
	4	Dividends and interest from securities				1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	5a	Gross rents				19 19 19 19 19 19 19 19 19 19 19 19 19 1
	b	Net rental income or (loss)	,	, , , , , , , , , , , , , , , , , , , ,	DE	PEIVED :
	6a	Net gain or (loss) from sale of assets not on line 10		· · · · · ·	nc.	OCIVED : A
ğ	b	Gross sales price for all assets on line 6a	1.00	4 1 2 2 3		S S
Revenue	7	Capital gain net income (from Part IV, line 2)		0.	Ø MAR	2 9 2010
	8	Net short-term capital gain	25 (2)	120 8 12 12	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 2 SA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	9	Income modifications	,,,	, , , , , , , , , , , , , , , , , , , ,	- TOTAL	DEN UT
	10a	Gross sales less returns and allowances			1300	* * * * * * * * * * * * * * * * * * *
	b	Less Cost of goods sold		,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	17
	C	Gross profit or (loss)				
	11	Other income	1 010 505	10 505	10 507	25.3
_	12	Total. Add lines 1 through 11	1,019,527.	19,527.	19,527.	0.
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
s .	15	Pension plans, employee benefits				
enses		Legal fees				· · · · · · · · · · · · · · · · · · ·
ed		Accounting fees				
Ê		Other professional fees			 	
Operating and Administrative Expo	17	Interest Taxes STMT 2	865.	0.	0.	0.
stra	18 19	Taxes STMT 2 Depreciation and depletion	803.	0.	<u> </u>	5. (35%) 6
Ë	20	Occupancy		-		<u> </u>
퉏	21	Travel, conferences, and meetings	- "			
Þ	22	Printing and publications				
gai	23	Other expenses				
ij	24	Total operating and administrative				
ēra	~	expenses. Add lines 13 through 23	865.	l 0.	. o.	
Q	25	Contributions, gifts, grants paid	501,800.	1 3 137	(8): 7	501,800.
•	26	Total expenses and disbursements.				
9		Add lines 24 and 25	502,665.	0.	. 0.	501,800.
<u>آ</u>	27	Subtract line 26 from line 12:				1. 3. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	a	Excess of revenue over expenses and dispursements	516,862.	* / / / / / ·		1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ь	Net investment income (if negative, enter -0-)		19,527		1
	c	Adjusted net income (if negative, enter -0-)		1 1 1	19,527	
9235 02-0	01 2-10	LHA For Privacy Act and Paperwork Reduction	n Act Notice, see the instruc	ctions.	"T CODV	Form 990-PF (2009)

PHILANTHROPIC TRUST C/O ERIC KAPLAN 14-6285967 Attached schedules and amounts in the description Beginning of year End of year **Balance Sheets** column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 2,739,193. 3,256,920. 2 Savings and temporary cash investments 3,256,920. 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 7 Other notes and toans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 3.025. 2.160 2.160. 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 2,742,218. 3,259,080 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright \boxed{X}$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Vet Assets or 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 2,742,218. 259,080. 29 Retained earnings, accumulated income, endowment, or other funds 2,742,218. 30 Total net assets or fund balances 259,080 2,742,218. 3.259 31 Total liabilities and net assets/fund balances **Analysis of Changes in Net Assets or Fund Balances** Part III Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2,742,218. 2 Enter amount from Part I, line 27a 516,862. Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 259,080. Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 3,259,080.

Form **990-PF** (2009)

Form 990-PF (2009)

Form 990-PF (2009) PHILANTHROPIC TRUST C/O ERIC KAPLAN

Part IV Capital Gains and Losses for Tax on Investment Income

14-6285967

Page 3

(a) List and desc	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) D	How ac - Purc - Dona	11456 1	c) Date a	acquired ay, yr.)	(d) Date sold (mo., day, yr.)	
<u>1a</u>					<u> </u>					
	NE				 					-
<u>c</u>					+	_				
<u>d</u>		· · · · · · · · · · · · · · · · · · ·			 					
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis xpense of sale	<u> </u>				ain or (loss s (f) minus	
a										
<u>b</u>	<u> </u>						-			
<u>C</u>	 			. —	-	-				
<u>d</u> e	 									
Complete only for assets shown	ng gain in	column (h) and owned by t	the foundation	on 12/31/69			(t)	Gains (C	ol. (h) gaın	minus
(j) Adjusted basis (k) Excess			cess of col. (1) col. (j), if any			col. (k), but r	not less tha (from col. (n -0-) or	
a										
b						ļ				
<u> </u>										
<u>d</u>	ļ								<u> </u>	
<u>e</u>	I				_					
2 Capital gain net income or (net c	apıtal loss	If gain, also enter $\left\{\begin{array}{l} \text{If (loss), enter -0-} \end{array}\right.$	n Part I, line - in Part I, line	7 7	·	2				
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8	, column (nd (6):		}					
If (loss), enter -0- in Part I, line 8 Part V Qualification U		Section 4940(e) for	Reduced	Tay on Net	Inv	<u>3</u>	ent Inco	me		
If section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the foundation liable for the sectif "Yes," the foundation does not qualify the appropriate amount in	ction 4942 alify under	tax on the distributable am section 4940(e). Do not co	mplete this pa	rt						Yes X No
(a) Base period years Calendar year (or tax year beginn	ıng in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) oncha) iritable-	use assets		Dıstrıl (col. (b) dı	(d) oution ratio vided by col. (c))
2008		10	0,000.		1	,78	5,089			.05602
2007			0.				<u>8,866.</u>			.00000
2006		2,59	4,891.		2		4,856		 -	1.09265
2005			0.				4,883.	\		.00000
2004										
2 Total of line 1, column (d)								2		1.14867
3 Average distribution ratio for the	5-year ba	se period - divide the total (on line 2 by 5,	or by the number	r of ye	ears	•	<u> </u>		
the foundation has been in existe		•	• .	-	•			3		.28716
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5					4		2,562,061			
5 Multiply line 4 by line 3								5		735,742
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6		195
7 Add lines 5 and 6								7		735,937
8 Enter qualifying distributions fro								8		501,800
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, cl	heck the box in Part VI, line	1b, and comp	lete that part usii	ng a 1	% tax	rate.			

THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O ERIC KAPLAN 14-6285967 Page 4 Form 990-PF (2009)

_	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		- see ir			ns)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		555		040.	<u>,</u>
ıa		′ 、	ĺ			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	4	ĺ		વ	91.
U		_'_				<u> </u>
•	of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		1			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	` `	•		Λ.
	Add lines 1 and 2	3			3	91.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		_	3	91.
	Credits/Payments:		<u> </u>	,	7, 	
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2,160.		-	۸, `		
	Exempt foreign organizations - tax withheld at source 6b		′		, ,	,
	Tax paid with application for extension of time to file (Form 8868) 6c	· >	,		١.	
	Backup withholding erroneously withheld 6d			• • •		,,
	Total credits and payments. Add lines 6a through 6d	7	ĺ		2,1	60.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	-			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				_
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1,7	69.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11				0.
	rt 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 participate or intervene	ın		,	Yes	No
	any political campaign?		[1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or			:35	11.5
	distributed by the foundation in connection with the activities.			· / /	3.3	1 30
C	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:		İ	<i>(</i>),		7 3 3
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$			′ ;′	, ,	3/3/
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			* 3	رهرگ فده	¥2g/1
	managers. ► \$ 0 .					2300
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.			3.5	3.47	1977 1477
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r			74 (X	50.50
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		,	3_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		}	5	53.1	X
	If "Yes," attach the statement required by General Instruction T.			ا بائا (* راب	3/3	2 3
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			(), 1 3	5 (X)	7.00
	By language in the governing instrument, or			```	, .,	54
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	iaw			-£	1.1
_	remain in the governing instrument?		-	7	X	<u> </u>
1	Did the foundation have at least \$5,000 in assets at any time during the year?		ŀ		A 3/	
٥.	If "Yes," complete Part II, col. (c), and Part XV.			, (A)	}.	17.
62	Enter the states to which the foundation reports or with which it is registered (see instructions)			25.7	3 71	
L	FL If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				.7	
D	of each state as required by General Instruction G? If "No," attach explanation			8b	$\hat{\mathbf{x}}$	ľ ´
۵	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	ŀ) à	A	
J	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	35. 1 0.	X
year 2009 or the taxable year beginning in 2009 (see instructions for Part Aiv)? If Yes, Complete Part Aiv 10 Did any persons become substantial contributors during the tax year? If Year a stack a schedule listing their names and addresses						X

•	MUD LOUIS AND GLODIA DIAMEDO			
	THE LOUIS AND GLORIA FLANZER			Daga
_		285967		Page
_	art VII-A Statements Regarding Activities (continued)		Т	_
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	-	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		1	
	August 17, 2008?	12	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u>.L</u>
	Website address ► N/A			
14	The books are in care of ▶ ERIC KAPLAN Telephone no. ▶ 212			<u> </u>
	Located at ► 335 MADISON AVENUE, STE. 1500, NEW YORK, NY ZIP+4 ▶	<u> 10017</u>	7	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	• 📖
	and enter the amount of tax-exempt interest received or accrued during the year	Ŋ	I/A	
Pi	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	a During the year did the foundation (either directly or indirectly):	Y		^ -
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	lo	`	, -3'
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	٠,	1	4000
	a disqualified person?	io í	İ	~ -
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	io	<u> </u> `~	77
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	lo 🗼	13.	1 K 1 V
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	0	[[7]]	1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	3,7	1.	
	if the foundation agreed to make a grant to or to employ the official for a period after	,	,	1,30
	termination of government service, if terminating within 90 days.)	lo ` "	,`	1.3
1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	· `		3. ·
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	A 16	1	´
	Organizations relying on a current notice regarding disaster assistance check here		\$ 12.77	1 .
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	_ **	1 / . "	``.`.
	before the first day of the tax year beginning in 2009?	10	'	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1, 1	"	· \
-	defined in section 4942(j)(3) or 4942(j)(5)):	138		3,0
	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•	before 2009?	lo .		1.6%
	If "Yes," list the years >			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	'	J 😽 🤞	1773
'	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	- 经第	1009	{\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\
	statement - see instructions.)	A 2b	1	` '
	statement see insurement	- 1 ZU		1

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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3b

4a

Yes X No

N/A

during the year?

THE LOUIS AND GLORIA FLA				
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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	. L Ye	es 🗶 No	1 1
(2) Influence the outcome of any specific public election (see section 4955); (r to carry on, directly or indire			
any voter registration drive?			es 🗶 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		l	
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational purposes, or f	or		
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		
section 53,4945 or in a current notice regarding disaster assistance (see instri		· ·	N/A	5b ^ _ ^ `
Organizations relying on a current notice regarding disaster assistance check h	· · · · · · · · · · · · · · · · · · ·			50 5° /
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption t		ned		
expenditure responsibility for the grant?		/A 🔲 Ye	s 🔲 No	7 N. ŽE (\$\frac{1}{2}\cdot)
If "Yes," attach the statement required by Regulations section 53.494		,		7. [
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promisers on	[Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?		_	6b X
If "Yes" to 6b, file Form 8870.				1.2.
7a At any time during the tax year, was the foundation a party to a prohibited tax	helter transaction?		es 🗶 No 🦪	
b If yes, did the foundation receive any proceeds or have any net income attribute				7b
Information About Officers Discotons Touch		nagers. Highly		
Part VIII Paid Employees, and Contractors	ooo, rounaution ma	go.o, rg	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans	account other
(a) name and address			and deterred	account, other
	to position	enter -0-)	and deterred compensation	allowances
GLORIA FLANZER	to position TRUSTEE		and deterred compensation	allowances
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C	to position	enter-0-)	compensation	allowances
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228	TRUSTEE AS REQUIRED		and deterred compensation	allowances 0 .
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER	TRUSTEE AS REQUIRED TRUSTEE	enter-0-)	compensation	allowances
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C	TRUSTEE AS REQUIRED	enter-0-)	Compensation O .	allowances 0 •
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER	TRUSTEE AS REQUIRED TRUSTEE	enter-0-)	compensation	allowances
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C	TRUSTEE AS REQUIRED TRUSTEE	enter-0-)	Compensation O .	allowances 0 •
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C	TRUSTEE AS REQUIRED TRUSTEE	enter-0-)	Compensation O .	allowances 0 •
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C	TRUSTEE AS REQUIRED TRUSTEE	enter-0-)	Compensation O .	allowances 0 •
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C	TRUSTEE AS REQUIRED TRUSTEE	enter-0-)	Compensation O .	allowances 0 •
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C	TRUSTEE AS REQUIRED TRUSTEE	enter-0-)	Compensation O .	allowances 0 •
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED	0 .	Compensation O .	allowances 0 •
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED Sluded on line 1). If none,	enter "NONE."	O .	allowances O.
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED Sluded on line 1). If none,	0 .	(d) Contributions to employee benefit plans and deferred	allowances O.
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 2 Compensation of five highest-paid employees (other than those incomplete than \$50,000)	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED	enter "NONE."	O .	allowances 0 •
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 2 Compensation of five highest-paid employees (other than those inc	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED Sluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	allowances O.
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 2 Compensation of five highest-paid employees (other than those incomplete and address of each employee paid more than \$50,000	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED Sluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	allowances O.
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 2 Compensation of five highest-paid employees (other than those incomplete than \$50,000)	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED Sluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	allowances O.
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 2 Compensation of five highest-paid employees (other than those incomplete and address of each employee paid more than \$50,000	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED Sluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	allowances O.
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 2 Compensation of five highest-paid employees (other than those incomplete and address of each employee paid more than \$50,000	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED Sluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	allowances O.
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 2 Compensation of five highest-paid employees (other than those incomplete and address of each employee paid more than \$50,000	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED Sluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	allowances O.
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 2 Compensation of five highest-paid employees (other than those incomplete and address of each employee paid more than \$50,000	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED Sluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	allowances O.
GLORIA FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 LOUIS FLANZER 415 L'AMBIANCE DR., PH. C LONGBOAT KEY, FL 34228 2 Compensation of five highest-paid employees (other than those incomplete and address of each employee paid more than \$50,000	TRUSTEE AS REQUIRED TRUSTEE AS REQUIRED Sluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	allowances O.

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Total number of other employees paid over \$50,000

		
Form 990-PF (2009)	PHILANTHROPIC	TRUST C/O ERIC KAPLAN

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Part VIII Paid Employees, and Contractors (continued)	ers, migniy	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
` (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		O
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information su	ich as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ion do tino	Expenses
1 N/A		
2		
3		
		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3	<u> </u>	0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	2,598,651.
c	Fair market value of all other assets	1c	2,426.
d	Total (add lines 1a, b, and c)	1d	2,601,077.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,601,077.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	39,016.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,562,061.
6	Minimum investment return. Enter 5% of line 5	6	128,103.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	128,103.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	391.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	127,712.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	127,712.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	127,712.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	22	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	501,800.
b	Program-related investments - total from Part IX-B	1b	0.
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:	28.3	
a	Suitability test (prior IRS approval required)	3a	
b	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	501,800.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	501,800.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (qualifies for	the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7			,	127,712.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only	,	, , , , · , ·	22,282.	,
b Total for prior years:	· .	,,,	, ,	
	, , , , , , , , , , , , , , , , , , ,	0.	,	`,
3 Excess distributions carryover, if any, to 2009:	, ,		, , , , ,	
a From 2004			. ` .	
b From 2005		` ` . ` . `		` <i>,</i> .
c From 2006		·	(, , , , , , , , , , , , , , , , , , ,	1. 2. K. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
d From 2007				
e From 2008	سرني ۱۲		· · · · · · · · · · · · · · · · · · ·	and the second
f Total of lines 3a through e	0.	, %		
4 Qualifying distributions for 2009 from	1.5	, , , , , , , , , , , ,	19.0	
Part XII, line 4: ►\$ 501,800.	` ' '	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22 202	S & S & C &
a Applied to 2008, but not more than line 2a	3 17 17 18		22,282.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.	W	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	1.3 2.121.2	3 2 2 2	10 10 10 10 10 10 10 10 10 10 10 10 10 1	127 712
d Applied to 2009 distributable amount e Remaining amount distributed out of corpus	351,806.			121,114.
	331,800.	7 -44	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	0
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	V			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
must be shown in column (a))		and the state of		
6 Enter the net total of each column as indicated below:			, , , ,	****
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	351,806.		8700 7700	
b Prior years' undistributed income. Subtract	, , , , , , , , , , , , , , , , , , , ,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
line 4b from line 2b	*	0.	14 3 4 4 1	
c Enter the amount of prior years'	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously			自動家 含头	
assessed	(4)	0.		
d Subtract line 6c from line 6b. Taxable		_	医微量 经基础	
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.	35) (c) 13 y	(3) (3) (2) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	0.	<u> </u>
f Undistributed income for 2009. Subtract	"\$1 30x23x " 1 5		11 11 11 11 11 11	
lines 4d and 5 from line 1. This amount must be distributed in 2010		*		_
7 Amounts treated as distributions out of		,	N	0.
corpus to satisfy requirements imposed by		1 2 2	The wast of the state of the	The same of the same
section 170(b)(1)(F) or 4942(g)(3)	0.		, , , , , ,	
8 Excess distributions carryover from 2004	•			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
not applied on line 5 or line 7	0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9 Excess distributions carryover to 2010.		, ,	1 1 1 1 11 15	1 1. 18. 18. 18. 18. 18. 18. 18. 18. 18.
Subtract lines 7 and 8 from line 6a	351,806.	Jan & State	Comment of the second	2 "数别"的 经交流信息
10 Analysis of line 9:		^^ ^ ·	, , , , , , , , , , , , , , , , , , , ,	5 75 5 1 1 C
a Excess from 2005		(* 1 / 1 / 1 / 1 / 1 · 1 · 1 · 1 · 1 · 1 ·		
b Excess from 2006	Kar A A St. M.	12 3 3		
c Excess from 2007	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8. 35 Sec.		
d Excess from 2008				
e Excess from 2009 351,806.	1 7. 13.	Land the state of	11 11 11 11 11 11 11 11 11 11 11 11 11	1 10 10 10 10 10 10 10 10 10 10 10 10 10

Form 990-PF (2009) PHILANTHROPIC TRUST C/O ERIC KAPLAN Page 10 14-6285967 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section 4942(i)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2009 (d) 2006 (b) 2008 (c) 2007 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SEE STATEMENT 3 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \triangleright X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include; c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Part XV Supplementary Information (continued)

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3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient	Contribution	741104111	
a Paid during the year ABRAHAM JOSHUA HESCHEL SCHOOL			IRC SEC. 170(C) ORGANIZATION PUBLIC CHARITIES	1,800.	
WHITE PLAINS HOSPITAL CENTER			IRC SEC. 170(C) ORGANIZATION PUBLIC CHARITIES	500,000.	
Tatal			▶ 20	501,800.	
Total b Approved for future payment			▶ 3a	301,000.	
NONE					
Total	•	•	▶ 3h	0.	

Part XVI-A	Analysis of Income-Producing Activities
------------	---

nter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ided by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
-			1		
ab					 ··
c					
d	l l				
e	1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments		······································			
3 Interest on savings and temporary cash					-
investments			14	19,527.	
4 Dividends and interest from securities				•	
5 Net rental income or (loss) from real estate:	٠.,	15.27	\ \ \	, ,	* : * * * * *
a Debt-financed property					
b Not debt-financed property			1		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a			<u> </u>		
b					
C	_				
d			<u> </u>		
e	_				
2 Subtotal. Add columns (b), (d), and (e)		0.	· 3 /	19,527.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	19,527.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xemp	t Purposes	
	. =	•		<u> </u>	
Line No. Explain below how each activity for which inc			A contrit	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other that	in by providing tu	nas for such purposes).			
			-		
				<u> </u>	
	·				
	· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·		 	
		-			
i					

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P	art X	VII Information Re Exempt Organ	egarding Transfers To a izations	and Transactions a	nd Relationsh	ips With Noncha	ritabl	е	
1	Did th	ne organization directly or indir	ectly engage in any of the following	ng with any other organization	n described in section	n 501(c) of	\top	Yes	No
								\	
а	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of:								
	(1)		or to a nononariable ordinario	gameanon on			1a(1)	ľ	х
	٠.	Other assets						1	
					•	••	1a(2)		X
b		transactions:	ble evenut evenueten						7.7
		Sales of assets to a noncharital					1b(1)		X
			ncharitable exempt organization	•		•	1b(2)	1	X
		Rental of facilities, equipment,	or other assets			•	1b(3)	 	X
		Reimbursement arrangements					1b(4)	_	X
		oans or loan guarantees					1b(5)		X
	(6) F	Performance of services or me	mbership or fundraising solicitation	ons			1b(6)	<u> </u>	X
C			iling lists, other assets, or paid em				1c	<u> </u>	L X
d	If the	answer to any of the above is	"Yes," complete the following sche	edule. Column (b) should alv	vays show the fair ma	rket value of the goods,	other as	sets,	
	or se	rvices given by the reporting fo	oundation. If the foundation receiv	ed less than fair market valu	e in any transaction o	r sharing arrangement, s	show in		
	colun	nn (d) the value of the goods, o	other assets, or services received.						
a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description o	f transfers, transactions, and	sharing a	rangeme	:nts
			N/A						
								_	
		•	-		- 				-
			 	 					
				· · · · · · · · · · · · · · · · · · ·				-	
					 				
								-	
					+				
	_		-						
									
_									
2a			ly affiliated with, or related to, one		ations described				_
	ın sec	ction 501(c) of the Code (other	than section 501(c)(3)) or in sec	tion 527?		Ę	Yes	X	□No
b	If Ye	s," complete the following sche	edule.						
		(a) Name of org	anization	(b) Type of organization	(c	Description of relations	hip		
		N/A							_
2									
			ave examined this return, including acco			ny knowledge and belief, it is	true, corr	ect,	
			than taxoayer or fiduciary) is based on						
- {		Josep Flattel 19/13 both Tourston							
9	Sı	gnature of officer or trustee		Date	Title				
<u> </u>		Preparer's A CC2			ate Chec	k if Prepare	er's identi	lying nun	nber
톍	Paid Preparer's Use Only	signature		_	self-	. —			
<u>ا</u> ۹	Paid spare se On	Grand de La Colonia de La Colo	TOL CONSULTANTS	LLC MAR	<u> 1 0 2010 emp</u>				
	<u> </u>	firm's name (or yours BKLS) If self-employed), 385			}	EIN >			
	るコ	address, and ZIP code	MADISON AVENUE,	TOIR PLOOK		Dhara as / 212	\700		0.0
		address, and ZIP code NEW	YORK, NY 10017			Phone no. (212	<u> </u>	<u> </u>	οU

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, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O ERIC KAPLAN 14-6285967 Organization type (check one): Section: Filers of: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

THE LOUIS AND GLORIA FLANZER

PHILANTHROPIC TRUST C/O ERIC KAPLAN

Employer identification number

14-6285967

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LOUIS & GLORIA FLANZER 415 L'AMBIANCE DRIVE PH. C LONGBOAT KEY; FL 34208		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Oncash Occash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)

		IVESTMENTS :	STATEMENT	1 			
			AMOUNT				
BANK OF AMERICA							
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A							
FORM 990-PF TAXES							
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI				
865.	0.	0	•	0.			
865.	0.	0	•	0.			
	T.VD 13		COMP WENTER				
	(A) EXPENSES PER BOOKS 865.	TAXES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 865. 0.	TAXES (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME 865. 0. 0 865. 0. 0	19,52			

NAME OF MANAGER

GLORIA FLANZER LOUIS FLANZER