Form **990-PF**Department of the Treasury Internal Revenue Service

Extended to November 15, 2023 Return of Private Foundation

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

OMB No. 1545-0047
2022

For calendar year 2022 or tax year beginning , and ending Name of foundation A Employer identification number THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite Telephone number STE1266 FIRST STREET 1 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here SARASOTA, FL 34236 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here J FinaI return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ... 94,630,383. (Part I, column (d), must be on cash basis.) \$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purpose (cash basis only) (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income 10,481,965. Contributions, gifts, grants, etc., received N/Aif the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 2,086. 2,086. Statement 191,448. 191,448. Statement 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 298,927. Statement 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 3,007,885. 7 Capital gain net income (from Part IV, line 2) 301,086. 8 Net short-term capital gain 9 Income modifications Gross sales less returns and allowances b Less: Cost of goods sold ... c Gross profit or (loss) 707,147. 626,714. Statement 4 11 Other income 681,573. 121,334. 12 Total. Add lines 1 through 11 700,000. 700,000. ο. 13 Compensation of officers, directors, trustees, etc. 51,628. 14 Other employee salaries and wages 0. 51,628. 15 Pension plans, employee benefits 4,113. 1,028. 3,085. 16a Legal fees Stmt 5 141,439. 35,360. 106,079. b Accounting fees Stmt 6 c Other professional fees and Administrative 17 Interest 41,278. 18 Taxes Stmt 7 1,258. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 113,236. 57,989. 55,247. 23 Other expenses Stmt 8 24 Total operating and administrative 1,051,694 916,039. expenses. Add lines 13 through 23 95,635. 12,092,600. 12,092,600. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 13,144,294 95,635. 13,008,639. Add lines 24 and 25 27 Subtract line 26 from line 12: -1,462,721a Excess of revenue over expenses and disbursements ... 1,025,699 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

Page 2

D	art	Balance Sheets Attached schedules and amounts in	n the description	Beginning of year	End of	•
	art	column should be for end-of-year a	mounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Va l ue
	1	Cash - non-interest-bearing		594,591.	500,393.	
	2	Savings and temporary cash investments		2,354,079.	598,027.	598,027.
	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 loans receivable	800,000.			
		Less: allowance for doubtful accounts	0.	800,000.	800,000.	800,000.
S.	8	Inventories for sale or use				
Assets		Prepaid expenses and deferred charges				
ĕ		Investments - U.S. and state government obligations		578,268.	1,289,739.	1,245,830.
	b	Investments - corporate stock	Stmt 10	1,688,194.		2,709,838.
	c	Investments - corporate bonds	Stmt 11	231,929.	3,796,984.	3,722,932.
		Investments - land, buildings, and equipment: basis		,		
		Less: accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other	Stmt 12	88,941,568.	85,053,363.	85,053,363.
		Land, buildings, and equipment: basis		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Less: accumulated depreciation				
	15	Other assets (describe)			
	ı	Total assets (to be completed by all filers - see the				
	'	instructions. Also, see page 1, item I)		95,188,629.	93,725,908.	94,630,383.
	17	Accounts payable and accrued expenses		00,100,000	207.207000	2 = 7 = 0 = 7 = = =
		Grants payable				
s		Deferred revenue				
Liabilities		Loans from officers, directors, trustees, and other disqualified p				
<u></u>		Mortgages and other notes payable				
Ë		Other liabilities (describe	٠٠٠٠٠٠			
	23	Total liabilities (add lines 17 through 22)		0.	0.	
_		Foundations that follow FASB ASC 958, check here		•	•	
s		and complete lines 24, 25, 29, and 30.				
ĕ	24					
횰	ı					
ĕ	20	Foundations that do not follow FASB ASC 958, chec	k here X			
Ĕ		and complete lines 26 through 30.	K 11010 [22]			
Ē	26	Capital stock, trust principal, or current funds		0.	0.	
ş		Paid-in or capital surplus, or land, bldg., and equipme		0.	0.	
se		Retained earnings, accumulated income, endowment,		95,188,629.	93,725,908.	
Net Assets or Fund Baland		Total net assets or fund balances		95,188,629.	93,725,908.	
Š	23	Total liet assets of fully palatices		33,100,023.	73,723,700.	
	30	Total liabilities and net assets/fund balances		95,188,629.	93,725,908.	
Р	art	Analysis of Changes in Net Asse	ets or Fund B			
		net assets or fund balances at beginning of year - Part			<u> </u>	
		st agree with end-of-year figure reported on prior year's			1	95,188,629.
				-1,462,721.		
		r increaces not included in line 2 (itemize)			-	0.
						93,725,908.
		lines 1, 2, and 3 eases not included in line 2 (itemize)			5	0.
		net assets or fund balances at end of year (line 4 minu	ıs line 5) - Part II .co	lumn (b), line 29		93,725,908.
_	, ~	arratio or raina marainoco at ona or your (into 4 millio		(~/; =0	• • • • • • • • • • • • • • • • • • • •	20,120,000

Form 990-PF (2022)

THE LOUIS AND GLORIA FLANZER Form 990-PF (2022) PHILANTHROPIC TRUST C/O Bristol Consult
Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)) P	How acqu - Purcha: - Donatio	se \	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a									
b		Statements							
C									
d									
e									
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or plus exper				((h) Gain or (loss) (e) plus (f) minus (
a									
b									
C									
d									
е	3,007,885.		2,	706,	799.				301,086.
	Complete only for assets show	ing gain in column (h) and owned by	the foundation on	12/31/69.			(I) G	ains (Col. (h) gain	minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col.				col. (l	k), but not less than Losses (from col. (n -0-) or h))
a									
b									
С									
d									
е									301,086.
	Capital gain net income or (net c		- in Part I, line 7		}	2			301,086.
		oss) as defined in sections 1222(5) ar , column (c). See instructions. If (los			}	3		N/A	
		sed on Investment Incon	ne (Section 4	940(a),	4940	(b), or	4948 - 9	see instruction	ons)
_	1a Exempt operating foundations	described in section 4940(d)(2), che	eck here	and enter	r "N/A" or	ı line 1.)		-
	Date of ruling or determination		tach copy of letter				ons)	1	14,257.
	b All other domestic foundations	s enter 1.39% (0.0139) of line 27b. E			-		´ }		
		12, col. (b)							
2	2 Tax under section 511 (domes	stic section 4947(a)(1) trusts and tax	ab l e foundations or	nlv: others	. enter -() -)		2	0.
						,		3	14,257.
3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					4	0.			
5		ome. Subtract line 4 from line 3. If ze						5	14,257.
F	6 Credits/Payments;								
•		and 2021 overpayment credited to 20	122	6a		38	,827.		
		- tax withheld at source		6b			0.	1	
		xtension of time to file (Form 8868)		6c		20	,000.	1	
		sly withheld		6d			0.		
		dd lines 6a through 6d					_	7	58,827.
,	B Enter any nenalty for underna	yment of estimated tax. Check here	X if Form 2220	is attache				8	0.
		and 8 is more than 7, enter amount						9	<u> </u>
		e than the total of lines 5 and 8, enter						10	44,570.
		be: Credited to 2023 estimated tax					efunded	11	0.
		CIUCITUL IO LULU VUIIII ALUU IAA			_ , _ ,	1			

orm	990-PF(2022) PHILANTHROPIC TRUST C/O Bristol Consult 14-6285	967	ı	Page 4
Pa	rt VI-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 in		Yes	
	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 published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ O • (2) On foundation managers. \$ O •			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$ 0 .			
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	X	
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:			
	By language in the governing instrument, or			
	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	
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 XIV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	FL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addressesStmt13.	10	X	
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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address flanzertrust.org			
14	The books are in care of ERIC KAPLAN & R. Dean Hautamaki Telephone no. 917-91			
	Located at 1266 FIRST STREET, SUITE 1, SARASOTA, FL ZIP+4 34	236		
15	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No

securities, or other financial account in a foreign country?

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the

Form **990-PF** (2022)

16

X

foreign country

Form 990-PF (2022) Part VI-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 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? Х 1a(1) (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) X a disqualified person? 1a(2) X (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? 1a(3) X (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 1a(4) (5) Transfer any income or assets to a disqualified person (or make any of either available X for the benefit or use of a disqualified person)? 1a(5) (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 termination of government service, if terminating within 90 days.) Х 1a(6) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A 1b c Organizations relying on a current notice regarding disaster assistance, check here d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022? X 1d 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? 2a Х 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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Х during the year? 3a b If "Yes," did it have excess business holdings in 2022 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)

N/A

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

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

had not been removed from jeopardy before the first day of the tax year beginning in 2022?

Form **990-PF** (2022)

4a

Х

X

Page 6

THE LOUIS AND GLORIA FLANZER

Form 990-PF (2022)

PHILANTHROPIC TRUST C/O Bristol Consult

Part VI-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)	. .		-9
5a During the year, did the foundation pay or incur any amount to:	<u> </u>		<u> </u>		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?			5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,						
any voter registration drive?				5a(2)		Х
(3) Provide a grant to an individual for travel, study, or other similar purposes	?			5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organizatio						
4945(d)(4)(A)? See instructions				5a(4)		Х
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for				
the prevention of cruelty to children or animals?				5a(5)		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instr				5b		
c Organizations relying on a current notice regarding disaster assistance, check						
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption f						
expenditure responsibility for the grant?			N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to						
a personal benefit contract?				6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		X
If "Yes" to 6b, file Form 8870.				_		37
7a At any time during the tax year, was the foundation a party to a prohibited tax s				7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attributed in the state of the sta			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						v
excess parachute payment(s) during the year? Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly						X
Paid Employees, and Contractors	ees, roundation wa	iliagers, nigili	У			
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.					
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions t employee benefit pla and deferred	0	(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	is a	ccount, allowar	other nces
ERIC KAPLAN	TRUSTEE		Compensation			
1266 FIRST STREET, SUITE 1						
SARASOTA, FL 34236	40.00	350,000.	l o			0.
R. Dean Hautamaki	TRUSTEE					
1266 FIRST STREET, SUITE 1	1					
SARASOTA, FL 34236	40.00	350,000.	0			0.
	landa da an Bara da Marana					
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions t	n	(a) Eyn	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions t employee benefit pla and deferred	is a	(e) Exp ccount,	other
NONE	devoted to position		compensation		allowai	ices
NONE	-					
	1					
	1	1				
	1					
	1	1				
Total number of other employees paid over \$50,000				l i		0

14-6285967

Page 7

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, en	ter "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 Part VIII-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pr	istical information such as the	Expenses
	oudced, etc.	·
1N/A		
2		
3		
s		
4		
4		
Part VIII-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount
1 N/A		
· · · · · · · · · · · · · · · · · · ·		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

Form **990-PF** (2022)

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 93,519,129. a Average monthly fair market value of securities 1a 1,746,779. b Average of monthly cash balances 1b c Fair market value of all other assets (see instructions) 1c 95,265,908. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 95,265,908. 3 3 Subtract line 2 from line 1d 1,428,989. Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3 5 93,836,919 4,691,846. Minimum investment return. Enter 5% (0.05) of line 5 Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.) 4,691,846. Minimum investment return from Part IX, line 6 Tax on investment income for 2022 from Part V, line 5 14,257 2a Income tax for 2022. (This does not include the tax from Part V.) 41,111 c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 4,650,735 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. Part X Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 13,008,639. 1a b Program-related investments - total from Part VIII-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4

13,008,639. Form **990-PF** (2022)

Form 990-PF (2022)

14-6285967

Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,	оограз	Tears prior to 2021	2021	2022
line 7				4,650,735.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
ь Total for prior years:		0.		
Excess distributions carryover, if any, to 2022:		0.		
a From 2017				
bFrom 2018 2,903,901.				
cFrom 2019 5,938,830.				
dFrom 2020 4,339,649.				
eFrom 2021 9,763,205.				
f Total of lines 3a through e	22,945,585.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 13,008,639.				
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2022 distributable amount				4,650,735.
e Remaining amount distributed out of corpus	8,357,904.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a),	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	31,303,489.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		-		
amount - see instructions		0.		
e Undistributed income for 2021. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2023				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2017	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023.	31 303 400			
Subtract lines 7 and 8 from line 6a	31,303,489.			
10 Analysis of line 9: a Excess from 2018 2,903,901.				
b Excess from 2019 5,938,830. c Excess from 2020 4,339,649.				
d Excess from 2021 9,763,205.				
e Excess from 2022 8,357,904.				
6 LVC622 HOIH 5055 0, 221, 304.				

THE LOUIS AND GLORIA FLANZER

Form 990-PF (2022)

PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967 Page 10

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is elective for 2022. Here the date of the ruling. b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Tax year Prior 3 years (a) 2022 (b) 2021 (c) 2020 (d) 2019 (e) Total income from Part I or the minimum investment return from Part IX for each year Isted b 58% (0.85) of line 2a (a) 2022 (b) 2021 (c) 2020 (d) 2019 (e) Total income from Part IX for each year Isted d d. Amounts included in line 2c not used directly for active conduct of exempt activities equipment of the prior of active conduct of exempt activities equipment of the prior active conduct of exempt activities equipment of the prior active conduct of exempt activities. Subtract line 2d from line 2c on Complete 3a, b, or c for the alternative test relead upon: a Resets described by 5 Endowment afternative test - enter: (1) Value of all assets of the alternative test - enter: (2) Value of all assets of the alternative test - enter: (3) Endowment afternative test - enter: (3) Endowment afternative test - enter: (4) Endowment afternative test - enter: (5) Endowment afternative test - enter: (1) Total support other thang gross investment income (interest, dividends, reits, payments on securities kans (section 4942(j)(8)(9)(ii)). (3) Largest amount of support from an exempt organization as provided in section 4942(j)(8)(9)(iii). (4) Gross investment income Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) 1 Information Regarding Foundation who awa 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	Part XIII Private Operating F	oundations (see ins	structions and Part VI-	A, question 9)	N/A			
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[4] Gross investment income	* * * * * * * * * * * * * * * * * * * *							
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year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) None 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 or other entity) of which the foundation has a 10% or greater interest.		-	than 2% of the total cont	ributions received by the	foundation before the clo	se of any tax		
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.	year (but only if they have contributed n							
other entity) of which the foundation has a 10% or greater interest.	None							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				or an equally large porti	on of the ownership of a p	artnership or		
	,,	•						
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:		ion Crant Gift Loan	Scholarchin etc. Dr	oarane.				
Check here 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.								
a The name, address, and telephone number or email address of the person to whom applications should be addressed:	a The name, address, and telephone num	ber or email address of th	ne person to whom app l ic	ations shou l d be addres	sed:			
See Statement 14	See Statement 14							
b The form in which applications should be submitted and information and materials they should include:		e submitted and informat	tion and materials they sh	ould include:				
c Any submission deadlines:	c Any submission deadlines:							
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.	d Any rootristians or limitations on second	a such as hu sassurantis	al arone sharitable falls	kinds of institutions	other feeters			

Form **990-PF** (2022) 223601 12-06-22

Form 990-PF (2022)

Form 990-PF (2022) PHILANTHROP Part XIV Supplementary Information	IC TRUST C/O Bri on (continued)	ISCOI CONSC	11t 14-628	5967 Page 1
3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
a Paid during the year				
Academy At Glengary 1910 Glengary St.	NONE	IRC SEC. 170(C)	General & Matching	
SARASOTA, FL 34231		OKGAN1ZATION		38,10
All Faiths Food Bank	NONE		General & Matching	
8171 Blaikie Ct SARASOTA, FL 34240		ORGANIZATION		134,438
All Star Children's Foundation of Sarasota 3300 17th St	NONE	iRC SEC. 170(C)	General & Matching	
Sarasota, FL 34235				36,000
American Cancer Society 2970 University Pkwy Ste 104	NONE	IRC SEC. 170(C)	Relay for Life team & General	
SARASOTA, FL 34243				44,544
American Skin Association 335 Madison Ave New York, NY 10017	NONE		General - Advance skin research & health, Spring Gala	75,000
	ontinuation shee	et(s)	3a	12,092,600
b Approved for future payment				, ,
None				
Tatal				
Total			3b	000 DE (000

Form 990-PF (2022) Part XV-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a			\vdash		
b			\vdash		
·			\vdash		
d			\vdash		
e			\vdash		
f			\vdash		
g Fees and contracts from government agencies			\vdash		
2 Membership dues and assessments			\vdash		
3 Interest on savings and temporary cash			1 4	2 006	
investments			14	2,086.	
4 Dividends and interest from securities			14	191,448.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			\vdash		
b Not debt-financed property			\vdash		
6 Net rental income or (loss) from personal					
property	602000	707 147	\vdash		
7 Other investment income	623000	707,147.			
8 Gain or (loss) from sales of assets other				000 007	
than inventory			18	298,927.	
9 Net income or (loss) from special events			\vdash		
10 Gross profit or (loss) from sales of inventory			\vdash		
11 Other revenue:					
a			\vdash		
b			\vdash		
<u> </u>			\vdash		
a			\vdash		
40 Outstated Add columns (C) (4) and (1)		707,147.		492,461.	0.
12 Subtotal. Add columns (b), (d), and (e)				13	T'T33'OOO'
13 Total. Add line 12, columns (b), (d), and (e)					= 7 = 2 2 7 2 2 2 2
13 Total. Add line 12, columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)	o the Accon	nplishment of Ex	cempt I	Purposes	
13 Total. Add line 12, columns (b), (d), and (e)	to the Accom	nplishment of Excolumn (e) of Part XV-A	cempt I	Purposes	
13 Total. Add line 12, columns (b), (d), and (e)	to the Accom	nplishment of Excolumn (e) of Part XV-A	cempt I	Purposes	
13 Total. Add line 12, columns (b), (d), and (e)	to the Accom	nplishment of Excolumn (e) of Part XV-A	cempt I	Purposes	
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13 Total. Add line 12, columns (b), (d), and (e)	to the Accom	nplishment of Excolumn (e) of Part XV-A	cempt I	Purposes	

Form 990-PF (2022)

PHILANTHROPIC TRUST C/O Bristol Consult Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable

		Exempt Organ	izations						
1	Did th	e organization direct i y or indir	rectly engage in any of the follow	ing with any other organizati	ion described in secti	on 501(c)		Yes	No
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
а	Trans	fers from the reporting founda	ation to a noncharitable exempt o	rganization of:					
(1) Cash					1a(1)		X		
(2) Other assets								X	
b		transactions;					, , ,		
	(1) S	ales of assets to a noncharital	ble exempt organization				1b(1)		Х
			ncharitable exempt organization						X
			or other assets						X
	(4) R	eimbursement arrangements					1b(4)		X
	(5) L	oans or loan guarantees					1b(5)		X
	(6) P	erformance of services or me	embership or fundraising solicitati	ions			1b(6)		X
C			illing lists, other assets, or paid er						X
			"Yes," complete the following sch					ets,	
			oundation. If the foundation recei other assets, or services received		lue in any transaction	or sharing arrangement,	show in		
(a)∟	ine no.	(b) Amount involved	(c) Name of noncharitab		(d) Description	of transfers, transactions, and	sharing an	angeme	nts
			N/A		1,7				
	in sec	tion 501(c) (other than sections," complete the following sch					Yes	X] No
		(a) Name of org	ganization	(b) Type of organization		(c) Description of relations	ship		
		N/A		1					
Si			e that I have examined this return, inclu complete. Declaration of preparer (other t			er has any knowledge.	ay the IRS o	e prepare	er
He	ere				Trustee		X Yes		No
		Signature of officer or trustee	1	Date	Title				
		Print/Type preparer's na	ame Preparer's	signature	Date	Check if PTIN			
р-	ام:.				11,11,11	self- employed	0400	050	
	iid epar		ugherty Kevin		11/14/23		$\frac{0189}{7316}$		
	epai se Or		herty & Connel	L		Firm's EIN 11-29	/310	0	
		Firm's address 450	Wireless Boule	evard					
		Hau	ppauge, NY 1178	88		Phone no. 631-7	56-2	100	

Part IV Capital Gains and Losses for Tax on Investment Income							
(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) How acquired P - Purchase D - Donation (mo., day, yr.)							
1a UNITED STATES TREAS NTS 2.750	€ 05/31123B/E OTO (05 P 06/24/2212/27/22					
b AMG GW&KSMALUMIO CAP FUNDCLAS		P 02/05/1806/09/22					
c EDGEWOOD GROWTHFUND INSTITUTION		P 08/13/1506/09/22					
d ASHMORE EMERGING MAR KETS TOTA							
e BLACKROCK HIGH YIELD BONDPORT							
f DOUBLE LINE TOTALRET URN BOND	FUNDCLASS I	P 06/10/1506/09/22					
g EMBECTA CORP COM		P 03/15/1704/05/22					
h GSK PLCSPONSORED ADR NEW		P 02/19/1607/22/22					
GUGGENHEIM FLOATING RATE STRA							
j HARDING LOEVNER INST ITUTIONAL							
k INTEGRITY DIVIDEND HARVEST FUI		P 09/14/1606/09/22					
JOHCM INTERNATIONALSELECT FUNI							
m JANUS HENDERSON INTERNATIONAL							
n WARNER BROS DISCOVER Y INCCOM		P 02/19/1604/13/22					
o INVESCO EQV EUROPEAN EQUITY FO		P 02/05/18/06/09/22					
(e) Gross sales price (f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)					
a 395,992.	398,642.	-2,650.					
b 324,740.	220,000.	104,740.					
c 609,649.	337,080.	272,569.					
d 85,755.	125,805.	-40,050.					
e 157,047.	172,366.	-15,319.					
f 64,414.	74,350.	-9,936.					
g 19.	13.	6.					
h 8.	8.	0.					
131,218.	136,919.	-5,701.					
j 278,847.	234,806.	44,041.					
k 71,761.	56,585.	15,176.					
1 191,011. m 91,180.	150,207. 120,652.	40,804.					
	120,652.	-29,4/2.					
025 450	306,964.	-69,486 .					
Complete only for assets showing gain in column (h) and owned by	-	(I) Losses (from col. (h))					
(i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")					
a		-2,650.					
b		104,740.					
С		272,569.					
d		-40,050.					
e		-15,319.					
f		-9,936.					
g		6.					
h		0.					
i		-5,701.					
j		44,041.					
k		15,176.					
1		40,804.					
m		-29,472.					
n		-2.					
0		-69,486.					
2 Capital gain net income or (net capital loss) { If gain, also ent	er in Part I, line 7 0-" in Part I, line 7	2					
3 Net short-term capital gain or (loss) as defined in sections 1222(5) a							
If gain, also enter in Part I, line 8, column (c).	}						
If (loss), enter "-0-" in Part I, line 8		3					

Part IV Capital Gains and Losses for Tax on Investment Income								
	(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) How acquired P - Purchase D - Donation (mo., day, yr.)							
	TO FXDRT NT 3.650%	P 08/11/1702/09/22						
b FEDERAL HOME LN MTG CORP PARTN		P 10/29/1506/30/22						
c FEDERAL HOME LN MTG CORP PARTN		P 11/10/15 06/30/22						
d FEDERAL HOME LN MTG CORP PARTN		P 10/28/1506/30/22						
e FEDERAL HOME LN MTG CORP PARTN		P 11/10/1506/30/22						
f FEDERAL HOME LN MTG CORP PARTN		P 12/12/1606/30/22						
g FEDERAL HOME LN MTG CORP PARTN		P 02/15/1806/30/22						
h FEDERAL HOME LN MTG CORP PARTN		P 07/23/1806/30/22						
FEDERAL HOME LN MTG CORP PARTN FINMA GTD MTG PASS THRUCTFS POO		P 10/12/1606/30/22 P 10/29/1506/30/22						
j FNMA GTD MTG PASS THRUCTFS POO		P 10/29/1506/30/22 P 11/16/1506/30/22						
FNMA GID MIG PASS THRUCTFS POO		P 10/29/1506/30/22						
m FNMA GTD MTG PASS THRUCTFS POO								
n FNMA GTD MTG PASS THRUCTFS POO		P 02/23/1706/30/22						
o FNMA GTD MTG PASS THRUCTFS POO								
(f) Depreciation allowed	(g) Cost or other basis	(h) Gain or (loss)						
(or allowable)	plus expense of sale	(e) plus (f) minus (g)						
a 21,411.	20,315.	1,096.						
b 2,038. c 2,752.	2,041. 2,914.	-3. 163						
1 000	1,136.	-162. -47.						
2 115	2,180.	-47. -65.						
e 2,113. f 2,006.	1,985.	21.						
g 1,003.	971.	32.						
h 1,955.	1,937.	18.						
2,712.	2,883.	-171.						
2,953.	3,208.	-255.						
k 1,258.	1,328.	-70.						
ı 644.	683.	-39.						
m 3,480.	3,606.	-126.						
n 1,985.	2,038.	-53.						
0 1,067.	1,098.	-31.						
Complete only for assets showing gain in column (h) and owned by t		(I) Losses (from col. (h))						
(i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")						
a		1,096.						
b		-3.						
С		-162.						
d		-47.						
e		-65.						
f		21.						
g		32.						
h		18.						
1		-171.						
]		-255. -70.						
K	<u> </u>	-70.						
ı m		-126.						
m n		-53.						
0		-31.						
	in Death line 7]						
2 Capital gain net income or (net capital loss) { If gain, also enter "-0								
3 Net short-term capital gain or (loss) as defined in sections 1222(5) an	d (6):							
If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8) ₃							
n (1988), onto -o- in i aiti, inic o								

Part V Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo , day, yr) (mo., day, yr.) 1a FNMA GTD MTG PASS THRUCTFS POOL # MA323 3.500% 02/15/1806/30/22 b ISHARES INC MSCI JAPAN ETF NEW P 11/28/1506/09/22 c KINDER MORGAN ENERGY PARTNERS LP SR NT 3.950% 09 P 11/28/1506/01/22 d MICROSOFT CORP FXD R T NT 2.400% 02/06/2 2 B/E OT P 02/01/1701/06/22 e UNITED STATES TREAS NTS 2.000% 11/30/22 B/E OTO P 01/11/1811/30/22 f UNITED STATES TREAS NTS 1.750% 05/31/22 B/E OTOP 08/11/1705/31/22 g UNITED STATES TREAS NTS 1.875% 04/30/22 B/E OTO 06/30/1705/02/22 P h UNITEDHEALTH GROUP INCFXDRT NT 3.350% 07/15/22 B/ P 10/23/1507/15/22 FEDERAL HOME LN MTG CORP PARTNCTFS POOL # G08642 P 10/29/1506/30/22 Flow through gains from K-1 investments -Rebel P 01/05/19|12/31/22 k Flow through losses from K-1 incluided form 990-T P 01/05/19|12/31/22 Capital Gains Dividends m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) (e) plus (f) minus (g) plus expense of sale 810 808 а -9,221.113,445. 122,666. b 17,000. 15,859. 1,141. 24,000. 23,967. 33. 47,000. 46,324. 676. 67,000. 67,000. 23,000. 23,000. 23,000. h 23,000. 0. -85. , 365 1,450 451. 451. 2,159 2,159. 1,065 1,065. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 2. a -9,221. b 1,141. C 33. 676. е Ο. ο. 0. h -85. 451. 2,159. ı 1,065. m n 0 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } If (loss), enter "-0-" in Part I, line 7 2 301,086. Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

Part XIV Supplementary Information	1			
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	7.111-21111
Animal Network	NONE		General & Matching	
3230 E BAY DR		ORGANIZATION		
HOLMES BEACH, FL 34217				270.
Arcadia All-Florida Championship	NONE	TRC SEC 170(C)	General & Sponsorship	
Rodeo, Inc.	10112		for Championship Rodeo	
2450 NE Roan St				
ARCADIA, FL 34266				225,000.
·				, , , , , , , , , , , , , , , , , , ,
AVIVA Foundation	NONE	IRC SEC. 170(C)	General & Matching	
4521 PGA Blvd		ORGANIZATION		
Palm Beach Gardens, FL 33418				173,682.
Descend The Greatest	NOVE	TDG GEG 170/G)	Comercel & Materials	
Beyond The Spectrum 7333 International Pl	NONE	ORGANIZATION	General & Matching	
Lakewood Ranch, FL 34240		ORGANIZATION		24,230.
Bakewood Ranch, FB 34240				24,230.
Books for Kids Foundation	NONE	IRC SEC. 170(C)	General & Matching	
1441 Broadway		ORGANIZATION		
New York, NY 10018				2,750.
Boys & Girls Club of Sarasota Manatee	NONE	IRC SEC. 170(C)	Louis & Gloria Flanzer	
& DeSota Counties, Inc		ORGANIZATION	Club - To enable young	
18 School Ave			people to reach their	
Arcadia, FL 34266			full potential;	016 800
			Various Sponsorships	216,739.
Child Protection Center, Inc.	NONE	IRC SEC. 170(C)	General - Protection	
720 South Orange Ave		ORGANIZATION	of Children	
SARASOTA, FL 34238				100,120.
Children First	NONE		General & Matching	
1723 N. Orange Ave		ORGANIZATION		
SARASOTA, FL 34234				71,467.
Civil Air Patrol - Venice Cadet	NONE	IRC SEC. 170(C)	Contribute to	
Squadron	17414	ORGANIZATION	construction of new	
401 Venice City Hall			campus	
Venice, FL 34285				2,000.
-				· · · · ·
Collier Community Abstinence Program	NONE	IRC SEC. 170(C)	General & Matching	
PO Box 9488		ORGANIZATION		
Naples, FL 34101				63,595.
Total from continuation sheets				11,764,518.

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient IRC SEC. 170(C)Endowment of Columbia University NONE 622 West 113 St ORGANIZATION Cardiology Department New York, NY 10025 \$3,000,000; Rheumatology \$59,000; Scholar Fund \$50 000 3,109,000. NONE IRC SEC. 170(C)Educational - To Coming Together against Cancer - CTAC Team TONY ORGANIZATION educate donors and the 920 John Ringling Causeway community on advances SARASOTA, FL 34236 in the fight against cancer 148,901. Conservation Foundation Of The Gulf NONE IRC SEC. 170(C)General & Matching ORGANIZATION Coast 400 Palmetto Ave Osprey, FL 34229 185,211. Easterseals Of Southwest Florida NONE IRC SEC. 170(C)General & Matching 350 Braden Ave ORGANIZATION SARASOTA, FL 34243 183,713. NONE IRC SEC. 170(C)General & Matching Education Foundation Of Sarasota County ORGANIZATION 1960 Landings Blvd SARASOTA, FL 34231 66,700. Englewood Meals On Wheels NONE IRC SEC. 170(C)General & Matching 400 Loma Linda ORGANIZATION Englewood, FL 34223 72,788. Family Promise of South Sarasota NONE IRC SEC. 170(C)General - Children & County (FPSSC) ORGANIZATION Families 850 Cockrill St Venice, FL 34285 114,371. Feeding Empty Little Tummies NONE IRC SEC. 170(C)General & Matching 901 8th Ave ORGANIZATION Palmetto, FL 34221 18,157. Forty Carrots Family Center NONE IRC SEC. 170(C)General & Matching ORGANIZATION 1500 South Tuttle Avenue SARASOTA, FL 34239 71,916. IRC SEC. 170(C)General & Matching Good Samaritan Pharmacy & Health NONE ORGANIZATION Services 2502 TAMIAMI TRL N NOKOMIS, FL 34275 47,130. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Goodwill Manasota NONE IRC SEC. 170(C)General - Matching 2705 51st Ave E ORGANIZATION Bradenton, FL 34203 73,634. NONE Guardian Angels Of SW Florida IRC SEC. 170(C)General & Matching 1429 60th Ave ORGANIZATION Bradenton, FL 34207 40,407. NONE IRC SEC. 170(C)General & Matching Habitat For Humanity Sarasota 2095 17th Street ORGANIZATION SARASOTA, FL 34234 81,544. Hershorin Schiff Community Day School NONE IRC SEC. 170(C)General - Education 335 Wilkinson Rd ORGANIZATION SARASOTA, FL 34233 65,658. **HOPE Family Services** NONE IRC SEC. 170(C)General & Matching 1215 8th Ave ORGANIZATION W Bradenton, FL 34205 57,270. Instride Therapy NONE IRC SEC. 170(C)General - Physical 1629 Ranch Road ORGANIZATION Occupational Speech Nokomis, FL 34275 Therapy 29,700. IRC SEC. 170(C)PUBLIC CHARITIES -JEWISH FAMILY & CHILDREN SERVICES OF NONE THE SUNCOAST, INC ORGANIZATION JFCS Alzheimer's & 2688 FRUITVILLE ROAD Caregiver Program 5th SARASOTA, FL 34237 year of 5 year pledge 100,316. IRC SEC. 170(C)General & Matching JoshProvides Epilepsy Assistance NONE Foundation Inc. ORGANIZATION 5428 Sundew Drive Sarasota, FL 34238 46,016. Laurel Civic Assoc NONE IRC SEC. 170(C)General & Matching 509 Collins Rd. ORGANIZATION Laurel, FL 34272 40,680. Legal Aid Manasota IRC SEC. 170(C)General & Matching NONE ORGANIZATION 749 Shamrock Blvd Venice, FL 34293 92,794. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Lemur Conservation Foundation NONE IRC SEC. 170(C)General & Matching 42500 73rd Ave E ORGANIZATION Myakka City, FL 34251 67,393. Lighthouse Vision Loss Education NONE IRC SEC. 170(C)General & Matching ORGANIZATION Center 7318 N Tamiami Trail SARASOTA, FL 34243 18,460. NONE IRC SEC. 170(C)General & Matching Mayors' Feed The Hungry Program Inc. PO Box 1992 ORGANIZATION SARASOTA, FL 34230 141,726. Mothers helping Mothers NONE IRC SEC. 170(C)General - Children & 5933 N Washington Blvd ORGANIZATION Family Support SARASOTA, FL 34243 153,435. Nates Honor Animal Rescue NONE IRC SEC. 170(C)General - Journey Home 4951 Lorraine Rd ORGANIZATION Capital campaign Bradenton, FL 34211 115,474. Neuro Challenge Foundation For NONE IRC SEC. 170(C)General & Matching Parkinson's ORGANIZATION 5880 Rand Blvd SARASOTA, FL 34238 151,047. North Port Meals On Wheels NONE IRC SEC. 170(C)General & Matching 13624 TAMIAMI TRL ORGANIZATION NORTH PORT, FL 34287 40,380. Nutrition Initiative Of Manatee NONE IRC SEC. 170(C)General & Matching 1002 Manatee Ave ORGANIZATION Bradenton, FL 34208 44,588. Operation Warrior Resolution NONE IRC SEC. 170(C)General & Matching ORGANIZATION 242 S. Washington Blvd. #130 SARASOTA, FL 34235 104,370. CORE SRQ - Our Y - CORE SRQ IRC SEC. 170(C)General & Matching NONE ORGANIZATION 1075 S. Euclid Ave. SARASOTA, FL 34237 204,049. Total from continuation sheets ...

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Pace Center For Girls Bradenton NONE IRC SEC. 170(C)General & Matching 3508 26th ST ORGANIZATION Bradenton, FL 34205 116,700. The Haven NONE IRC SEC. 170(C)General & Matching 4405 DeSoto Road ORGANIZATION SARASOTA, FL 34235 98,930. Resilient Retreat NONE IRC SEC. 170(C)General & Matching 1207 Sarasota Center Blvd ORGANIZATION Sarasota, FL 34240 50,280. Rowlett Academy NONE IRC SEC. 170(C)General - Educational 3500 9th St ORGANIZATION Bradenton, FL 34208 31,525. Safe Children Coalition, Inc. NONE IRC SEC. 170(C)General & Matching 1500 INDEPENDENCE BLVD ORGANIZATION 47,063. SARASOTA, FL 34234 NONE IRC SEC. 170(C)General & Matching Samaritan Counseling Of The Gulf Coast ORGANIZATION 3224 Bee Ridge Rd SARASOTA, FL 34239 151,360. Sarasota Medical Pregnancy Center NONE IRC SEC. 170(C)General & Matching 1762 Hawthorne St Ste 5 ORGANIZATION SARASOTA, FL 34239 423,129. Sarasota Memorial Health Care NONE IRC SEC. 170(C)Hospital Equipment Foundation ORGANIZATION (SMHF Cancer program 1515 S Osprey Ave Ste B4 ER, ICU and general) SARASOTA, FL 34239 6,220. Sarasota Military Academy NONE IRC SEC. 170(C)General & Matching ORGANIZATION 801 N Orange Ave SARASOTA, FL 34236 138,310. Satchel's Last Resort Rescue And NONE IRC SEC. 170(C)General & Matching ORGANIZATION Sanctuary 8101 COASH ROAD SARASOTA, FL 34241 236,137. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Cat Depot NONE IRC SEC. 170(C)General & Matching 2542 17th Street ORGANIZATION SARASOTA, FL 34234 70,161. NONE Second Chance last opportunity IRC SEC. 170(C)General & Matching 933 Dr. Martin Luther King Jr. Way ORGANIZATION SARASOTA FL 34234 65,070. Second Heart Home NONE IRC SEC. 170(C)General & Matching PO Box 3886 ORGANIZATION SARASOTA, FL 34230 124,095. Senior Friendship Centers NONE IRC SEC. 170(C)General & Matching 1888 Brother Geenen Way ORGANIZATION SARASOTA, FL 34241 59,180. Sertoma Club Of Greater Sarasota NONE IRC SEC. 170(C)General & Kids Speech 2750 Stickney Pt Road ORGANIZATION language programs SARASOTA, FL 34231 90,398. SOAR Learning Center NONE IRC SEC. 170(C)General & Matching 2731 N Links Ave ORGANIZATION SARASOTA, FL 34234 24,550. South County Food Pantry NONE IRC SEC. 170(C)General & Matching 121 Warfield Ave ORGANIZATION Venice, FL 34285 259,696. SPARCC NONE IRC SEC. 170(C)General & Matching 1531 S Tamiami Trail suite 702-a ORGANIZATION Venice, FL 34285 136,861. Still Point Mission NONE IRC SEC. 170(C)General & Matching ORGANIZATION 1608 14th Street Bradenton, FL 34206 113,896. Take Stock In Children - Sarasota & IRC SEC. 170(C)General & Matching NONE ORGANIZATION Manatee Counties 1400 1st Ave Palmetto, FL 34221 76,320. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient The Blessing Bags Project NONE IRC SEC. 170(C)General & Matching 1802 14th St ORGANIZATION Bradenton, FL 34101 104,794. NONE Turning Points IRC SEC. 170(C)General & Matching 701 17th Ave ORGANIZATION Bradenton, FL 34205 114,896. Sarasota Manatee Assoc For Riding NONE IRC SEC. 170(C)General & Matching ORGANIZATION Therapy 4640 County Road 675 Bradenton, FL 34211 59,387. UF - University of Florida Foundation NONE IRC SEC. 170(C)General, USF ORGANIZATION PO Box 14425 Foundation, Aortic Gainesville, FL 32604 Disease Center 144,000. Various Suncoast Charities NONE IRC SEC. 170(C)General & Matching 1843 Floyd Street ORGANIZATION SARASOTA, FL 34234 634,398. Venice Challenger Baseball NONE IRC SEC. 170(C)General & Matching 201 Field Ave ORGANIZATION Venice, FL 34285 9,450. Vintage Paws Sanctuary NONE IRC SEC. 170(C)General & Matching ORGANIZATION 7950 State Road SARASOTA, FL 34241 70,576. Women's Resource Center of Manatee NONE IRC SEC. 170(C)Educational - To 1926 Manatee Avenue ORGANIZATION engage, educate, Bradenton, FL 34205 enrich and empower women 73,013. Humane Society Of Sarasota County NONE IRC SEC. 170(C)General & Matching ORGANIZATION 2331 15th St SARASOTA, FL 34237 207,118. St. Francis Animal Rescue Of Venice IRC SEC. 170(C)General & Matching NONE 1925 Tamiami Trl S ORGANIZATION Venice, FL 34293 182,435. Total from continuation sheets.

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient St. Joseph's Food Pantry Of Bradenton NONE IRC SEC. 170(C)General & Matching 2704 33rd Ave W ORGANIZATION Bradenton, FL 34205 100,510. Farmhouse Animal Sanctuary NONE IRC SEC. 170(C)General & Matching 2807 S. Duette Rd. ORGANIZATION Myakka City, FL 34251 57,793. NONE IRC SEC. 170(C)General & Matching Suncoast Humane Society 6781 San Casa Dr ORGANIZATION Englewood, FL 34224 51,634. Humane Society Of Manatee County NONE IRC SEC. 170(C)General & Matching 2415 Tamiami Trl ORGANIZATION Bradenton, FL 34205 49,690. JAJF NONE IRC SEC. 170(C)General & Matching ORGANIZATION P.O. Box 20237 Atlanta, FL 30325 47,300. Children's Guardian Fund NONE IRC SEC. 170(C)General & Matching 1750 17th St ORGANIZATION SARASOTA, FL 34237 46,880. EARS Animal Rescue NONE IRC SEC. 170(C)General & Matching 1644 Altamont Ln ORGANIZATION 45,050. Odessa, FL 33556 Blaze Of Hope NONE IRC SEC. 170(C)General & Matching 16237 Winburn Dr ORGANIZATION SARASOTA, FL 34240-9214 45,025. Girl Scouts Of The Gulfcoast NONE IRC SEC. 170(C)General & Matching ORGANIZATION 4780 Cattlemen Rd SARASOTA, FL 34233 44,855. Conquistador Historical Foundation IRC SEC. 170(C)General & Matching NONE ORGANIZATION 910 3rd Ave W Bradenton, FL 34205 44,350. Total from continuation sheets.

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Suncoast Waterkeeper, Inc NONE IRC SEC. 170(C)General & Matching PO Box 1028 ORGANIZATION SARASOTA, FL 34230 42,404. NONE Selah Freedom IRC SEC. 170(C)General & Matching PO Box 1801 ORGANIZATION SARASOTA, FL 34230 36,170. NONE IRC SEC. 170(C)General & Matching Manatee County Habitat For Humanity 5108 15th St E ORGANIZATION Bradenton, FL 34203 34,642. IRC SEC. 170(C)General & Matching The Florida Center For Early NONE Childhood ORGANIZATION 4620 17th St SARASOTA, FL 34235 34,280. Visible Men Academy NONE IRC SEC. 170(C)General & Matching 1003 63rd Ave E ORGANIZATION Bradenton, FL 34203 32,790. Animal Rescue Coalition NONE IRC SEC. 170(C)General & Matching 6320 Tower Ln ORGANIZATION SARASOTA, FL 34240 31,942. Sertoma Club Of Venice NONE IRC SEC. 170(C)General & Matching 800 Gulf Coast Blvd ORGANIZATION Venice, FL 34285 31,010. Jewish Federation Of Sarasota Manatee NONE IRC SEC. 170(C)General & Matching 580 Mcintosh Rd ORGANIZATION SARASOTA, FL 34232 30,332. The Bishop Museum Of Science & Nature NONE IRC SEC. 170(C)General & Matching 201 10th St W ORGANIZATION Bradenton, FL 34205 30,000. NONE IRC SEC. 170(C)General & Matching Longboat Key Center For Healthy ORGANIZATION Living 546 Bay Isles Road Longboat Key, FL 34228 29,920. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Sarasota County Teen Court NONE IRC SEC. 170(C)General & Matching 101 S Washington Blvd ORGANIZATION SARASOTA, FL 34236 29,036. NONE Meals On Wheels Sarasota IRC SEC. 170(C)General & Matching 421 N Lime Ave ORGANIZATION SARASOTA, FL 34237 29,790. NONE IRC SEC. 170(C)General & Matching Crowley Museum & Nature Center 16405 Myakka Rd ORGANIZATION SARASOTA, FL 34240 28,620. Big Brothers & Big Sisters - Sarasota NONE IRC SEC. 170(C)General & Matching 2831 Ringling Blvd, ORGANIZATION SARASOTA, FL 34230 28,340. Literacy Council Of Manatee NONE IRC SEC. 170(C)General & Matching 3501 Cortez Rd W Ste 6 ORGANIZATION Bradenton, FL 34210 28,114. SRQ Vets NONE IRC SEC. 170(C)General & Matching 5824 Bee Ridge Rd #443 ORGANIZATION SARASOTA, FL 34233 25,467. Harvest House NONE IRC SEC. 170(C)General & Matching 3650 17th St ORGANIZATION SARASOTA, FL 34235 24,700. Boys & Girls Club Of Manatee County NONE IRC SEC. 170(C)General & Matching 5236 30th St W Fl 2 ORGANIZATION Bradenton, FL 34207 24,650. Angel Land Food Forest NONE IRC SEC. 170(C)General & Matching ORGANIZATION 50 Stratford Rd Englewood, FL 34223 24,448. IRC SEC. 170(C)General & Matching Sertoma Kids Speech Language Therapy NONE ORGANIZATION Clinic 2750 Stickney Pt Road SARASOTA, FL 34231 23,736. Total from continuation sheets.

Part XIV Supplementary Information				1
3 Grants and Contributions Paid During the Y			-	
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		
Shoreha Of Develop		TDG GTG 150/G)		
Streets Of Paradise 734 Central Ave	NONE	ORGANIZATION	General & Matching	
SARASOTA, FL 34236		ONGANIZATION		22,691.
Suncoast School For Innovative	NONE	IRC SEC. 170(C)	General & Matching	
Studies		ORGANIZATION		
845 S School Ave				
SARASOTA, FL 34237				21,442.
Embracing Our Differences	NONE		General & Matching	
PO BOX 2559 SARASOTA, FL 34230		ORGANIZATION		21,372.
DAMADOIA, II 34230				21,372.
Tidewell Hospice	NONE	IRC SEC. 170(C)	General & Matching	
3355 26th St W		ORGANIZATION	•	
Bradenton, FL 34205				20,114.
Salvation Army Of Sarasota	NONE	IRC SEC. 170(C)	General & Matching	
1400 10th Street		ORGANIZATION		
SARASOTA, FL 34236				20,050.
ALSO Youth Inc.	NONE		General & Matching	
1470 Blvd Of The Arts		ORGANIZATION		19 926
SARASOTA, FL 34236				19,926.
The Roskamp Institute	NONE	TRC SEC 170(C)	General & Matching	
2040 Whitfield Ave	NONE	ORGANIZATION	beneral a matering	
SARASOTA, FL 34243				18,816.
Total from continuation sheets	<u> </u>	<u> </u>	I	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult

Employer identification number

14-6285967

Organiz	ation type (check on	ne):					
Filers of	:	Secti	on:				
Form 99	0 or 990-EZ		501(c)() (enter number) organization			
			4947(a)(1)	nonexempt charitable trust not tr	eated as a private found	dation	
			527 politica	I organization			
Form 99	0-PF	X	501(c)(3) e	empt private foundation			
			4947(a)(1)	nonexempt charitable trust treate	d as a private foundation	on	
			501(c)(3) ta	xable private foundation			
	, ,		•	eneral Rule or a Special Rule. nization can check boxes for both	n the General Rule and	a Special Rule. See in	structions.
General	Rule						
X				90-EZ, or 990-PF that received, d omplete Parts I and II. See instru			
Special	Rules						
	sections 509(a)(1) a	ind 170 the yea	0(b)(1)(A)(vi) ar, total cor	on 501(c)(3) filing Form 990 or 99 that checked Schedule A (Form tributions of the greater of (1) \$5, arts I and II.	990), Part II, line 13, 16	a, or 16b, and that red	ceived from any one
	contributor, during t	the yea na l pui	ar, total cor rposes, or f	on 501(c)(7), (8), or (10) filing For tributions of more than \$1,000 ex or the prevention of cruelty to chi atributor name and address), II, a	clusively for religious, or dren or animals. Comp	charitab l e, scientific,	
	year, contributions of is checked, enter he purpose. Don't com	<i>exclusi</i> ere the np l ete a	<i>ively</i> for re l i total contr any of the p	on 501(c)(7), (8), or (10) filing Forgious, charitable, etc., purposes, butions that were received during arts unless the General Rule apps totaling \$5,000 or more during	but no such contributio g the year for an exclusi blies to this organizatior	ns totaled more than s vely religious, charitab n because it received r	\$1,000. If this box le, etc., nonexclusively
answer "	No" on Part IV, line	2, of its	s Form 990	the General Rule and/or the Spe or check the box on line H of its Schedule B (Form 990).			

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

Schedule B (Form 990) (2022)

Name of organization
THE LOUIS AND GLORIA FLANZER
PHILANTHROPIC TRUST C/O Bristol Consult

Employer identification number

14-6285967

Part	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Gloria Flanzer 1266 FIRST STREET SARASOTA, FL 34236	\$ 5,771,500.	Person X Payroll
(a) No.	(b) Name, address, and Z I P + 4	(c) Total contributions	(d) Type of contribution
2	Other & Through matching programs 1266 FIRST STREET SARASOTA, FL 34236	\$ <u>4,600,465</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
3	ERIC KAPLAN 1266 FIRST STREET, SUITE 1 SARASOTA, FL 34236	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
4	R. Dean Hautamaki 1266 FIRST STREET, SUITE 1 SARASOTA, FL 34236	\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No₌	(b) Name, address, and Z I P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE LOUIS AND GLORIA FLANZER
PHILANTHROPIC TRUST C/O Bristol Consult

Employer identification number

14-6285967

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(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
		\$	
(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
		\$	

Name of organization
THE LOUIS AND GLORIA FLANZER
PHILANTHROPIC TRUST C/O Bristol Consult

Employer identification number

14-6285967

Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the	year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line en	ntry. For organizations	
	Use duplicate copies of Part III if additional	space is needed.	1655 for the year, (Little this line, orles) 4	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	(a) i ai pool oi giii	(0, 000 01 g	(a, z	
				_
				_
		(e) Transfer of gi	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
				_
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	(b) i di posci di giit	(0) 030 01 g	(a) Description of now gire is not	
				_
				_
				_
		(e) Transfer of gi	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
				_
				_
				_
(a) Na				
(a) No from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	.,,,,			
				_
-		(a) Turn of an af all		
		(e) Transfer of gi	m .	
	T	170 . 4	Bullette and the section of the section of	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
				—
				—
				—
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Parti				
			 	—
				—
			<u> </u>	_
-		(e) Transfer of gi	l	—
		(e) Hansier of gi	The state of the s	
	Transferee's name, address, a	nd 7I P ± 4	Relationship of transferor to transferee	
}	i anore ee o name, acciress, al	W = T T	Teladonomy of danoteror to danoteree	—
				_
	-			—
				—

Department of the Treasury

Underpayment of Estimated Tax by Corporations

Form 990-PF Attach to the corporation's tax return.

OMB No. 1545-0123

Internal Revenue Service Go to www.irs_gov/Form2220 for instructions and the latest information. THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult

Employer identification number 14-6285967

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment							
							14 057
1 Total tax (see instructions)						1	14,257.
2 a Personal holding company tax (Schedule PH (Form 1120), lin	e 26)	included on line 1	2a				
b Look-back interest included on line 1 under section 460(b)(2)							
contracts or section 167(g) for depreciation under the income			2b				
(3)							
c Credit for federal tax paid on fuels (see instructions)			2c				
d Total. Add lines 2a through 2c					2	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do	not c	omplete or file this form.	The corporation				
does not owe the penalty						3	14,257.
4 Enter the tax shown on the corporation's 2021 income tax ret							
or the tax year was for less than 12 months, skip this line and	enter	the amount from line 3 o	on line 5			4	8,173.
5 Required annual payment. Enter the smaller of line 3 or line							0 4 7 0
enter the amount from line 3						5	8,173.
Part II Reasons for Filing - Check the boxes beloeven if it does not owe a penalty. See instructions.	w tna	t apply. If any boxes are	cnecked, the corpor	ation i	nust file Form 2220		
The corporation is using the adjusted seasonal installing	mont	mathad					
7 The corporation is using the adjusted seasonal install							
The corporation is a "large corporation" figuring its first The corporation is a "large corporation" figuring its first			n the prior year's ta				
Part III Figuring the Underpayment	seroqi	dired installment based o	in the prior year 3 ta	^•			
Tartin Tigaring and Onderpayment	Т	(a)	(b)	T	(c)	П	(d)
9 Installment due dates. Enter in columns (a) through (d) the	П	(-)	\-/		(-)	一	(-/
15th day of the 4th (Form 990-PF filers: Use 5th month),							
6th, 9th, and 12th months of the corporation's tax year	9	05/15/22	06/15/2	2	09/15/22	2	12/15/22
10 Required installments. If the box on line 6 and/or line 7	П						
above is checked, enter the amounts from Sch A, line 38. If							
the box on line 8 (but not 6 or 7) is checked, see instructions							
for the amounts to enter. If none of these boxes are checked,							
enter 25% (0.25) of line 5 above in each column	10	2,043.	2,04	4.	2,043	3.	2,043.
11 Estimated tax paid or credited for each period. For							
column (a) only, enter the amount from line 11 on line 15.							
See instructions	11	38,827.					
Complete lines 12 through 18 of one column	Ш						
before going to the next column.	l						
12 Enter amount, if any, from line 18 of the preceding column	12		36,78	4.	34,740		32,697.
13 Add lines 11 and 12	13		36,78	4.	34,740	U٠	32,697.
14 Add amounts on lines 16 and 17 of the preceding column	14	20 027	26 70	,	24 746	,	22 607
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	38,827.	36,78	4.	34,740	۰٠	32,697.
16 If the amount on line 15 is zero, subtract line 13 from line	ایرا			0.	,	ا. ہ	
14. Otherwise, enter -0-	16			٠.		۰٠	
17 Underpayment. If line 15 is less than or equal to line 10,							
subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17						
18 Overpayment. If line 10 is less than line 15, subtract line 10	"			\dashv		\dashv	
from line 15. Then go to line 12 of the next column	18	36,784.	34,74	ا ، ٥٠	32,697	₇ .	
Go to Part IV on page 2 to figure the penalty. Do not go to Part IV						٠ • ا	

14-6285967

Page 2

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)	
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21					
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$	
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23					
24	Underpayment on line 17 x Number of days on line 23 x 5% (0,05)	24	\$	\$	\$	\$	
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25					
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$	\$	
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27					
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$	
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$	
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$	
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$	
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35					
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal h	ere and on Form 1120, li	ne 34; or the comparab	le	38 \$	0

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2022)

Form 99	00-PF 0	Gain or (Loss) f	rom Sale	of A	ssets		Sta	tement	1
Descrip	(a) otion of Property	,			lanner quired	Da: Acqu		Date So	old
UNITED OTO 05/			3B/E	Pur	chased	06/2	4/22	12/27	/22
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e)		Coin	(f)	_
	395,992.	398,642.		0.	Depre	0.	Gain	-2,6	
Descrip	(a) otion of Property	,			lanner quired	Da Acqu		Date So	o1ċ
AMG GW&	KSMALUMIO CAP FU	 UNDCLASS I		Pur	chased	02/0	5/18	06/09	/22
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre		Gain	(f) or Los	s
	324,740.	220,000.		0.		0.		104,7	40.
Descrip	(a) otion of Property	,			lanner quired	Da: Acqu		Date So	o1ċ
EDGEWOO	DD GROWTHFUND INS	— STITUTIONAL CLAS	ss	Pur	chased	08/1	3/15	06/09	/22
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre			(f) or Los	s
	609,649.	337,080.		0.		0.		272,5	69.

Descrip	(a) otion of Property				lanner quired	Dat Acqui		Date Sold
	E EMERGING MAR KE FUNDINSTITUTIONAL			Pur	chased	05/05	/17	06/09/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale		Depre	c	Gain	or Loss
	85,755.	125,805.		0.		0.		-40,050.
Descrip	(a) otion of Property				lanner quired	Dat Acqui	-	Date Sold
	OCK HIGH YIELD BO	- NDPORTFOLIO INS	ST	Pur	chased	07/30	/15	06/09/22
	(b)	(c)	(d)	_	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	oİ	Depre	C.	Gain	or Loss
	157,047.	172,366.		0.		0.		-15,319.
Descrip	(a) otion of Property				anner quired	Dat Acqui		Date Sold
DOUBLE	LINE TOTALRET UR	— N BONDFUNDCLASS	S I	Pur	chased	06/10	/15	06/09/22
	(b)	(c)	(d)	. c	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	C.	Gain	or Loss
	64,414.	74,350.		0.		0.		-9,936.
Descrip	(a) otion of Property				lanner quired	Dat Acqui		Date Sold
EMBECTA	A CORP COM	_		Pur	chased	03/15	/17	04/05/22
	(b)	(c)	(d)	_ E	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss
	19.	13.		0.		0.		6.

Descrip	(a) tion of Property				anner quired	Da Acqu	te ired	Date Sold
GSK PLC	SPONSORED ADR NE	w		Pur	chased	02/1	9/16	07/22/22
	(b)	(c)	(d)		(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss
	8.	8.		0.		0.		0.
Descrip	(a) tion of Property				anner quired	Da Acqu	te ired	Date Sold
	EIM FLOATING RAT TITUTIONAL CLASS			Pur	chased	08/1	3/15	06/09/22
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	C	Cain	(f)
	131,218.	136,919.		0.		0.	Gain	-5,701.
Descrip	(a) tion of Property				anner quired	Da Acqu	te ired	Date Sold
	LOEVNER INST IT	UTIONAL EMERGIN	1G	Pur	chased	10/2	7/15	06/09/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale		Depre	c.	Gain	or Loss
	278,847.	234,806.		0.		0.		44,041.
Descrip	(a) tion of Property				anner quired		te ired	Date Sold
INTEGRI	TY DIVIDEND HARV	EST FUND CLASS	I	Pur	chased	09/1	4/16	06/09/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale		Depre	c.	Gain	or Loss
	71,761.	56,585.		0.		0.		15,176.

Descrip	(a) otion of Property				anner quired	Da Acqu	te ired	Date Sold
JOHCM I	INTERNATIONALSELE	— CT FUNDINSTITUT	CIONAL	Purchased		04/07/16		06/09/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale		Depre	c	Gain	or Loss
	191,011.	150,207.		0.		0.		40,804.
Descrip	(a) otion of Property				anner quired	Da Acqu	te ired	Date Sold
JANUS H	IENDERSON INTERNA JASS I	— TIONALOPPORTUNI	T IES	Pur	chased	11/1	7/15	06/09/22
	(b)	(c)	_ (d)	_	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	oİ	Depre	c.	Gain	or Loss
-	91,180.	120,652.		0.		0.		-29,472.
Descrip	(a) otion of Property				anner quired	Da Acqu	te ired	Date Sold
WARNER	BROS DISCOVER Y	- INCCOM SER A		Pur	chased	02/1	9/16	04/13/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale	01	Depre	c.	Gain	or Loss
	3.	5.		0.		0.		-2.
Descrip	(a) otion of Property				anner quired	Da Acqu	te ired	Date Sold
INVESCO	EQV EUROPEAN EQ	UITY FUNDCLASS	Y	Pur	chased	02/0	5/18	06/09/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale		Depre	c	Gain	or Loss
	237,478.	306,964.		0.		0.		-69,486.

Descrip	(a) otion of Property				anner quired	Dat Acqui		Date Sold
	R-BUSCH INBEV FII 02/01126	- N INC GTO FXDRT	NT	Pur	chased	08/11	1/17	02/09/22
	(b)	(c)	(d)	. .	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss
	21,411.	20,315.		0.		0.		1,096.
Descrip	(a) otion of Property				anner quired	Dat Acqui		Date Sold
	HOME LN MTG CORI	P PARTNCTFS POO	L #	Pur	chased	10/29	9/15	06/30/22
	(b)	(c)	(d)	ء ۔	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss
	2,038.	2,041.		0.		0.		-3.
Descrip	(a) otion of Property				anner quired			Date Sold
	HOME LN MTG CORI	- P PARTNCTFS POO	L #	Pur	chased	11/10	0/15	06/30/22
	(b)	(c)	(d)	c	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI 	Depre	c	Gain	or Loss
	2,752.	2,914.		0.		0.		-162.
Descrip	(a) otion of Property				anner quired	Dat Acqui		Date Sold
	HOME LN MTG CORI	- P PARTNCTFS POO	L#	Pur	chased	10/28	8/15	06/30/22
	(b)	(c)	(d)	c	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	ΟĬ	Depre	c.	Gain	or Loss
	1,089.	1,136.		0.		0.		-47.

Descrip	(a) tion of Property				anner quired	Date Acqui		Date Sold
	HOME LN MTG CORI	- P PARTNCTFS POC	DL #	Pur	chased	11/10/	/15	06/30/22
	(b)	(c)	(d)	٥f	(e)		(:	f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c. (Gain (or Loss
	2,115.	2,180.		0.		0.		-65.
Descrip	(a) tion of Property				anner quired	Date Acqui		Date Sold
	HOME LN MTG CORI	- P PARTNCTFS POC	DL#	Pur	chased	12/12/	/16	06/30/22
	(b)	(c)	(d)	_ c	(e)		(:	f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c. (Gain (or Loss
	2,006.	1,985.		0.		0.		21.
Descrip	(a) tion of Property				anner quired	Date Acqui		Date Sold
FEDERAL		- P PARTNCTFS POC)L#	Ac		Acqui	red :	Date Sold 06/30/22
FEDERAL	HOME LN MTG CORI "GOLD" 3.	(c)	(d)	Pur	quired	Acqui	red 1 	
FEDERAL	HOME LN MTG CORI			Pur	quired chased (e)	Acqui: 02/15/	red 1 /18	06/30/22
FEDERAL	HOME LN MTG CORI "GOLD" 3. (b) Gross	(c) Cost or	(d) Expense	Pur	quired chased (e)	Acqui: 02/15/	red 1 /18	06/30/22 f)
FEDERAL G08799	HOME LN MTG CORI "GOLD" 3. (b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense	According to the second of the	quired chased (e)	Acquin 02/15/	red 1 / / / / / / / / / / / / / / / / / /	06/30/22 f) or Loss
FEDERAL G08799 Descrip	tion of Property HOME LN MTG CORI "GOLD" 3. (b) Gross Sales Price 1,003.	(c) Cost or Other Basis 971.	(d) Expense Sale	Pur of M Ac	quired chased (e) Depre	Acquin 02/15/	red 1 /18 Gain o	06/30/22 f) or Loss 32.
FEDERAL G08799 Descrip	(a) tion of Property (b) Gross Sales Price 1,003. (a) tion of Property HOME LN MTG CORN "GOLD" 3.	(c) Cost or Other Basis 971. P PARTNCTFS POO	(d) Expense Sale OL #	Pur of M Acc Pur	quired chased (e) Depre	Acquin	red 1 /18 Gain 6 red 1 /18	06/30/22 f) or Loss 32. Date Sold
FEDERAL G08799 Descrip	(a) tion of Property (b) Gross Sales Price 1,003. (a) tion of Property HOME LN MTG CORN "GOLD" 3.	(c) Cost or Other Basis 971.	(d) Expense Sale	Pur of M Acc Pur	quired chased	Acquir 02/15/ 0. Date Acquir 07/23/	red	06/30/22 f) or Loss 32. Date Sold 06/30/22

Descrip	(a) tion of Property				anner quired	Da:		Date Sold
	HOME LN MTG COR	P PARTNCTFS POC)L #	Pur	chased	10/1	2/16	06/30/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale		Depre	c. ————————————————————————————————————	Gain	or Loss
	2,712.	2,883.		0.		0.		-171.
Descrip	(a) tion of Property				anner quired	Dat Acqu		Date Sold
	D MTG PASS THRUC 12/01/44 B	TFS POOL # AL68	19	Pur	chased	10/2	9/15	06/30/22
	(b)	(c)	(d)		(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	of 	Depre	c	Gain	or Loss
	2,953.	3,208.		0.		0.		-255.
Descrip	(a) tion of Property				anner quired	Da [†] Acqu	te ired	Date Sold
	D MTG PASS THRUC 01/01/28 B	TFS POOL # AL71	.9 2	Pur	chased	11/1	6/15	06/30/22
	(b)	(c)	(d)		(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	of	Depre	c.	Gain	or Loss
	1,258.	1,328.		0.		0.		-70.
Descrip	(a) tion of Property				anner quired	Dat Acqu		Date Sold
	D MTG PASS THRUC 07101128 B	TFS POOL # AL72	27 7	Pur	chased	10/2	9/15	06/30/22
	(b)	(c)	(d)		(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	of	Depre	c.		or Loss
•	644.	683.		0.		0.		-39.

Descrip	(a) otion of Property	r			anner quired	Date Acqui:		Date Sold
	TD MTG PASS THRUC 10/01/46 B	— !TFS POOL # BC47	14	Pur	chased	10/12	/16	06/30/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale		Depre		Gain	or Loss
	3,480.	3,606.		0.		0.		-126.
Descrip	(a) otion of Property	r			anner quired	Date Acqui:		Date Sold
	TD MTG PASS THRUC 02/01/47 B	— !TFS POOL # MA28	9 6	Pur	chased	02/23	/17	06/30/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)		((f)
	Sales Price	Other Basis	Sale		Depre	c. (Gain	or Loss
	1,985.	2,038.		0.		0.		-53.
Descrip	(a) otion of Property	,			anner quired	Date Acqui:		Date Sold
	TD MTG PASS THRUC 08/01/47 B	— !TFS POOL # MA30	88		- la d	02/15		
				Pur	chased	02/15	/18	06/30/22
	(b)	(c)	(d)		(e)	02/15		06/30/22 (f)
		(c) Cost or Other Basis			(e)		(
	(b) Gross	Cost or	(d) Expense		(e) Depre		(Gain	(f)
Descrip	(b) Gross Sales Price	Cost or Other Basis 1,098.	(d) Expense	of 0.	(e) Depre	c. (Gain —	or Loss
FNMA GT	(b) Gross Sales Price 1,067.	Cost or Other Basis 1,098.	(d) Expense Sale	of 0. M Ac	(e) Depre	0. Date	Gain e red	(f) or Loss
FNMA GT	(b) Gross Sales Price 1,067. (a) Otion of Property TD MTG PASS THRUC 01/01/48 B (b)	Cost or Other Basis 1,098. The state of th	(d) Expense Sale	of 0. M Ac Pur	(e) Depre anner quired	O. Date Acqui:	Gain e red /18	or Loss -31. Date Sold
FNMA GT	(b) Gross Sales Price 1,067. (a) Otion of Property TD MTG PASS THRUC	Cost or Other Basis 1,098.	(d) Expense Sale	of 0. M Ac Pur	Depre anner quired chased	0. Date Acqui:	Gain e red /18	Date Sold

Descrip	(a) tion of Property	7			anner quired	Date Acquire	ed Date Sold
ISHARES	INC MSCI JAPAN	ETF NEW		Pur	chased	11/28/1	06/09/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)	_	(f)
	Sales Price	Other Basis	Sale		Depre-	c. Ga ———	in or Loss
	113,445.	122,666.		0.		0.	-9,221.
Descrip	(a) tion of Property	7			anner quired	Date Acquire	ed Date Sold
KINDER 09/01/2	MORGAN ENERGY PA 2 B/E	— ARTNERS LP SR NT	3.950%	Pur	chased	11/28/1	06/01/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)		(f)
	Sales Price	Other Basis	Sale		Depre	c. Ga	in or Loss
	17,000.	15,859.		0.		0.	1,141.
Descrip	(a) tion of Property	7			anner	Date	
				AC	quired	Acquire	d Date Sold
	FT CORP FXD R T 02/06/17 C REDE	 NT 2.400% 02/06	/2 2		chased		
		 NT 2.400% 02/06 EMPTION (c)	(b)	Pur			
	02/06/17 C REDI	— NT 2.400% 02/06 EMPTION		Pur	chased	02/01/1	01/06/22
	02/06/17 C REDE (b) Gross	 NT 2.400% 02/06 EMPTION (c) Cost or	(d) Expense	Pur	chased	02/01/1	01/06/22 (f)
B/E OTO	(b) Gross Sales Price	Cost or Other Basis 23,967.	(d) Expense	Pur of O.	chased	02/01/1	(f) sin or Loss 33.
Descrip	(b) Gross Sales Price 24,000. (a) tion of Property	TO TO THE PROPERTY OF THE PROP	(d) Expense Sale	Pur of . MAC	chased (e) Depre	02/01/1 c. Ga 0.	(f) sin or Loss 33. ed Date Sold
Descrip	(b) Gross Sales Price 24,000. (a) tion of Property STATES TREAS NTS 30/15 (b)	Cost or Other Basis 23,967.	(d) Expense Sale 2 B/E (d)	Pur of MAC Pur	chased (e) Depre	02/01/1 C. Ga O. Date Acquire	(f) sin or Loss 33. ed Date Sold
Descrip	(b) Gross Sales Price 24,000. (a) tion of Property STATES TREAS NTS	Cost or Other Basis 23,967.	(d) Expense Sale	Pur of MAC Pur	chased (e) Depre	02/01/1 0. Date Acquire 01/11/1	(f) (in or Loss 33. 2d Date Sold 11/30/22

Descrip	(a) otion of Property				anner quired	Date Acquir		Date Sold
UNITED OTO 05/	STATES TREAS NTS		22 B/E	Pur	chased	08/11/	/17	05/31/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)		(f	
	Sales Price	Other Basis	Sale		Depre		jain (or Loss
	67,000.	67,000.		0.		0.		0.
Descrip	(a) otion of Property				anner quired	Date Acquir		Date Sold
UNITED OTO 04/	STATES TREAS NTS		22 B/E	Pur	chased	06/30/	/17	05/02/22
	(b) Gross	(c) Cost or	(d) Expense	of	(e)		(f	
	Sales Price	Other Basis	Sale		Depre	c. (Gain d	or Loss
	23,000.	23,000.		0.		0.		0.
Descrip	(a) otion of Property				anner quired	Date Acquir		Date Sold
UNITEDH		 XDRT NT 3.350%		Ac		Acquir	red I	Date Sold
UNITEDH	HEALTH GROUP INCF 22 B/E OTO 07 RED	 XDRT NT 3.350% EMPTION (c)	(b)	Pur	quired	Acquir 10/23/	red I	07/15/22
UNITEDH	etion of Property HEALTH GROUP INCF 22 B/E OTO 07 RED	TOTAL NT 3.350% EMPTION	(d) Expense Sale	Pur	quired chased (e)	Acquir 10/23/	red I 	07/15/22
UNITEDH	Etion of Property IEALTH GROUP INCF 22 B/E OTO 07 RED (b) Gross	 XDRT NT 3.350% EMPTION (c) Cost or	Expense	Pur	quired chased (e) Depre	Acquir 10/23/	red I 	07/15/22 E)
UNITEDH 07/15/2	tion of Property HEALTH GROUP INCF 22 B/E OTO 07 RED (b) Gross Sales Price	XDRT NT 3.350% EMPTION (c) Cost or Other Basis 23,000.	Expense	Activation Activated Pur of M	quired chased (e) Depre	Acquir 10/23/	red I	07/15/22 E) or Loss 0.
Descrip	tion of Property HEALTH GROUP INCF 22 B/E OTO 07 RED (b) Gross Sales Price 23,000.	XDRT NT 3.350% EMPTION (c) Cost or Other Basis 23,000.	Expense Sale	AC	quired chased (e) Depre	Acquir 10/23/	red I ————————————————————————————————————	07/15/22 E) or Loss
Descrip	tion of Property HEALTH GROUP INCF (22 B/E OTO 07 RED (b) Gross Sales Price 23,000. (a) tion of Property HOME LN MTG COR "GOLD" 4. (b)	XDRT NT 3.350% EMPTION (c) Cost or Other Basis 23,000. P PARTNCTFS POO	Expense Sale OL #	Of M AC	quired chased (e) Depre	Acquir 10/23/ c. 0 Date Acquir	red I ————————————————————————————————————	07/15/22 f) or Loss 0. Date Sold 06/30/22
Descrip	tion of Property HEALTH GROUP INCF (2 B/E OTO 07 RED (b) Gross Sales Price 23,000. (a) tion of Property HOME LN MTG COR "GOLD" 4.	XDRT NT 3.350% EMPTION (c) Cost or Other Basis 23,000.	Expense Sale	Of M AC	quired chased	Acquir 10/23/ c. 0. Date Acquir 10/29/	red I	07/15/22 f) or Loss 0. Date Sold 06/30/22

(a) Description of Property				anner quired	Da Acqu	te ired	Date So	old
Flow through gains from K Rebel Industries	-1 investment	s -	Pur	chased	01/0	5/19	12/31/	/22
(b)	(c)	(d)	- -	(e)			(f)	
Gross Sales Price O	Cost or ther Basis	Expense Sale	OI	Depre	c.	Gain	or Loss	3
451.	0.		0.		0.		45	51.
(a) Description of Property				anner quired	Da Acqu	te ired	Date So	old
Flow through losses from 990-T - Rebel Industries	K-1 incluided	form	Pur	chased	01/0	5/19	12/31/	/22
(b)	(c)	_ (d)	_	(e)			(f)	
Gross Sales Price O	Cost or ther Basis	Expense Sale	of	Depre	c.	Gain	or Loss	3
2,159.	2,159.		0.		0.			0.
Capital Gains Dividends f	rom Part IV						1,06	55.
Total to Form 990-PF, Par	t I, line 6a				•		298,92	27.
					:			
Form 990-PF Interest on	Savings and T	emporary	Cash	Invest	ments	Sta	tement	2
Source		(a) venue Books	Net	(b) Invest Income			(c) djusted t Income	e
NYPB&T - 76-5520480-3		2,086.		2,	086.			
Total to Part I, line 3		2,086.		2,	086.			

Form 990-PF	Dividends	and Inte	rest	from Secu	rities s	Statement	3
Source	Gross Amount	Capita Gains Dividend		(a) Revenue Per Books	(b) Net Investment Income	-	
From K-1 Investments NYPB&T - PERSHING	12,258.		0.	12,258	12,258	•	
- 001162 Dividends NYPB&T - PERSHING	67,073.	1,0	65.	66,008	66,008	•	
- 001162 Interest Promissory Note-	65,182.		0.	65,182	2. 65,182	•	
KJ Greentree	48,000.		0.	48,000	48,000	•	
To Part I, line 4	192,513.	1,0	55.	191,448	191,448		
Form 990-PF		Other :	Inco	me		Statement	<u> </u>
Description				(a) venue Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom	
From K-1 Investments From K-1 Investments From K-1 Investments	3			729,283. -22,136.	729,283. -22,136.		
included in 990-T		_		0.	-80,433.		
Total to Form 990-PF	, Part I,	line 11 =		707,147.	626,714.		_
Form 990-PF		Lega	l Fe	es		Statement	5
Description		(a) Expenses Per Books		(b) t Invest- nt Income	(c) Adjusted Net Income	(d) Charitab Purpose	
Legal & Other profes	ssional	4,113		1,028.		3,08	5.
To Fm 990-PF, Pg 1,	ln 16a	4,113	•	1,028.		3,08	5.
			_				

Form 990-PF	Accounti	ng Fees	S	tatement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Tax, Accounting & Auditing	141,439.	35,360.		106,079.
To Form 990-PF, Pg 1, ln 16b	141,439.	35,360.		106,079.
Form 990-PF	Tax	es	S	tatement 7
Description		(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
FEDERAL EXCISE TAX	40,020.	0.		0.
NYPB&T - Pershing - 001162 Foreign Tax	1,258.	1,258.		0.
To Form 990-PF, Pg 1, ln 18	41,278.	1,258.		0.
Form 990-PF	Other E	xpenses	S	tatement 8
Description	(a) Expenses Per Books		(c) Adjusted Net Income	(d) Charitable Purposes
Investment expenses	35,625.	35,625.		0.
Expense flow-through K-1 Investments Other Administrative Insurance	22,364. 50,894. 4,353.	22,364. 0. 0.		0. 50,894. 4,353.
To Form 990-PF, Pg 1, ln 23	113,236.	57,989.		55,247.

9

Form 990-PF

TOTAL STATE O.S. and State	CICY GOV	erimienc	ODITYACIONS	Statement 9
Description	U.S. Gov't	Other Gov't	Book Value	Fair Market Value
US Government Notes & Bonds - GNMA/FNMA/FHLC Pools 225,000 MUNICIPAL BOND - NY NY GO	X X		924,503. 132,292.	900,193. 119,114.
5.39% 12/01/24		Α	232,944.	226,523.
Total U.S. Government Obligations		_	1,056,795.	1,019,307.
Total State and Municipal Governme	ent Oblig	ations	232,944.	226,523.
Total to Form 990-PF, Part II, lin	ne 10a		1,289,739.	1,245,830.
Form 990-PF Co	orporate	Stock		Statement 10
Description			Book Value	Fair Market Value
467 ABBOTT LABS 529 ABBVIE INC 1,060 ALPHABET INC. CL A 361 ALTRIA GROUP INC 640 AMAZON.COM INC 104 AMERICAN ELEC PWR INC 198 AMERICAN WATER WORKS 149 AMERIPRISE FINANCIAL INC 300 AMETEK INC 1,248 APPLE INC 213 ARAMARK 695 AT & T INC 130 AVERY DENNISON CORP 1,387 BANK OF AMERICA CORP 113 BECTON DICKINSON 736 BIO-TECHNE CORP 98 BOEING CO 165 CHEVRON CORP 185 CIGNA CORP 578 COCA COLA CO 307 COMCAST CORP-CL A 405 CONAGRA BRANDS, INC. 104 COSTCO WHOLESALE CORP NEW 300 DOMINION ENERGY RESOURCES INC 109 DOW INC; DOWDUPONT INC 237 DUKE ENERGY CORP 139 ELECTRONIC ARTS INC			29,103. 34,316. 46,016. 21,898. 33,702. 6,606. 15,383. 20,039. 17,139. 34,093. 9,157. 20,060. 15,198. 25,107. 21,253. 28,708. 20,000. 15,956. 29,677. 25,191. 11,374. 16,313. 18,293. 22,516. 7,065. 18,213. 16,497.	51,272. 85,492. 93,524. 16,501. 53,760. 9,875. 30,179. 46,394. 41,916. 162,153. 8,805. 12,795. 23,530. 45,937. 28,736. 61,000. 18,668. 29,616. 61,298. 36,767. 10,736. 15,674. 47,476. 18,396. 5,493. 24,409. 16,983.

U.S. and State/City Government Obligations Statement

90 EXPEDIA INC	11,063.	7,884.
239 EXXON MOBIL CORP	19,722.	26,362.
90 GENERAL MILLS INC	5,288.	7,547.
449 HALLIBURTON CO	22,509.	17,668.
134 HOME DEPOT INC	20,720.	42,325.
134 HONEYWELL INTERNATIONAL	14,742.	28,716.
433 INTERCONTINENTAL EXCHANGE INC	28,837.	44,421.
457 JP MORGAN CHASE & CO	42,944.	61,284.
114 KIMBERLY CLARK CORP	15,004.	15,476.
104 KRAFT HEINZ CO	6,541.	4,234.
130 LAUDER ESTEE COS CLA	12,325.	32,254.
186 MARRIOTT INTL INC	18,222.	27,694.
260 MICROCHIP TECHNOLOGY INC	22,900.	36,530.
621 MICROSOFT CORP	38,224.	148,928.
372 NEXTERA ENERGY INC.	12,639.	31,099.
158 NORFOLK SOUTHERN CORP	19,298.	38,934.
81 NVIDIA CORP	11,635.	47,349.
58 O REILLY AUTOMOTIVE INC	14,916.	48,954.
244 OCCIDENTAL PETE CORP	14,521.	15,370.
64 PARKER HANNIFIN CORP	10,354.	18,624.
214 PEPSICO INC	22,995.	38,661.
262 PHILIP MORRIS INTERNATIONAL	24,586.	26,517.
123 PHILLIPS 66	11,193.	12,802.
371 PPL CORP	13,626.	10,841.
227 PROCTER & GAMBLE CO	18,665.	34,404.
137 PUBLIC SERVICE ENTERPRISE	6,069.	8,394.
85 ROPER TECHNOLOGIES INC	19,066.	36,728.
154 SALESFORCE.COM	15,202.	20,419.
316 SOUTHERN COMPANY	15,591.	22,566.
73 STANLEY BLACK & DECKER INC	9,693.	5,484.
73 TELEFLEX INC COM	19,205.	18,223.
136 THERMO FISHER SCIENTIFIC INC	23,864.	74,894.
76 UNITED PARCEL SERVICE CL B	8,065.	13,212.
632 VERIZON COMMUNICATIONS	32,110.	24,895.
332 VISA INC - CL A	28,041.	68,976.
186 DISNEY CO	20,591.	16,160.
374 ZIONS BANCORPORATION	19,859.	18,386.
594 BCE INC	26,392.	26,106.
174 CANADIAN IMPERIAL BANK OF COMMERCE	15,183.	14,077.
182 CHUBB LTD	25,198.	40,149.
111 INGERSOLL-RAND PLC	2,331.	5,800.
137 TE CONNECTIVITY LIMITED	13,077.	15,728.
511 ASTRAZENECA PLC SPONS	17,203.	34,646.
390 BP PLC SPONS ADR	12,354.	13,623.
467 GLAXO SMITHKLINE SPONS ADR	19,110.	16,410.
359 NATIONAL GRID	27,103.	21,655.
601 SANOFI SPONS ADR	23,676.	29,106.
334 TOTAL ENERGIES SA SPONS ADR	16,561.	20,735.
932 VODAFONE GROUP SPONS ADAR	28,640.	9,432.
215 CROWN CASTLE INTL CORP REIT	20,485.	29,163.
296 PROLOGIS INC REIT	15,667.	33,368.
73 PUBLIC STORAGE INC REIT	16,829.	20,454.
106 REALTY INCOME CORP REIT	6,086.	6,724.
123 VENTAS INC REIT	6,649.	5,541.

THE LOUIS AND GLORIA FLANZER PHILANTHROP		14-6285967
149 WELLTOWER INC REIT	9,172.	9,767.
252 Bristol Meyers Squib	14,215.	18,131.
109 Corteva Inc	1,588.	6,407.
109 Dupont	13,106.	7,481.
273 Fidelity National Info Systems	36,593.	18,524.
13 Garrett Motion Inc	153.	99.
21 RESIDEO TECH	394.	345.
126 TRANE TECH	8,050.	21,179.
30 OCCIDENTAL PETE WTS	149.	1,237.
183 CONOCOPHILLIPS COM	16,855.	21,594.
15 Sh Dollar Gen Corp New; 300 Shares	1,058.	3,694.
1 EcoLab Inc; 1 share	226.	146.
Orion Office REIT; 10 units	206.	85.
Digital Rlty TR Inc REIT; 130 Units	13,657.	13,035.
22 ENBECTA CORP	486.	556.
584 HALEON PLC ADR	4,209.	4,672.
168 WARNER BROS DISCOVERY	6,151.	1,593.

			_
Form 990-PF	Corporate Bonds	Statement 1	1

Total to Form 990-PF, Part II, line 10b

1,687,402.

2,709,838.

Description	Book Value	Fair Market Value
10,000 ABBOTT LABS	9,873.	9,747.
20,000 APPLE INC	19,342.	19,840.
19,000 WALMART INC	19,010.	18,873.
28,000 AMAZON COM INC	26,981.	27,143.
28,000 WELLS FARGO	27,888.	_
15,000 BANK AMER CORP FR	14,468.	13,863.
16,000 JP MORGAN CHASE BANK NA SR	16,082.	14,801.
15,000 CITIGROUP INC	15,051.	13,810.
250,000 PUBLIC SERVICE ELEC GAS \$250	247,415.	242,465.
250,000 COMCAST 3.375% 2/15/25	249,232.	242,520.
250,000 CONOCOPHILLIPS 2.4% 3/7/25	241,392.	237,630.
250,000 EBAY INC 1.9% 3/11/25	235,931.	234,153.
250,000 EXXON MOBIL 2.992% 3/19/25	246,726.	241,048.
250,000 UNITED PARCEL SVC 3.9% 4/1/25	251,894.	246,215.
250,000 COMPASS BK BIRM 3.875% 4/10/25	248,385.	243,698.
250,000 CIGNA CORP 3.25% 4/15/25	243,535.	240,930.
250,000 LOWES COS 4% 4/15/25	250,568.	245,300.
200,000 REALTY INCOME 3.875% 4/15/25	199,768.	196,086.
250,000 CINTAS CORP 3.45% 4/10/25	248,978.	242,063.
250,000 NUCOR CORP 2% 6/1/25	234,015.	232,850.
250,000 TOYOTA MTR CORP 3.95% 6/30/25	249,763.	244,945.
250,000 DANAHER CORP 3.35% 6/30/25	246,458.	240,844.
250,000 AMERICAN EXPRESS 4.2% 11/6/25	254,229.	246,939.
Total to Form 990-PF, Part II, line 10c	3,796,984.	3,722,932.

Form 990-PF Of	ther Investments		Statement	12
Description	Valuation Method	Book Value	Fair Marke Value	t
Investment in Real estate	COST	85,053,363.	85,053,3	63.
Total to Form 990-PF, Part II, 1:	ine 13	85,053,363.	85,053,3	63.
	bstantial Contrib VI-A, Line 10	outors	Statement	13
Name of Contributor	Address			
Estate of Gloria Flanzer	1266 FIRST ST SARASOTA, FL			
ERIC KAPLAN	1266 FIRST ST SARASOTA, FL	REET, SUITE 1 34236		
R. Dean Hautamaki	1266 FIRST ST SARASOTA, FL	REET, SUITE 1 34236		

Form 990-PF Grant Application Submission Information Statement
Part XIV, Lines 2a through 2d

Name and Address of Person to Whom Applications Should be Submitted

ERIC KAPLAN

1266 FIRST STREET, SUITE 1

Sarasota, FL 34236

Telephone Number Name of Grant Program

917-915-0404 All

Email Address

ekaplan@bristolllc.com

Form and Content of Applications

Grant Applications should be submitted with a written request and include the following:

- 1)most recent copy of tax return
- 2) mission of organization soliciting
- 3) specific description of proposed use of funds
- 4) name and of address of submitter
- 5) names and addresses of other funding sources for the proposed program both committed and applied to

Any Submission Deadlines

None

Restrictions and Limitations on Awards

Award limitations include - Geographical: Support of the communities located only in Sarasota, Manatee, Charlotte or Desoto County and which have no material activities beyond those counties. Notwithstanding the aforesaid, the Trust reserves the right to make exceptions without creating any rights for any other agencies.

Charitable fields: social services, social welfare, K-12 education and healthcare with education as primary function, but excluding the arts, such as theatre, music and similar performance based activities.

Functions, activities and other: Delivers services to the public. Has and provides a valid IRS letter of determination and active Florida solicitation registration. Does not include any officers, directors or other principals and control people who have a criminal record.

Name and Address of Person to Whom Applications Should be Submitted

R. Dean Hautamaki 1266 FIRST STREET, SUITE 1 Sarasota, FL 34236

Telephone Number Name of Grant Program

941-951-3920 All

Email Address

Dean-Hautamaki@smh.com

Form and Content of Applications

See above

Any Submission Deadlines

None

Restrictions and Limitations on Awards

Provides an annual written report as to how the matching funds have been used and enhanced its program activities within 90 days after the end of the calendar year. A 30-day extension can be requested. Agencies that do not provide the written report shall be suspended from program participation if they do not provide the reports within 90 days or the extended period until they submit the report. Provides a copy of its annual IRS filing within ninety (90) days of the filing and, if the Agency files form 990-N, a financial statement.

Name and Address of Person to Whom Applications Should be Submitted

ERIC KAPLAN

1266 FIRST STREET, SUITE 1

Sarasota, FL 34236

Telephone Number Name of Grant Program

917-915-0404 All

Email Address

ekaplan@bristolllc.com

Form and Content of Applications

Grant Applications should be submitted with a written request and include the following:

- 1)most recent copy of tax return
- 2)mission of organization soliciting
- 3) specific description of proposed use of funds
- 4) name and of address of submitter
- 5) names and addresses of other funding sources for the proposed program both committed and applied to

Any Submission Deadlines

None

Restrictions and Limitations on Awards

Ineligible Agencies

The following Agencies are not eligible to participate in the Program:

- A. Agencies whose activities include funding other agencies.
- B. Agencies who provide educational activities that are not their primary activity.
- C. Agencies who are engaged in religious outreach or similar activities or whose controlling officers, directors and the like are members of the clergy.
- D. Agencies that engage in controversial issues, determined in the sole discretion of the Trustees.
- E. Faith based Agencies.

Name and Address of Person to Whom Applications Should be Submitted

R. Dean Hautamaki 1266 FIRST STREET, SUITE 1 Sarasota, FL 34236

Telephone Number Name of Grant Program

941-951-3920 All

Email Address

Dean-Hautamaki@smh.com

Form and Content of Applications

See above

Any Submission Deadlines

None

Restrictions and Limitations on Awards

The Trustees of the Flanzer Trust ("Trustees") reserve the right to waive any of the above conditions for particular Agencies, including those in which Louis and Gloria Flanzer had a particular interest. The waiver of eligibility requirements for one or more Agencies does not give rise to any rights to other similarly situated Agencies or other Agencies not satisfying the eligibility requirements.

General Explanation

Statement

Form/Line Identifier and Description/Return Reference

Form 990-PF Part II; Line 7 - Line 7, Note Receivable

Explanation:

Line 7, Note Receivable

Borrower's name and title KJ Greentree, LLC

Original amount \$800,000

Balance due \$ 800,000

Date of note 10/01/2020

Maturity date 10/01/2035

Interest rate 6%

16

General Explanation

Statement

Form/Line Identifier and Description/Return Reference

Form 990-PF; Part VIII - Information about Officers, Trustees, Managers: -

Explanation:

Trustees' fees aggregating \$ 700,000 were based on the midpoint of an independent study and are less than the amounts provided by court order.

14-6285967

Form **990-W**

(Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) Form 990-T

2023

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax ye	ear				1	
2	Tax on the amount on line 1	2					
3	Alternative minimum tax for trusts					3	
4						4	
5	Estimated tax credits					5	
6	Subtract line 5 from line 4					6	
7	Other taxes					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels					9	
	Subtract line 9 from line 8. Note: If less than \$500, the o estimated tax payments Enter the tax shown on the 2022 return. Caution: If zero or the tax year was for less than 12 months, skip th						
С	and enter the amount from line 10a on line 10c 2023 Estimated Tax. Enter the smaller of line 10a or line						
	from line 10a on line 10c					10c	29,457.
			(a)	(b)	(c)		(d)
11	Installment due dates	11	05/15/23	06/15/23	09/15/2	3	12/15/23
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	6,800.	6,800.	6,8	00.	6,800.
13	2022 Overpayment	13					
14	Payment due (Subtract line 13 from line 12)	14					

Form **990-W**

Estimated Tax 29,457. Overpayment Applied 29,457. Amount Due 0.

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	, 2022, and ending
for calendar year 2022, or listal year beginning	, 2022, and ending

20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967

ERIC KAPLAN Name and title of officer or person subject to tax Trustee

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

nan or	ie iirie iri Fart I.			
1a	Form 990 check here		b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5)	. 4b
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	X	b Total tax (Form 990-T, Part III, line 4)	06 05 4
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	•
	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	8b
	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b
	Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and S	Signati	ure Authorization of Officer or Person Subject to Tax	
Jnder p	penalties of perjury, I declare th	at X	I am an officer of the above entity or I am a person subject to tax with re	spect to (name
of entity	y)		, (EIN) and that I have	ve examined a copy of the
			edules and statements, and, to the best of my knowledge and belief, they are	

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	check	one	box	only
------	-------	-----	-----	------

X I authorize	Dougherty	&	Connell	to enter my PIN	85967	
			ERO firm name		Enter five numbers, but do not enter all zeros	t

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

11249011747 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

11/14/23 ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury nternal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or THE LOUIS AND GLORIA FLANZER print PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1266 FIRST STREET, STE 1 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 34236 SARASOTA, FL Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return ls For ls For Code Code Form 990 or Form 990-EZ Form 1041-A 80 01 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 06 12 Form 990-T (corporation) ERIC KAPLAN & R. Dean Hautamaki The books are in the care of ► 1266 FIRST STREET, SUITE 1 - SARASOTA, FL 34236 Telephone No.▶ 917-915-0404 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and TINs of all members the extension is for. November 15, 2023 , to file the exempt organization return for request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

6,400. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 50,000. using EFTPS (Electronic Federal Tax Payment System), See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

any nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2022)

За

56,400.

instructions.

Extended to November 15, 2023 **Exempt Organization Business Income Tax Return** OMB No. 1545-0047 Form 990-T (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) Check box if address changed. THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967 B Exempt under section Print EGroup exemption number (see instructions) X 501(c)(3) Number, street, and room or suite no. If a P.O. box, see instructions. Type 1266 FIRST STREET, STE 1 408(e) 220(e) 408A City or town, state or province, country, and ZIP or foreign postal code 530(a) 529(a) 529A SARASOTA, FL 34236 Check box if 93,725,908. C Book value of all assets at end of year. an amended return. G 501(c) corporation X 501(c) trust 401(a) trust Other trust State college/university Check organization type ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. ERIC KAPLAN & R. Dean Hautamaki Telephone number 917-915-0404 The books are in care of Part I Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see 78,274. instructions) 2 Reserved 2 78,274 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) 4 78,274. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 78,274. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 Trusts. Section 199A deduction. See instructions 9 9 1,000. Total deductions. Add lines 8 and 9 10 10 Unrelated business taxable income, Subtract line 10 from line 7. If line 10 is greater than line 7, 77,274. Part II Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on X Tax rate schedule or Schedule D (Form 1041) 26,854. Part I, line 11 from: 2 Proxy tax. See instructions 3 3 4

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Alternative minimum tax (trusts only)

Other tax amounts. See instructions

26,854

5

6

5

6

Part	III T	Tax and Payments							
1a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a						
b	Other	credits (see instructions)	1b						
С		ral business credit. Attach Form 3800 (see instructions)							
d		t for prior year minimum tax (attach Form 8801 or 8827)							
е		credits. Add lines 1a through 1d				1e			
2		act line 1e from Part II, line 7				2		26,8	54.
3		amounts due. Check if from: Form 4255 Form 8611 Form	n 8697	□ Fc	orm 8866				
		Other (attach_statement)				3			
4	Tota	tax. Add lines 2 and 3 (see instructions).							
		on 1294. Enter tax amount here	-			4	:	26,8	54.
5		nt net 965 tax liability paid from Form 965-A, Part II, column (k)				5			0.
6a	Paym	ents: A 2021 overpayment credited to 2022	6a						
b	2022	estimated tax payments. Check if section 643(g) election applies	6b		6,400				
С	Tax d	eposited with Form 8868	6c		50,000	•			
d		gn organizations: Tax paid or withheld at source (see instructions)							
е	Backı	up withholding (see instructions)	6e						
f	Credit	t for small employer health insurance premiums (attach Form 8941)	6f						
g	Other	credits, adjustments, and payments: Form 2439	_						
			al 6g						
7	Tota	payments. Add lines 6a through 6g				7	ļ	56,4	00.
8	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached			X	8			89.
9	Tax d	ue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				9			
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over				10	- :	29,4	57.
11		the amount of line 10 you want: Credited to 2023 estimated tax		457.	Refunded	11			0.
Part	IV S	Statements Regarding Certain Activities and Other Informa	ation (s	ee instru	ctions)				
1	At any	y time during the 2022 calendar year, did the organization have an interest in o	or a sign	ature or o	other authori	ty		Yes	No
	over a	a financial account (bank, securities, or other) in a foreign country? If "Yes," th	ie organi	zation ma	ay have to file	•			
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter t	he name	of the fo	reign countr	y			
	here							Ш.	X
2		g the tax year, did the organization receive a distribution from, or was it the gr							
	foreig	n trust?							X
		s," see instructions for other forms the organization may have to file.							
3		the amount of tax-exempt interest received or accrued during the tax year							
4					-2017 NOL c				
		n on Schedule A (Form 990-T), Don't reduce the NOL carryover shown here by			•		ne 6 .		
5		2017 NOL carryovers. Enter the Business Activity Code and available post-20		-					
	the ar	mounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f						_	
		Business Activity Code		ai l able pos	st-2017 NOL	carry	over	_	
			\$					-	
			\$					-	v
6a									X
ь		s "Yes," has the organization described the change on Form 990, 990-EZ, 990	0-PF, or I	orm 112	8? If "No,"				
David		n in Part V							
Part									
Provide	the ex	xplanation required by Part IV, line 6b. Also, provide any other additional inform	mation.	see instru	ictions.				
	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to t	the best of my kr	owledge	and belief, it	is true,	
Sign	co	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr	reparer has	any knowled	_				
Here		Trusto	ee			-	IRS discuss tharer shown be		with
	Si	gnature of officer Date Title					ons)? X		No
		Print/Type preparer's name Preparer's signature	Date		Check		TIN		
Deid					self- employed				
Paid		Kevin P. Dougherty Kevin P. Dougherty	11/14		- Sin Sinpleyor		P00189	9079	
Prepa		Firm's name Dougherty & Connell	,_		Firm's EIN		11-29		8
Use C	niy	450 Wireless Boulevard							
		Firm's address Hauppauge NY 11788			Phone no	631	-756-1	2100	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

THE LOUIS AND GLORIA FLANZER

Open to Public Inspection for 501(c)(3) Organizations Only

A N	lame of the organization THE LOUIS AND GLORIA F PHILANTHROPIC TRUST C/O Bristol	B Employer identification number 14-6285967				
c ı	Unrelated business activity code (see instructions) 90110	1		D Sequence:	1	of 1
E 0	Describe the unrelated trade or business PARTNERSHIP	INC	OME			
	t Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
Fai	Chilelated Trade of Business income		(A) Income	(b) Expenses		(0) Net
	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	2 150			2 150
	Capital loss deduction for trusts	4c	-2,159.			-2,159.
5	Income (loss) from a partnership or an S corporation (attach	_	80,433.			80,433.
_	statement) Statement 17	5 6	00,433.			00,433.
6	Rent income (Part IV)	7			_	
7	Unrelated debt-financed income (Part V)	 			-+	
8	Interest, annuities, royalties, and rents from a controlled	8				
9	organization (Part VI) Investment income of section 501(c)(7), (9), or (17)	-^ +			-+	
Э		9				
10	organizations (Part VII) Exploited exempt activity income (Part VIII)	10			-	
11	Advertising income (Part IX)	11			-	_
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	78,274.		-	78,274.
	TII Deductions Not Taken Elsewhere See instruction			uctions. Dedu	ctions	must be
	directly connected with the unrelated business in	come	•			
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion Contributions to deformed company the plant				9	
10 11	Contributions to deferred compensation plans				11	
12	Employee benefit programs				12	
13	Excess exempt expenses (Part VIII) Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions, Add lines 1 through 14				15	0.
16	Unrelated business income before net operating loss deduction. S				 +	
	column (C)				16	78,274.
17	Deduction for net operating loss. See instructions				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	78,274.
	For Paperwork Reduction Act Notice, see instructions.				hedule	A (Form 990-T) 2022

Part	III Cost of Goods Sold Enter met	hod of inventory va l uat	ion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				
Part			_		
1	Description of property (property street address, city,	state, ZIP code). Check	cif a dual-use. See ins	tructions.	
	В —				
	c 🗆				
		Λ	В	С	D
2	Rent received or accrued	A		<u> </u>	
a	From personal property (if the percentage of				
a	rent for personal property is more than 10%				
	but not more than 50%)				
ь	From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	,				
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here	and on Part I, line 6,	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					_
5	Total deductions. Add line 4 columns A through D. Er		line 6, column (B)		0.
Part	,				
1	Description of debt-financed property (street address,	city, state, ZIP code). (Check if a dual-use. Se	e instructions.	
	A				
	B				
	<u>c</u>				
	D 🗀				
•	Gross income from or allocable to debt-financed	A	В	С	D
2					
3	property Deductions directly connected with or allocable				
3	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		,,		
8	Total gross income (add line 7, columns A through D)		rt I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	on Part I, line 7, colu	mn (B)	0.
11	Total dividends-received deductions included in line	10			0.

Part VI Interest, An	nuities, R	oyalties, and R	ents fro	m Contro	lled O	rganization	ns (se	e instruct	ions)		
					E	xempt Contro	lled Or	ganization	ıs		
1. Name of contro	lled	2. Employer	3. Net	unrelated	4. Tota	al of specified		rt of colur		Deductions directly	
organization		identification	income (loss)		payments made		that is included in the controlling organiza-		in the	the connected with	
		number	(see ins	structions)			tion's	gross inc	ome	income in co l umn 5	
(1)											
(2)											
(3)											
(4)											
			nexempt (Controlled O	rganizat	ions					
7. Taxable Income		Net unrelated	1	ota l of specif		10. Part of that is income				eductions directly	
	I	ncome (loss)	pa	yments mad	е	controlling				onnected with	
	(se	e instructions)					incom		income in column 10		
<u>(1)</u>											
(2)											
(3)											
(4)											
						Add colum Enter here				co l umns 6 and 11. here and on Part I.	
						line 8, c		,		e 8, column (B)	
Totala								0.		0.	
Part VII Investmen	t Income	of a Section 50	11/01/71	(9) or (17	\ Orga	nization (s	aa inat			0.	
	scription of		,,(0)(1),	2. Amou		3. Deduction		4. Set-	acidac	5. Total deductions	
	oonpaon or	ii loome		incon		directly conn		(attach st		and set-asides	
						(attach state	ment)			(add cols 3 and 4)	
(1)											
(2)											
(3)											
(4)											
				Add amou						Add amounts in	
				column 2.						column 5. Enter here and on Part I,	
				line 9, colu						line 9, column (B)	
Totals					0.					0.	
Part VIII Exploited	Exempt A	Activity Income	, Other	Than Adv	ertisir	ng Income	see ins	structions)			
 Description of explo 	-										
2 Gross unrelated bus	siness incon	ne from trade or busi	iness. Ente	er here and o	n Part I	, line 10, co l un	nn (A)		2		
3 Expenses directly c	onnected w	th production of unr	elated bus	siness incom	e. Enter	here and on F	Part I,				
line 10, column (B)									3		
4 Net income (loss) from	om unrelate	d trade or business.	Subtract li	ine 3 from lin	e 2. If a	gain, complete	е				
lines 5 through 7									4		
5 Gross income from									5		
6 Expenses attributat									6		
7 Excess exempt exp			6, but do n	ot enter mor	re than t	he amount on	line				
Enter here and or	n Part II. l ine	12							7		

Schedule A (Form 990-T) 2022

_				
ப	a	~	~	
г	а	u		

Part	X Advertising Income					•
1	Name(s) of periodical(s). Check box if reporti	ing two or	more periodicals on a	a consolidated bas	is.	
	A <u> </u>					
	в 🖳					
	c <u> </u>					
	D 🗀					
Enter a	amounts for each periodical listed above in the	e correspo	nding column.	T		
			Α	В	С	D
2	Gross advertising income		44 1 (4)			0.
	Add columns A through D. Enter here and or	n Part I, Iir	ne 11, column (A)			<u> </u>
а	District and a district and the constant and			T		
3	Direct advertising costs by periodical		a 11 achima (D)			0.
а	Add columns A through D. Enter here and or	n Part I, III	ie II, column (B)			
4	Advertising gain (loss). Subtract line 3 from li	ine		T		
7	2. For any column in line 4 showing a gain,	ii iC				
	complete lines 5 through 8. For any column i	in				
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	-				0
Dant	Part II, line 13		and Turntons			0.
Part	X Compensation of Officers, Di	liectors	, and Trustees	see instructions)	2 Davagataga	4 Companyation
	1. Name		2. Title		3. Percentage of time devoted	 Compensation attributable to
	i. Name		Z. Title		to business	unrelated business
(1)					%	difference business
(2)					%	
(3)					%	
(4)					%	
Total	. Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instruc	tions)			

Form 990-T (A)	Income	(Loss)	from	Partnerships	State	Statement	
Description						Incom (Loss	
REBEL INDUSTRIES, LL PM PARTNERS	vC					80,4	14. 47.
Total Included on Sc	hedule A, E	Part I,	line	5		80,4	33.

SCHEDULE D (Form 1041)

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
Go to www_irs_gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2022

Department of the Treasury Internal Revenue Service Name of estate or trust

THE LOUIS AND GLORIA FLANZER

PHILANTHROPIC TRUST C/O Bristol Consult

Employer identification number

14-6285967 Yes X No

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete only Parts I and II.

Pa	art I Short-Term Capital Gains and Losses-Gen	erally Assets F	leld 1 Year or L	ess (see ins	tructi	ions)			
See ir	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	ts from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
1 a	Totals for all short-term transactions reported on Form 1099-B for				(0)				
ı a	which basis was reported to the IRS and for which you have no								
	adjustments (see instructions). However, if you choose to report all								
	these transactions on Form 8949, leave this line blank and go to line 1b								
16	Totals for all transactions reported on Form(s) 8949 with								
	Box A checked								
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								
		l	1						
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4			4				
	, , , , , , , , , , , , , , , , , , , ,								
5	Net short-term gain or (loss) from partnerships, S corporations, and other	er estates or trusts	See Statem	ent 18	5	-3,307.			
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of								
	Carryover Worksheet				6	()			
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	umn (h). Enter here an	d on						
	Part III, line 17, column (3)				7	-3,307.			
Pa	Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than 1 Year (see instructions)								
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 whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
8 a	Totals for all long-term transactions reported on Form 1099-B for								
·u	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								
8 b	Totals for all transactions reported on Form(s) 8949 with								
	Box D checked								
9	Totals for all transactions reported on Form(s) 8949 with								
	Box E checked								
10	Totals for all transactions reported on Form(s) 8949 with								
	Box F checked								
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and		<u> </u>		11				
12	Net long-term gain or (loss) from partnerships, S corporations, and other	r estates or trusts	See Statem	ent 19	12	1,148.			
13	Capital gain distributions				13				
14	Gain from Form 4797, Part I				14				
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 o	f the 2021 Capital Los	S						
	Carryover Worksheet				15	()			
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in col	lumn (h). Enter here ar	nd on						
	Part II, line 18a, column (3),				16	1,148.			

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

THE LOUIS AND GLORIA FLANZER

Schedule D (Form 1041) 2022 PARTNERSHIP INCOME

14-6285967

Page 2

	(· ····· · · · · / 2 - 2				· · · · · · · · · · · · · · · · ·
Part III	Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this part.			or trust's	_
17 Net sh	ort-term gain or (loss)	17		-3,307.	-3,307.
18 Net lo	ng-term gain or (loss):				
a Total f	or year	18a		1,148.	1,148.
b Unrec	ptured section 1250 gain (see line 18 of the worksheet)	18b			
c 28% r	ate gain	18c			
19 Total	net gain or (loss). Combine lines 17 and 18a	19		-2,159.	-2,159.

Note: If line 19, col (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, col (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

Part IV | Capital Loss Limitation

20	Enter here and enter as a (loss) on Form	1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:	İ	1			
	The loss on line 19, column (3) or	b \$3,000	20	1	2	,159.	.)

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line11)						
22	Enter the smaller of line 18a or 19 in column (2)	_	_				
	but not less than zero	22					
23	Enter the estate's or trust's qualified dividends from						
	Form 1041, line 2b(2) (or enter the qualified dividends						
	included in income in Part I of Form 990-T)	23					
24	Add lines 22 and 23	24					
	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g; otherwise, enter -0-	25					
26	Subtract line 25 from line 24. If zero or less, enter -0			26			
27	Subtract line 26 from line 21. If zero or less, enter -0			27			
28	Enter the smaller of the amount on line 21 or \$2,800			28			
29	Enter the smaller of the amount on line 27 or line 28			29			
30	Subtract line 29 from line 28. If zero or less, enter -0 The	iis amo	unt is taxed at 0%			30	
31	Enter the smaller of line 21 or line 26			31			
32	Subtract line 30 from line 26			32			
	Enter the smaller of line 21 or \$13,700						
	Add lines 27 and 30						
35	Subtract line 34 from line 33. If zero or less, enter -0			35			
36	Enter the smaller of line 32 or line 35			36			
37	Multiply line 36 by 15% (0.15)					37	
38	Enter the amount from line 31			38			
39	Add lines 30 and 36			39			
	Subtract line 39 from line 38. If zero or less, enter -0						
41	Multiply line 40 by 20% (0.20)					41	
42	Figure the tax on the amount on line 27. Use the 2022 Ta	x Rate	Schedule for Estates				
	and Trusts (see the Schedule G instructions in the Instru	ctions	for Form 1041)	42			
43	Add lines 37, 41, and 42			43			
44	Figure the tax on the amount on line 21. Use the 2022 Ta	x Rate	Schedule for Estates				
	and Trusts (see the Schedule G instructions in the Instru	ctions	for Form 1041)	44			
45	Tax on all taxable income. Enter the smaller of line 43	or line 4	14 here and on Form 1041	, Schedul	e		
	G, Part I, line 1a (or Form 990-T, Part II, line 2)					45	

SCHEDULE I (Form 1041)

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041.

Go to www.irs.gov/Form1041 for instructions and the latest information.

Employer identification number

Department of the Treasury Internal Revenue Service Name of estate or trust

OMB No. 1545-0092

TH	THE LOUIS AND GLORIA FLANZER PHILANTHROP				14-6285967		
Pa	art I Estate's or Trust's Share of Alternative Mini	imum Taxable Inc	ome				
1	Adjusted total income or (loss) (from Form 1041, line 17). ESBT	s, see instructions		1	78,274.		
2	Interest			2			
3	Taxes			3			
4	Refund of taxes	4 ()				
5	Depletion (difference between regular tax and AMT)			5			
6	Net operating loss deduction. Enter as a positive amount						
7	,						
8	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			8			
9	Exercise of incentive stock options (excess of AMT income over	er regular tax income)		9			
10							
11	Disposition of property (difference between AMT and regular ta						
12							
13	·						
14							
15	,	15					
16	` ` `	16					
17	• • • • • • • • • • • • • • • • • • • •			17			
18	Research and experimental costs (difference between regular t	tax and AMT)		18			
19	Income from certain installment sales before January 1, 1987			19 ()		
20	Intangible drilling costs preference			20			
21	Other adjustments, including income-based related adjustment	ts		21			
22)		
23	Adjusted alternative minimum taxable income. Combine lines 1	through 22		23	78,274.		
	Note: Complete Part II below before going to line 24.						
24		N/A	24				
25		N/A	25				
26	Add lines 24 and 25			26			
27	Estate's or trust's share of alternative minimum taxable income				78,274.		
	If line 27 is:						
	• \$26,500 or less, stop here and enter -0- on Form 1041, Sche	edule G, line 1c. The est	ate or trust isn't				
	liable for the alternative minimum tax.						
	• Over \$06 500 but less than \$104,000 as to line 40						

- Over \$26,500, but less than \$194,300, go to line 43.
- \$194,300 or more, enter the amount from line 27 on line 49 and go to line 50.
- ESBTs, see instructions.

Pa	irt II Income Distribution Deduction on a Minimum Tax Basis N/A		
28	Adjusted alternative minimum taxable income (see instructions)	28	
29	Adjusted tax-exempt interest (other than amounts included on line 7)	29	
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
	purposes (from Form 1041, Schedule A, line 4)	31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32	
33	Capital gains computed on a minimum tax basis included on line 23	33	()
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34	
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero		
	or less, enter -0-	35	
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36	
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	37	
38	Total distributions. Add lines 36 and 37	38	
39	Tax-exempt income included on line 38 (other than amounts included on line 7)	39	
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38	40	

Name(s) shown on return. Do not enter name and social security number if shown on page 1. THE LOUIS AND GLORIA FLANZER

Your social security number 14-6285967

PHILANTHROPIC TRUST C/O Bristol Consult Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis

	computation. If you report a loss tine 28 and attach Form 6198. Se	rom an at-risk activity fo	or which any	amount is	s no 1	t at risk, you must check	the b	ox in co l ur	nn (f) on	
27	Are you reporting any loss not allowed in	a prior year due to the	at-risk or ba	sis limitati	ons,	a prior year unallowed lo	ss fro	ma		
	passive activity (if that loss was not repo	rted on Form 8582), or a	unreimburse	d partners	ship	expenses? If you answer	ed "Y	es,"		
	see instructions before completing this s	ection						Yes	X No	
28	(a) Name		(b) _{Enter} P _{for} partnership; S for S corporation	(C) Check if foreign partnership	id	(d) Employer entification number	basis	Check if computation required	(f) Check if any amount is not at risk	
Α	REBEL INDUSTRIES, LL	2	P		3	6-4255543				
В	PM PARTNERS		P		2	7-0062346				
С										
D	D D									
	Passive Income and Lo	ess				Nonpassive Income and	nd Loss			
	(g) Passive loss allowed (h) Passive income (attach Form 8582 if required) from Schedule K-		allo	(i) Nonpassive loss allowed (see Schedule K-1) (j) Section 179 expense deduction from Form 456						
Α	14	•		,						
В		80,447	•							
С										
D										
29a		80,447	•							
b	Totals 14	•								
30	Add columns (h) and (k) of line 29a						30	8	0,447.	
31	. , , , , , , , , , , , , , , , , , , ,						31	(14.)	
32	32 Total partnership and S corporation income or (loss). Combine lines 30 and 31								0,433.	
Pa	Part III Income or Loss From Estates and Trusts									
33	(a) Name							(b) Employer identification number		
A										
В				_						
Passive Income and Loss Nonpassive I							ome	and Loss		
	(c) Passive deduction or loss allow	ed (d) F	assive inco	me		e) Deduction or loss	(f	Other inc	ome from	
	(attach Form 8582 if required)	from	n Schedule K-1 from Schedule K-1			rom Schedule K-1	Schedule K-1			
Α										
В				_						
34a	Tota l s			_						
b										
35							35	,		
36	Add columns (c) and (e) of line 34b	Openhina lines OF and					36	()	
37 Da	Total estate and trust income or (loss)	Fetate Mortgage	Investm	ent Con	dui	ts (REMICs) - Resi	37 dual			
ı a	meenie er 2000 i fem fied	(b) Employer	(c) Exce	ess inclusi	on	(d) Taxable income	uuui	(e) Incom	e from	
38			fuere Cele			(net loss) from			Q, l ine 3b	
	(a) Name	identification number	2c (see	edules Q, instruction	, line ns)	Schedules O line 1h	S	chedules		
	(a) Name	identification number	2c (see	edules Q, instructio	, line ns)	Schedules Q, line 1b	s	chedules		
20	,,,		2c (see	instruction	ns)	Schedules Q, line 1b		chedules		
39 Pa	Combine columns (d) and (e) only. Enter		2c (see	instruction	ns)	Schedules Q, line 1b	39	chedules		
Pa	Combine columns (d) and (e) only, Enter	the result here and inclu	2c (see	instruction	ns) 41 b	pelow	39	chedules		
Ра 40	Combine columns (d) and (e) only. Enter	the result here and inclum 4835. Also, complete	2c (see	tal on line	ns) 41 b	pelow	39		0,433.	
Pa 40 41	Combine columns (d) and (e) only. Enter out V Summary Net farm rental income or (loss) from For Total income or (loss). Combine lines 26, 32,	the result here and inclum 4835. Also, complete 37, 39, and 40. Enter the r	2c (see	tal on line	ns) 41 b	pelow	39		0,433.	
Ра 40	Combine columns (d) and (e) only. Enter out V Summary Net farm rental income or (loss) from For Total income or (loss). Combine lines 26, 32, Reconciliation of farming and fishing income	the result here and inclum 4835. Also, complete 37, 39, and 40. Enter the reference to the result of	2c (see	tal on line ow	ns) 41 b	pelow	39		0,433.	
Pa 40 41	Combine columns (d) and (e) only. Enter out V Summary Net farm rental income or (loss) from For Total income or (loss). Combine lines 26, 32, Reconciliation of farming and fishing income reported on Form 4835, line 7; Schedule K-1 (the result here and inclum 4835. Also, complete 37, 39, and 40. Enter the reference is Enter your gross farming form 1065), box 14, code	2c (see	tal on line w d on Schedi	41 b	pelow	39		0,433.	
Pa 40 41	Combine columns (d) and (e) only. Enternet V Summary Net farm rental income or (loss) from For Total income or (loss). Combine lines 26, 32, Reconciliation of farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (respectively).	the result here and inclum 4835. Also, complete 37, 39, and 40. Enter the reference form 1065), box 14, code e K-1 (Form 1041), box 14	2c (see	tal on line w d on Schedi	ns) 41 b	pelow	39		0,433.	
Pa 40 41 42	Combine columns (d) and (e) only. Enter out V Summary Net farm rental income or (loss) from For Total income or (loss). Combine lines 26, 32, Reconciliation of farming and fishing income reported on Form 4835, line 7; Schedule K-1 (the result here and inclum 4835. Also, complete 37, 39, and 40. Enter the reference form 1065), box 14, code e K-1 (Form 1041), box 14 onals. If you were a real	2c (see	tal on line ow d on Schedincome (-1 structions	41 b	pelow	39		0,433.	
Pa 40 41 42	Combine columns (d) and (e) only. Enternet V Summary Net farm rental income or (loss) from For Total income or (loss). Combine lines 26, 32, Reconciliation of farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedu Reconciliation for real estate profession	the result here and inclum 4835. Also, complete 37, 39, and 40. Enter the reference form 1065), box 14, code e K-1 (Form 1041), box 14 anals. If you were a real net income or (loss) you	2c (see	tal on line ow	41 b	pelow	39		0,433.	

SCHEDULE I (Form 1041)

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041.

Employer identification number

14-6285967

Department of the Treasury Internal Revenue Service Name of estate or trust

THE LOUIS AND GLORIA FLANZER PHILANTHROP

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No. 1545-0092

1	Adjusted total income or (loss) (from Form 1041, line 17). ESBTs, see instructions	1	78,274.
2	Interest	2	
3	Taxes	_	
4	Refund of taxes	4	()
5	Depletion (difference between regular tax and AMT)		
6	Net operating loss deduction. Enter as a positive amount		
7	Interest from specified private activity bonds exempt from the regular tax		
8	Qualified small business stock (see instructions)	8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10	
11	Disposition of property (difference between AMT and regular tax gain or loss)		
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	12	
13	Passive activities (difference between AMT and regular tax income or loss)	13	
14	Loss limitations (difference between AMT and regular tax income or loss)		
15	Circulation costs (difference between regular tax and AMT)	15	
16	Long-term contracts (difference between AMT and regular tax income)	16	
17	Mining costs (difference between regular tax and AMT)	17	
18	Research and experimental costs (difference between regular tax and AMT)	18	
19	Income from certain installment sales before January 1, 1987	19	(
20	Intangible drilling costs preference		
21	Other adjustments, including income-based related adjustments	21	
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	22	(
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22	23	78,274.
	Note: Complete Part II below before going to line 24.		
24			
25	Estate tax deduction (from Form 1041, line 19) N/A 25		
26		26	
27		27	78,274.
	If line 27 is:		
	• \$26,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't		
	liable for the alternative minimum tax.		
	 Over \$26,500, but less than \$194,300, go to line 43. 		
	 \$194,300 or more, enter the amount from line 27 on line 49 and go to line 50. 		
	ESBTs, see instructions.		
Pa	art II Income Distribution Deduction on a Minimum Tax Basis N	/A	
28	(
29	Adjusted tax-exempt interest (other than amounts included on line 7)		
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
	purposes (from Form 1041, Schedule A, line 4)	31	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

32 Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)

34 Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount

36 Income required to be distributed currently (from Form 1041, Schedule B, line 9) Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)

Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero

Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38

Capital gains computed on a minimum tax basis included on line 23

or less, enter -0-

Total distributions. Add lines 36 and 37

Tax-exempt income included on line 38 (other than amounts included on line 7)

Schedule I (Form 1041) 2022

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33

34

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37

38

Schedule I (Form 1041) 2022 Page 3

Pa	rt IV Line 50 Computation Using Maximum Capital Gains	Rates _{(con}	tinued)	
	Maximum amount subject to rates below 20%		\$13,700	
	Enter the amount from line 64			
	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the			
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax			
	Worksheet, whichever applies (as figured for the regular tax). If you			
	didn't complete Schedule D or either worksheet for the regular tax, enter			
	the amount from Form 1041, line 23; if zero or less, enter -0-	70		
71	Add line 69 and line 70			
72	Subtract line 71 from line 68. If zero or less, enter-0-	72		
	Enter the smaller of line 67 or line 72			
	Multiply line 73 by 15% (0.15)			74
	Add lines 66 and 73			
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81		go to line 76.	
76	Subtract line 75 from line 65	76		
	Multiply line 76 by 20% (0,20)			77
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Other			
78	Add lines 60, 75, and 76	1		
	Subtract line 78 from line 55		•	
	Multiply line 79 by 25% (0.25)			80
	Add lines 61, 74, 77, and 80			
	If line 55 is \$206,100 or less, multiply line 55 by 26% (0.26). Otherwise, multiply			
	and subtract \$4,122 from the result			82
83	Enter the smaller of l ine 81 or line 82 here and on l ine 50			

Schedule I (Form 1041) 2022

Schedule D	Net Short-Term Gain or Loss from Partnerships and S-Corporations		Statement 18
Description of A	ctivity		Gain or Loss
REBEL INDUSTRIES	, LLC		-3,307.
Total to Schedule	e D, Part I, line 5		-3,307.
Schedule D	Net Long-Term Gain or Loss from Partnerships and S-Corporations		Statement 19
Description of A	ctivity	Gain or Loss	28% Gain
REBEL INDUSTRIES	, LLC	1,148.	
Total to Schedule	e D, Part II, line 12	1,148.	

SCHEDULE D (Form 1041)

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

OMB No. 1545-0092 2022

Department of the Treasury Internal Revenue Service

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10. Go to www_irs_gov/F1041 for instructions and the latest information.

Employer identification number Name of estate or trust THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult

14-6285967

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Yes X No

Note: Form 5227 filers need to complete only Parts I and II. Part I Short-Term Capital Gains and Losses-Generally Assets Held 1 Year or Less (see instructions) (h) Gain or (loss) Subtract column (e) See instructions for how to figure the amounts to enter on the lines below. (d) (e) Adjustments Proceeds Cost from column (d) and to gain or loss from (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. combine the result Form(s) 8949, Part I, with column (g) line 2, column (g) 1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1 b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts See Statement 20 -3,307.5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Carryover Worksheet 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on -3,307.Part III, line 17, column (3) Long-Term Capital Gains and Losses-Generally Assets Held More Than 1 Year(see instructions) (h) Gain or (loss) Subtract column (e) See instructions for how to figure the amounts to enter on the lines below. (g) Adjustments (e) (d) Proceeds Cost to gain or loss from from column (d) and (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. Form(s) 8949, Part II, combine the result with column (g) ine 2, column (g) 8 a 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 8 b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with 10 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts See Statement 21 1,148 12 12 13 13 Capital gain distributions 14 Gain from Form 4797, Part I 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss 15 Carryover Worksheet 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on 1,148. Part II, line 18a, column (3),

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

Schedule D (Form 1041) 2022 PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967 Part III Summary of Parts I and II (1) Beneficiaries' (2) Estate's or trust's Caution: Read the instructions before completing this part. 17 Net short-term gain or (loss) 17 -3,3073,307.	
Caution: Read the instructions before completing this part. or trust's	
Table to the treatment of the part	107
17 Net short-term gain or (loss) $\begin{bmatrix} 17 \end{bmatrix} = \begin{bmatrix} -3 & 307 & 1 \end{bmatrix} = \begin{bmatrix} 3 & 307 & 1 \end{bmatrix}$	l 107 .
	, , , ,
18 Net long-term gain or (loss);	
	48.
b Unrecaptured section 1250 gain (see line 18 of the worksheet) 18b	
c 28% rate gain 18c	
19 Total net gain or (loss). Combine lines 17 and 18a ▶ 19	.59.
Note: If line 19, col (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, col (2), ar	e net
gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as nec	essary.
Part IV Capital Loss Limitation	
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:	
a The loss on line 19, column (3) or b \$3,000	59.)
Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the	apital
Loss Carryover Worksheet in the instructions to figure your capital loss carryover.	•
Part V Tax Computation Using Maximum Capital Gains Rates	
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form	1041.
line 2b(2), and Form 1041, line 23, is more than zero.	,
Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:	
Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or	
Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or	
There are amounts on lines 4e and 4g of Form 4952.	
Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-	Γ Part I
line 11, is more than zero. Skip this part and complete the Schedule D Tax Workshee t in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than	
21 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line11)	2010
22 Enter the smaller of line 18a or 19 in column (2)	
(-)	
23 Enter the estate's or trust's qualified dividends from	
Form 1041, line 2b(2) (or enter the qualified dividends	
included in income in Part I of Form 990-T) 23	
24 Add lines 22 and 23 24	
25 If the estate or trust is filing Form 4952, enter the	
amount from line 4g; otherwise, enter -0	

26 Subtract line 25 from line 24. If zero or less, enter -0-27 27 Subtract line 26 from line 21. If zero or less, enter -0-28 Enter the smaller of the amount on line 21 or \$2,800 29 Enter the smaller of the amount on line 27 or line 28 30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% 30 31 Enter the smaller of line 21 or line 26 32 Subtract line 30 from line 26 32 33 Enter the smaller of line 21 or \$13,700 33 34 Add lines 27 and 30 ______ 34 35 Subtract line 34 from line 33. If zero or less, enter -0-36 Enter the smaller of line 32 or line 35 37 Multiply line 36 by 15% (0.15) 38 Enter the amount from line 31 Add lines 30 and 36 40 Subtract line 39 from line 38. If zero or less, enter -0-41 Multiply line 40 by 20% (0.20) 41 42 Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041) 42 **43** Add lines 37, 41, and 42

44 Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates

G, Part I, line 1a (or Form 990-T, Part II, line 2)

and Trusts (see the Schedule G instructions in the Instructions for Form 1041) ______ 44

45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

Alternative Minimum Tax

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10. Go to www_irs_gov/F1041 for instructions and the latest information.

2022

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service

SCHEDULE D

(Form 1041)

Name of estate or trust THE LOUIS AND GLORIA FLANZER

PHILANTHROPIC TRUST C/O Bristol Consult Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Employer identification number

14-6285967 Yes X No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

	Form 5227 filers need to complete only Parts I and II.					
Pa	rt I Short-Term Capital Gains and Losses-G	enerally Assets H	leld 1 Year or L	ess (see ins	tructi	ons)
	estructions for how to figure the amounts to enter on the lines below. orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
11115 10	offil may be easier to complete if you round on cents to whole dollars.		,	Form(s) 8949, line 2, colum	Part I, 1 (g)	with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for					
	which basis was reported to the IRS and for which you have no					
	adjustments (see instructions). However, if you choose to report all					
	these transactions on Form 8949, leave this line blank and go to line 1	b				
1ь	Totals for all transactions reported on Form(s) 8949 with					
	Box A checked					
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 or (loss) from Forms 4684, 6252, 6781, and 8	824			4	
5	Net short-term gain or (loss) from partnerships, S corporations, and o			ment 22	5	-3,307.
6	Short-term capital loss carryover. Enter the amount, if any, from line 9	of the 2021 Capital Loss				
	Carryover Worksheet				6	(
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in o	, ,				
_	Part III, line 17, column (3)				7	-3,307.
	rt II Long-Term Capital Gains and Losses-Ge		leld More Than		instru	
See in	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustmen	te	(h) Gain or (loss) Subtract column (e)
		Proceeds (sales price)	Cost (or other basis)	to gain or loss	from	from column (d) and
This to	orm may be easier to complete if you round off cents to whole dollars.	(Sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part II,	combine the result with column (g)
_	Table (a all land to be becaute a second of Fam. 4000 B (a			inte 2, colum	1 (9)	mar column (g)
ŏа	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 8	D .	 			
٥b	Totals for all transactions reported on Form(s) 8949 with					
_	Box D checked		-			
9						
10	Box E checked					
10	Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781,		I		11	
12	Net long-term gain or (loss) from partnerships, S corporations, and ot	***************************************	See States	nent 23	12	1,148.
13					13	1,140.
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if any, from line 1-	4 of the 2021 Capital Loc	e		17	
		•			15	,
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in				10	,
	Doct II. line 190 column (2)	oominin (11). Enter here al	id oil		16	1 1/19

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

Alternative Minimum Tax Schedule D (Form 1041) 2022 PARTNERSHIP INCOME 14-6285967 Page 2 Part III Summary of Parts I and II (2) Estate's (1) Beneficiaries' (3) Total Caution: Read the instructions before completing this part. or trust's -3,307.-3,307.17 Net long-term gain or (loss): 1,148. 1,148. a Total for year 18a b Unrecaptured section 1250 gain (see line 18 of the worksheet) 18b 18c 19 Total net gain or (loss). Combine lines 17 and 18a -2,159. 19 Note; If line 19, col (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, col (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary. Part IV | Capital Loss Limitation Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000 20 Note; If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover. Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero. Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if: Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero. 21 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line11) 22 Enter the smaller of line 18a or 19 in column (2) but not less than zero 23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) 23 24 Add lines 22 and 23 24 25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-26 Subtract line 25 from line 24. If zero or less, enter -0-

27

40

42

43

30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%
 31 Enter the smaller of line 21 or line 26

 32
 Subtract line 30 from line 26
 32

 33
 Enter the smaller of line 21 or \$13,700
 33

 34
 Add lines 27 and 30
 34

35 Subtract line 34 from line 33. If zero or less, enter -0 36 Enter the smaller of line 32 or line 35

37 Multiply line 36 by 15% (0.15)
38 Enter the amount from line 31
38

39 Add lines 30 and 3640 Subtract line 39 from line 38. If zero or less, enter -0-

41 Multiply line 40 by 20% (0.20)
 42 Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)

43 Add lines 37, 41, and 42
 44 Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)

45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)

30

41

Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Form 990-T

Attach to the corporation's tax return. Go to www.irs_gov/Form2220 for instructions and the latest information. OMB No. 1545-0123

THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult Employer identification number 14-6285967

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220,

Part I Required Annual Payment							
							06.054
1 Total tax (see instructions)						1	26,854.
2 a Personal holding company tax (Schedule PH (Form 1120), li	na 26) included on line 1		2a			
b Look-back interest included on line 1 under section 460(b)(2				Za		-	
contracts or section 167(g) for depreciation under the incom				2b			
contracts of cooden for (g) for appropriation and the moon						-	
c Credit for federal tax paid on fuels (see instructions)				2c			
d Total. Add lines 2a through 2c						2d	
3 Subtract line 2d from line 1. If the result is less than \$500, d	o not	complete or file this form.	The corpo	ration			
does not owe the penalty						3	26,854.
4 Enter the tax shown on the corporation's 2021 income tax re	turn.	See instructions. Caution	: If the tax i	is zero			
or the tax year was for less than 12 months, skip this line an	d ente	r the amount from line 3 (on line 5			4	6,297.
5 Required annual payment. Enter the smaller of line 3 or lin			-				6 000
enter the amount from line 3						5	6,297.
Part II Reasons for Filing - Check the boxes bel even if it does not owe a penalty. See instructions.		at apply. If any boxes are	checked, th	ne corporation	must file Form 2	220	
The corporation is using the adjusted seasonal insta		mathad					
7 The corporation is using the adjusted seasonal insta							
The corporation is a "large corporation" figuring its fi			n the nrior	vearle tay			
Part III Figuring the Underpayment	131160	quilled installment based o	il tile prior	year 5 tax.			
Tarim rigaring and disasipayment		(a)		(b)	(c)		(d)
9 Installment due dates. Enter in columns (a) through (d) the	, —	(*)		(5)	(0)		(4)
15th day of the 4th (Form 990-PF filers: Use 5th month),							
6th, 9th, and 12th months of the corporation's tax year	9	05/15/22	06/	15/22	09/15/	22	12/15/22
10 Required installments. If the box on line 6 and/or line 7	Ť			,			
above is checked, enter the amounts from Sch A, line 38. If							
the box on line 8 (but not 6 or 7) is checked, see instructions	,						
for the amounts to enter. If none of these boxes are checked							
enter 25% (0.25) of line 5 above in each column	10	1,574.		1,575.	1,5	74.	1,574.
11 Estimated tax paid or credited for each period. For	Г						
column (a) only, enter the amount from line 11 on line 15.							
See instructions	11						6,400.
Complete lines 12 through 18 of one column							
before going to the next column.							
12 Enter amount, if any, from line 18 of the preceding column	12						
13 Add lines 11 and 12	13						6,400.
14 Add amounts on lines 16 and 17 of the preceding column	14			1,574.	3,1	49.	4,723.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.		0.		0.	1,677.
16 If the amount on line 15 is zero, subtract line 13 from line				1 584	2 4		
14. Otherwise, enter -0-	16			1,574.	3,1	49.	
17 Underpayment. If line 15 is less than or equal to line 10,							
subtract line 15 from line 10. Then go to line 12 of the next		1 574		1 575	1 .	7,	
column. Otherwise, go to line 18	17	1,574.		1,575.	⊥,5	74.	
18 Overpayment. If line 10 is less than line 15, subtract line 10	4.0						
from line 15. Then go to line 12 of the next column Go to Part IV on page 2 to figure the penalty. Do not go to Part	18 IV if t	here are no entries on lin	e 17 - no r	enalty is owe	d.		

For Paperwork Reduction Act Notice, see separate instructions.

14-6285967

Page 2

Part IV Figuring the Penalty

		Г	(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25				
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	See	Attached W	orksheet	
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal ho	ere and on Form 1120, lin	e 34; or the comparable	38	\$ 89.

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2022)

Form 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

	AND GLORIA F				ing Number
		O Bristol Con			6285967
(A) *Date	(B) Amount	(C) Adjusted Ba l ance Due	(D) Number Days Ba l ance Due	(E) Daily Penalty Rate	(F) Penalty
Buto	Allouit	-0-	Bulario Buo	1 chary rate	Tonaty
05/15/22	1,574.	1,574.	31	.0001095	89 5.
06/15/22	1,575.	3,149.	15	.0001095	
06/30/22	0.	3,149.	77	.0001369	
09/15/22	1,574.	4,723.	15	.0001369	
09/30/22	1,3/4.	4,723.	46	.0001303	
			40	.0001643	36.
12/15/22	1,574.	6,297.			
12/15/22	-6,400.	-103.			
12/31/22	0.	-103.			
Penalty Due (Sum of Col	umn F).				89.

^{*} Date of estimated tax payment, withholding credit date or installment due date.

Schedule D Net Short-Term Gain or Loss from Partnerships and S-Corporations		Statement 20
Description of Activity		Gain or Loss
REBEL INDUSTRIES, LLC		-3,307.
Total to Schedule D, Part I, line 5		-3,307.
Schedule D Net Long-Term Gain or Loss from Partnerships and S-Corporations		Statement 21
Description of Activity	Gain or Loss	28% Gain
REBEL INDUSTRIES, LLC	1,148.	
Total to Schedule D, Part II, line 12	1,148.	
Schedule D AMT Net Short-Term Gain or Loss from Partnerships and S-Corporations		Statement 22
Description of Activity		Gain or Loss
REBEL INDUSTRIES, LLC REBEL INDUSTRIES, LLC		-3,307. 1,148.
Total to Schedule D, Part I, line 5		-2,159.
Schedule D AMT Net Long-Term Gain or Loss from Partnerships and S-Corporations		Statement 23
	Gain or Loss	28% Gain
Description of Activity	Gain or Loss	20% Gain
REBEL INDUSTRIES, LLC REBEL INDUSTRIES, LLC	-3,307. 1,148.	
REBEL INDUSTRIES, LLC	-3,307.	

Form **8582**

Passive Activity Loss Limitations

Department of the Treasury Internal Revenue Service See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2022

Attachment
Sequence No. 858

Identifying number Name(s) shown on return THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) **b** Activities with net loss (enter the amount from Part IV, column (b)) c Prior years' unallowed losses (enter the amount from Part IV, column (c)) 1c d Combine lines 1a, 1b, and 1c All Other Passive Activities 80,447 2a Activities with net income (enter the amount from Part V, column (a)) 2a **b** Activities with net loss (enter the amount from Part V, column (b)) c Prior years' unallowed losses (enter the amount from Part V, column (c)) 2c 80,433. 2d d Combine lines 2a, 2b, and 2c Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 80,433. If line 3 is a loss and: • Line 1d is a loss, go to Part II. Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the smaller of the loss on line 1d or the loss on line 3 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero. See instructions 6 Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 7 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 8 Enter the smaller of line 4 or line 8 9 Total Losses Allowed Add the income, if any, on lines 1a and 2a and enter the total 10 Total losses allowed from all passive activities for 2022, Add lines 9 and 10. See instructions to find out how to report the losses on your tax return Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c) Total. Enter on Part I, lines 1a, 1b, and 1c

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2022)

Name of activity Current year Prior years Overall gain or loss	Part V	Complete This Part Befo	re P	art I, Lines 2	a, 2b,	and 2c. S	See instru	ctions.			
(e) Net income (line 2a) (c) Ine 2b) (c) Ine 2b) (c) Ine 2b) (d) Gain (e) Loss (line 2c) (d) Gain (e) Loss (line 2c) (d) Gain (e) Loss (line 2c) (d) Gain (e) Loss (line 2c) (d) Gain (e) Loss (line 2c) (d) Gain (e) Loss (line 2c) (d) Gain (e) Loss (line 2c) (d) Gain (e) Loss (line 2c) (d) Gain (e) Loss (line 2c) (d) Gain (e) Loss (line 2c) (d) Gain (e) Loss (e)		Name of authority		Currer	nt year		Prior ye	ears	rs Overall gain o		ain or l oss
Total. Enter on Part I, lines 2a, 2b, and 2c Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. Form or schedule and line number to be reported on (see instructions) Name of activity Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Name of activity Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Special allowance (d) Special allowance (d) Loss (b) Ratio (c) Unallowed loss (c) Unallowed loss (c) Unallowed loss (c) Allowed loss (c) Allowed loss to be reported on (see instructions)	Name of activity		(4								(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. Form or schedule and line number to be reported on (see instructions) Name of activity Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Name of activity Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Special allowance (d) Special allowance (d) Loss (b) Ratio (c) Unallowed loss (c) Unallowed loss (c) Unallowed loss (c) Allowed loss (c) Allowed loss to be reported on (see instructions)			_								
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Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. Form or schedule and line number to be reported on (see instructions) Form or schedule and line number to be reported on (see instructions) Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Form or schedule and line number to be reported on (see instructions) Form or schedule and line number (a) Loss (b) Ratio (c) Unallowed loss Total Part VII Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions.			S	ee Attac	hed	Statem	ent fo	r Pa	rt V		
Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Special allowance (d) Subtract column (c) from column (a)		n Part I, lines 2a, 2b, and 2c	<u> </u>	80,447.							
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Part VII Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss		Name of activity	ar to	nd line number be reported on	(a	a) Loss	(b) Ra	tio			column (c)
Part VII Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on to be reported			\perp								
Part VII Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on to be reported			+								
Part VII Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on to be reported			+								
Part VII Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on to be reported			+								
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Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss		Name of activity		and line nun to be reporte	nber ed on	(a) l	_oss		(b) Ratio	(4	c) Unallowed loss
Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss											
Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss											
Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss											
Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss											
Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss	Total										
Name of activity and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss		Allowed Losses. See insti	ructi	ons.							
		Name of activity		and line nun to be reporte	nber ed on	(a) l	_oss	(b) ∪	nallowed l oss		(c) Allowed loss
										_	
										\vdash	
								 		\vdash	

(a)

(b)

(c) Ratio

Name of activity:

to be reported on (see

to be reported on (see

to be reported on (see instructions):

Total

b Net income from form or

b Net income from form or

Form or schedule and line number

1a Net loss plus prior year unallowed

Form or schedule and line number

1a Net loss plus prior year unallowed

Form or schedule and line number

1a Net loss plus prior year unallowed

b Net income from form or

instructions):

loss from form or schedule

schedule

instructions):

loss from form or schedule

schedule

loss from form or schedule

schedule

c Subtract line 1b from line 1a. If zero or less, enter -0-

c Subtract line 1b from line 1a. If zero or less, enter -0-

.....

c Subtract line 1b from line 1a. If zero or less, enter -0-

14-6285967 Page 3 Activities With Losses Reported on Two or More Forms or Schedules. See instructions. (d) Unallowed (e) Allowed loss oss

Form 8582 (2022)

Form 8582	Other I	Passive Ac	tivities	- Part V	Stat	ement 24
	Cı	ırrent Yea	r I	Prior Year Unallowed	Overall Gai	n or Loss
Name of Activity	Net In	ncome Net	Loss	Loss	Gain	Loss
Rebel Industries - UBTI PM PARTNERS	80,	0. ,447.	-14. 0.		80,447.	-14.
Totals	80	,447.	-14.		80,447.	-14.
R R E A Name	Form or Schedule	Gain/Loss	Prior Year C/0	Net O Gain/Loss	Unallowed Loss	Allowed Loss
 Rebel Industries - UBTI PM PARTNERS	Sch E	-14. 80,447.		-14. 80,447.		14.
Totals		80,433.		80,433.		14.
Prior year carryove	ers allowe	ed due to	current y	year net acti	vity income	.
Total						14.

Form **926**(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

	ne of transferor	Ider	ntifying numb	er (see instructions)
	HE LOUIS AND GLORIA FLANZER		, ,	(see manuchons)
P	HILANTHROPIC TRUST C/O Bristol Consult	14	4-6285	967
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		Yes	X No
2	If the transferor was a corporation, complete questions 2a through 2d.			
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by			_
	five or fewer domestic corporations?		Yes	X No
b	Did the transferor remain in existence after the transfer?		X Yes	└── No
	If not, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	Identifyi	ng number	
c	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporatio	n?	X Yes	□ No
	If not, list the name and employer identification number (EIN) of the parent corporation.			
	Name of parent corporation	IN of pare	nt corporati	on
d	Have basis adjustments under section 367(a)(4) been made?		Yes	X No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	er section 3	67),	
	complete questions 3a through 3d.			
а	List the name and EIN of the transferor's partnership.			
	Name of partnership	EIN of p	artnership	
			-	
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	X No
	Is the partner disposing of its entire interest in the partnership?		Yes	X No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			
_	securities market?		Yes	X No
	rt II Transferee Foreign Corporation Information (see instructions)	1		
4	Name of transferee (foreign corporation)	5a Identi	ifying numb	er , if any
M	ASTER HOLDCO I LLC	98-10	029194	
6	Address (including country)		ence ID num	her
_	8 ROUTE DE LONGWY	JD Melen	ence ib nun	ibei
	xembourg			
7	Country code of country of incorporation or organization	1		
ъ				
8	Foreign law characterization (see instructions)			
C	ORPORATION			
9	Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No

		ND GLORIA FLANZ		OPIC TR 14-6	285967 Page 2					
	Regarding Tran	sfer of Property (see in	structions)							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer					
Cash	12/16/2022	property	0.		4 6.1010,					
10 Was cash the only pro If "Yes," skip the rema		go to Part IV.		Ε	Yes X No					
Section B - Other Pro		an intangible property								
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer					
Stock and securities	12/16/2022	SHARES GREENED	30.	2.						
Inventory										
Other property (not listed under another category)										
Property with										
built-in loss										
Totals			30.	2.						
recognition agreement 12 a Were any assets of a foreign corporation? If "Yes," go to line 12b b Was the transferor a continue to limple of the transfered of the transferee foreign corporation of the transferee foreign corporation of the transferred of the t	If "Yes," go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91									
Section C - Intangible	e Property Subje	ect to Section 367(d)	1		1					
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length p life on date of tran		(f) Income inclusion for year of transfer					
Property described in sec. 367(d)(4)										
					+					
Totals					+					

Form	1926 (Rev. 11-2018) THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TR	14-628596/	Page 3
b c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) \$\Bigsim \bigsim	Yes	No No No
C	Internation Doubli Information Density of To De Density of Contraction		
Sup	plemental Part III Information Required To Be Reported (see instructions)		
_			
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before 0.000 % (b) After 0.371 %		
17	Type of nonrecognition transaction (see instructions) ▶		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		[]
а	V// /		X No
b	V// //		X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1,367(e)-2(b)	> \$	
C	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No

Form 926 (Rev. 11-2018)

Dougherty & Connell Certified Public Accountants 450 Wireless Boulevard Hauppauge, NY 11788

November 14, 2023

THE LOUIS AND GLORIA FLANZER
PHILANTHROPIC TRUST C/O Bristol Consult
1266 FIRST STREET STE 1
SARASOTA, FL 34236

THE LOUIS AND GLORIA FLANZER:

We have prepared and enclosed your 2022 Florida return.

FLORIDA FORM F-1120 RETURN:

The Florida Form F-1120 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the Florida DOR, please contact our office and we will submit the electronic return to the Florida DOR. Do not mail the paper copy of the return to the Florida DOR.

No payment is required.

Your overpayment in the amount of \$2,500.00 has been applied to your Florida estimated tax.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Warm Regards,

Kevin P. Dougherty

Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return

F-7004 R. 01/17 Rule 12C-1.051 Florida Administrative Code Effective 01/17

Information for Filing Florida Form F-7004

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When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

Penalties - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

_		
_		
В.	Type of federal return filed:	990-T
	Contact person for questions:	
	Telephone number:	917-915-0404
	Contact Person email address:	EKaplan@bristolllc.c

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 4,000.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tenta-	3.
tively determined due with this extension request.	4,000.00

Transfer the amount on Line 3 to Tentative tax due.

A. If applicable, state the reason you need the extension:

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

 244961 10-04-22	Florida Department of Revenue - Corporate Income Tax Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return THE LOUIS AND GLORIA FLANZER FEIN	1019 F-7004 14-6285967 R. 01/17
Name Address	PHILANTHROPIC TRUST C/O Bristol Consult Taxable Your 1266 FIRST STREET FILING ST SARASOTA, FL 34236	Partnership S-corporation All other federal returns to be filed Tax Due \$ 4,000.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here:		Date:	
146285967	0	0	0
3	0	0	0
20221231	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	400000

1019 F-1120ES R, 01/17

Rule 12C-1.051
Florida Administrative Code
Effective 01/17

Information for Filing Florida Form F-1120ES

F-1120ES R. 01/17

 Who must make estimated tax payments - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500. Contact person for questions: Eric Kaplan
Phone number: 917-915-0404

Contact person email address: EKaplan@bristolllc.com

To file online go to www.floridarevenue.com

Estimated Tax Payment		me/Franchise Tax
Amount of this installment	1.	625.00
Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.	625.00
3. Amount of this payment (Line 1 minus Line 2)	3.	

Transfer the amount on Line 3 to Estimated tax payment box on front.

2. Due Date - Generally, for a 6/30 tax year end, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year. For all other year ends, estimated tax is generally due on or before the last day of the 5th, 6th, and 9th month of the taxable year and the last day of the tax year. 25 percent (.25) of the estimated tax must be paid with each installment.

- 3. Amended Declaration To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the correct installment. You may file an amendment during any interval between installment dates prescribed for the taxable year. You must timely pay any increase in the estimated tax.
- Interest and Penalties If you fail to comply with the law about filing a
 declaration or paying estimated tax, you will be assessed interest and
 pagation.

Make checks payable and mail to:

Florida Department of Revenue - Corporate Income Tax Declaration/Installment of Florida Estimated Income/Franchise Tax				
Name PHILA	OUIS AND GLORIA NTHROPIC TRUST (FIRST STREET OTA, FL 34236			1 R. 01/17 -6285967 nding12/31/23 Payment\$
•			DO	R USE ONLY
			_	_''
146285967	0	0	0	
0	0	0	0	
20231231	0	0	0	
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1019 F-1120ES R, 01/17

Rule 12C-1.051
Florida Administrative Code
Effective 01/17

Information for Filing Florida Form F-1120ES

F-1120ES R. 01/17

 Who must make estimated tax payments - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500. Contact person for questions: Eric Kaplan
Phone number: 917-915-0404

Contact person email address: EKaplan@bristolllc.com

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Estimated Tax Payment		me/Franchise Tax
Amount of this installment	1.	625.00
Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.	625.00
3. Amount of this payment (Line 1 minus Line 2)	3.	

Transfer the amount on Line 3 to Estimated tax payment box on front.

2. Due Date - Generally, for a 6/30 tax year end, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year. For all other year ends, estimated tax is generally due on or before the last day of the 5th, 6th, and 9th month of the taxable year and the last day of the tax year. 25 percent (.25) of the estimated tax must be paid with each installment.

- 3. Amended Declaration To prepare an amended declaration, write
 "Amended" on Florida Form F-1120ES and complete Lines 1 through 3
 of the correct installment. You may file an amendment during any interval
 between installment dates prescribed for the taxable year. You must
 timely pay any increase in the estimated tax.
- Interest and Penalties If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Make checks payable and mail to:

Florida Department of Revenue - Corporate Income Tax Declaration/Installment of Florida Estimated Income/Franchise Tax				
Name PHILANT	IS AND GLORIA CHROPIC TRUST CRST STREET CA, FL 34236		Installment # 2 FEIN 14-6285967 Consult Taxable Year Ending 12/31/ Estimated Tax Payment \$	R. 01/17 /23
			DOR USE ONLY	
			<u> </u>	
146285967	0	0	0	
0	0	Ō	0	
20231231	Ō	Ō	0	
0	0	0	0	
012	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	

1019 F-1120ES R. 01/17

Rule 12C-1.051
Florida Administrative Code
Effective 01/17

Information for Filing Florida Form F-1120ES

F-1120ES R. 01/17

 Who must make estimated tax payments - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500. Contact person for questions: Eric Kaplan
Phone number: 917-915-0404

Contact person email address: EKaplan@bristolllc.com

To file online go to www.floridarevenue.com

Estimated Tax Payment		me/Franchise Tax
Amount of this installment	1_	625.00
Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.	625.00
3. Amount of this payment (Line 1 minus Line 2)	3.	

Transfer the amount on Line 3 to Estimated tax payment box on front.

2. Due Date - Generally, for a 6/30 tax year end, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year. For all other year ends, estimated tax is generally due on or before the last day of the 5th, 6th, and 9th month of the taxable year and the last day of the tax year. 25 percent (.25) of the estimated tax must be paid with each installment.

- 3. Amended Declaration To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the correct installment. You may file an amendment during any interval between installment dates prescribed for the taxable year. You must timely pay any increase in the estimated tax.
- Interest and Penalties If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Make checks payable and mail to:

Florida Department of Revenue - Corporate Income Tax Declaration/Installment of Florida Estimated Income/Franchise Tax				
Name PHILANT	VIS AND GLORIA CHROPIC TRUST CRST STREET CA, FL 34236		$\begin{array}{c} \text{Installment } \# \ \underline{3} \\ \text{FEIN} 14-6285967 \\ \text{Consult} \text{Taxable Year Ending} \underline{12/31} \\ \text{Estimated Tax Payment} \$ \end{array}$	
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1019 F-1120ES R, 01/17

Rule 12C-1.051
Florida Administrative Code
Effective 01/17

Information for Filing Florida Form F-1120ES

F-1120ES R. 01/17

 Who must make estimated tax payments - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500. Contact person for questions: Eric Kaplan
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Estimated Tax Payment	Income/Franchise Tax			
Amount of this installment	1.	625.00		
Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.	625.00		
3. Amount of this payment (Line 1 minus Line 2)	3.			

Transfer the amount on Line 3 to Estimated tax payment box on front.

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- Interest and Penalties If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Make checks payable and mail to:

244111 10-04-22			venue - Corporate Income da Estimated Income/Franc	chise Tax F-1120ES
Name PHILANT	VIS AND GLORIA CHROPIC TRUST CRST STREET CA, FL 34236		Consult Taxable Yea	# <u>4</u> R. 01/17 4-6285967 r Ending 12/31/23 ax Payment \$
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Florida Corporate Income/Franchise Tax Return

2022

FEIN 14-6285967

ndar year 2022

F-1120, R. 01/23 101

Rule 12C-1.051 Horida Administrative Code Effective 01/23

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THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult Name 1266 FIRST STREET Address City/State/ZIP SARASOTA, FL 34236 Check here if any changes have been made to name or address Computation of Florida Net Income Tax 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return Check here if negative 77,274.00 State income taxes deducted in computing federal taxable income (attach schedule) Check here if negative Additions to federal taxable income (from Schedule I) Check here if negative 77,274.00 Total of Lines 1, 2 and 3 Check here if negative 4. 5. Subtractions from federal taxable income (from Schedule II)

Check here if negative 77,274.00 Adjusted federal income (Line 4 minus Line 5) Check here if negative 77,274.00 7. Florida portion of adjusted federal income (see instructions) Check here if negative Nonbusiness income allocated to Florida (from Schedule R) Check here if negative _____ 50,000.00 Florida exemption 27,274.00 Florida net income (Line 7 plus Line 8 minus Line 9) 1,500.00 Tax due: 5.5% of Line 10 11. Credits against the tax (from Schedule V) 1,500.00 Total corporate income/franchise tax due (Line 11 minus Line 12) a) Penalty: F-2220 Line 14 Total ▶ c) Interest: F-2220 d) Other 1,500.00 Total of Lines 13 and 14 Payment credits: Estimated tax payments 16a \$ 4,000.00 4,000.00 Tentative tax payment 16b \$ 17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 OVERPAYMENT 2,500.00 Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon Refund; Enter amount of overpayment to be refunded here and on payment coupon Payment Coupon for Florida Corporate Income Tax Return YEAR ENDING 12/31/22 Do Not Detach To ensure proper credit to your account, enclose your check with tax return when mailing. THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Brist If 6/30 year end, return is due 1st day of the 4th month after the close of the Name 1266 FIRST STREET taxable year, otherwise return is due 1st day of the 5th month after the close City/State/ZIP SARASOTA, FL of the taxable year. 0 0 146285967 0 20220101 0 0 0 7727400 0 20221231 0 0000000 0.000000 0 0 012 0 150000 202 0 7727400 400000 5000000 -250000250000



THE LOUIS AND GLORIA FLANZER PHILANT

1019 F-1120 R. 01/23 Page 2 of 6 12/31/22

FEIN	14-6285967

	This return is considered incomplete unless a copy of the federal return is attached.					
,		pena	alty. The statute of limitations will not start until your return is properly signed			
and verif	ied. Your return must be completed in its entirety.					
	Under penalties of perjury, I declare that I have examined this return, including accom-	panyii	ng schedules and statements, and to the best of my knowledge and belief, it is true, correct,			
	and complete. Declaration of preparer (other than taxpayer) is based on all information	of wh	nich preparer has any knowledge.			
Sign here	Signature of officer (must be an original signature) Date		Trustee			
Paid preparers on l y	Preparer's signature Kevin P. Dougherty Date 11/14	4/2	Preparer check if self-employed Preparer's PTIN P00189079			
	Firm's name Dougherty & Connell		FEIN ► 11-2973168			
	(or yours if self-employed) 450 Wireless Boulevard Hauppauge, NY		ZIP ▶ 11788			
	madppadge, N1		ZIF - 11/00			
	All Taxpayers Must Answer Questions	Α	through L Below - See Instructions			
A. State of	incorporation:	G-2	Part of a federal consolidated return? YES NO X If yes, provide:			
B. Florida	Secretary of State document number:		FEIN from federal consolidated return:			
C. Florida	consolidated return? YES NO X		Name of corporation:			
р. 🗆	Initial return Final return (final federal return filed)	G-3. The federal common parent has sales, property, or payroll in Florida? YES NOX				
E. Principa	Business Activity Code (as pertains to Florida)	H.	Location of corporate books:			
			1266 FIRST STREET, SUITE 1			
31	0000		City, State, ZIP: SARASOTA, FL 34236			
A Florid	a extension of time was timely filed? YES NO X	I.	Taxpayer is a member of a Florida partnership or joint venture? YES NO X			
G-1. Corpora	tion is a member of a controlled group? YES	J.	Enter date of latest IRS audit:			
			a) List years examined:			
		ĸ.	Contact person concerning this return: Eric Kaplan			
			a) Contact person telephone number: 917-915-0404			
I			b) Contact person e-mail address: EKaplan@bristolllc.c			
<u> </u>		L.	Type of federal return filed 1120 1120s or 990-T			

Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue 5050 W Tennessee Street Tallahassee FL 32399-0135

Florida Department of Revenue PO Box 6440

Tallahassee FL 32314-6440

If you are requesting a refund (Line 19), send your return to:

Remember:

- Make your check payable to the Florida Department of Revenue.
- Write your FEIN on your check.
- Sign your check and return.
- Attach a copy of your federal return.
- Attach a copy of your Florida Form F-7004 (extension of time) if applicable.





FEIN 14-6285967 TAXABLE YEAR ENDING 12/31/22

. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
Net operating loss deduction (attach schedule)	3.
Net capital loss carryover (attach schedule)	4.
Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
'. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8.
Guaranty association assessment(s) credit	9.
0. Rural and/or urban high-crime area job tax credits	10.
1. State housing tax credit	11,
2. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12,
3. New worlds reading initiative credit	13,
4. Strong families tax credit (credit for contributions to eligible charitable organizations)	14.
5. New markets tax credit	15,
6. Entertainment industry tax credit	16.
7. Research and development tax credit	17.
8. Energy economic zone tax credit	18.
9. s. 168(k), IRC, special bonus depreciation	19.
20. Depreciation of qualified improvement property (see instructions)	20.
21. Expenses for business meals provided by a restaurant (see instructions)	21.
22. Film, television, and live theatrical production expenses (see instructions)	22.
3. Internship tax credit	23.
24. Other additions (attach schedule)	24,
25. Total Lines 1 through 24, Enter total on this line and on Page 1, Line 3,	25.

Sc	Schedule II - Subtractions from Federal Taxable Income							
1.	Gross foreign source income less attrib	utable expenses						
	(a) Enter s. 78, IRC, income	\$						
	(b) plus s. 862, IRC, dividends	s						
	(c) plus s. 951A, IRC, income	\$		1.				
	(d) less direct and indirect expenses							
	and related amounts deducted							
	under s. 250, IRC	\$	otal 🕨					
2.	Gross subpart F Income less attributab	e expenses						
	(a) Enter s. 951, IRC, subpart F Income	\$						
	(b) less direct and indirect expenses		otal 🕨	2.				
Not	e: Taxpayers doing business outside Flor	da enter zero on Lines 3 through 6, and complete Schedule IV.						
3.	Florida net operating loss carryover ded	uction (see instructions)		3.				
4.	Florida net capital loss carryover deduc	tion (see instructions)		4.				
5.	Florida excess charitable contribution c	arryover (see instructions)		5.				
6.	Florida employee benefit plan contributi	on carryover (see instructions)		6.				
7.	Nonbusiness income (from Schedule R,	Line 3)		7.				
8.	Eligible net income of an international b	anking facility (see instructions)		8.				
9.	s. 168(k), IRC, special bonus depreciation	on (see instructions)		9.				
10.	Depreciation of qualified improvement p	roperty (see instructions)		10,				
11.	Film, television, and live theatrical produ	uction expenses (see instructions)		11,				
12.	Other subtractions (attach schedule)			12.				
13.	Total Lines 1 through 12. Enter total on	this line and on Page 1, Line 5.		13.				



FEIN 14-6285967 TAXABLE YEAR ENDING 12/31/22

So	Schedule III - Apportionment of Adjusted Federal Income						
III-A	III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.						
		(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHE (Denominator)	RE Col. (a) + Col. (b) Rounded to Six Deci Places	(d) Weight mal If any factor in Column (b) is zero see note on Pg 9 of the instruction	(e) Weighted Factors Rounded to Six Decimal Places	
1.	Property (Schedule III-B bellow)				X 25% or		
2.	Payroll				X 25% or		
3,	Sales (Schedule III-C below)				X 50% or		
4.	Apportionment fraction (Sum of I	Lines 1, 2, and 3, Column [e]). E	nter here and on Schedu l e	IV, Line 2.		1.000000	
	For use in computing aver	age value of property	WI	THIN FLORIDA	TOTAL E	VERYWHERE	
(use	original cost).		a. Beginning of ye	ar b. End of year	c. Beginning of year	d. End of year	
1,	Inventories of raw material, work	in process, finished goods					
2,	Buildings and other depreciable	assets					
3.	Land owned						
4.	Other tangible and intangible (financial o	rg. only) assets (attach schedule)					
5.	Total (Lines 1 through 4)						
6.	Average value of property						
	a. Add Line 5, Columns (a) and	(b) and divide by 2 (for within F	orida) 6a				
	b. Add Line 5, Columns (c) and	(d) and divide by 2 (for total eve	erywhere)		6b.		
7.	Rented property (8 times net ann	nual rent)					
	a. Rented property in Florida		7a				
	b. Rented property Everywhere				7b		
8.	Total (Lines 6 and 7). Enter on Li	ne 1, Schedu l e III-A, Co l umns (a	a) and (b).				
	a. Enter Lines 6 a. plus 7 a. and						
	Column (a) for total average	property in Florida	8a				
	b. Enter Lines 6 b. plus 7 b. an						
	Column (b) for total average	property Everywhere			8b		
┝					(a)	(b)	
III-C	Sales Factor				TOTAL WITHIN FLORIDA (Numerator)	TOTAL EVERYWHERE (Denominator)	
1.	Sales (gross receipts)				N/A		
2.	Sales delivered or shipped to Flo	orida purchasers				N/A	
3.	. Other gross receipts (rents, royalties, interest, etc. when applicable)						
4.	TOTAL SALES (Enter on Schedu	le III-A, Line 3, Columns [a] and	[b])				
III-D	Special Apportionment Fra	actions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLOR I DA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places	
1.	Insurance companies (attach cop	oy of Schedule T - Annual Repo	rt)				
2.	Transportation services						

S	Schedule IV - Computation of Florida Portion of Adjusted Federal Income				
1.	Apportionable adjusted federal income from Page 1, Line 6	1.			
2.	Florida apportionment fraction (Schedule III-A, Line 4)	2.			
3.	Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.			
4.	Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.			
5.	Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.			
6.	Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.			
7.	Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.			
8.	Total carryovers apportioned to Florida (add Lines 4 through 7)	8.			
9.	Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.			



FEIN 14-6285967 TAXABLE YEAR ENDING 12/31/22

Sc	hedule V - Credits Against the Corporate Income/Franchise Tax	
1.	Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
2.	Capital investment tax credit (attach certification letter)	2.
3.	Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3,
4.	Community contribution tax credit (attach certification letter)	4.
5.	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6.	Rural job tax credit (attach certification letter)	6.
7.	Urban high-crime area job tax credit (attach certification letter)	7.
8.	Hazardous waste facility tax credit	8.
9.	Florida alternative minimum tax (AMT) credit	9.
10.	Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
11.	State housing tax credit (attach certification letter)	11.
12.	Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13.	New worlds reading initiative credit (attach certificate)	13.
14.	Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14.
15.	New markets tax credit	15.
16.	Entertainment industry tax credit	16.
17.	Research and development tax credit	17.
18.	Energy economic zone tax credit	18.
19.	Internship tax credit	19.
20.	Other credits (attach schedule)	20.
21.	Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11),	
	Enter total credits on Page 1, Line 12	21.

Sch	edule R - Nonbusiness Income		
Line 1.	Nonbusiness income (loss) allocated to Type	Florida	<u>Amount</u>
	Total allocated to Florida(Enter here and on Page 1, Line 8)	1.	
Line 2.	Nonbusiness income (loss) allocated e	State/country allocated to	Amount
	Total allocated elsewhere	2.	
Line 3.	Total nonbusiness income Grand total. Total of Lines 1 and 2(Enter here and on Schedule II, Line 7)	3.	



FEIN 14-6285967 TAXABLE YEAR ENDING 12/31/22

Estimated Tax Worksheet For Taxable Years Beginning On or After January 1,

1.	Florida income expected in taxable year	ır			1.	\$ 77,274.00
2.	Florida exemption \$50,000 (Members of Florida Form F-1120N)	of a controlled group, see instru	uctions on Page	14 of	2.	\$ 50,000.00
3.	Estimated Florida net income (Line 1 le	ss Line 2)			3.	\$ 27,274.00
4.	Estimated Florida net income (Line 1 le Total Estimated Florida tax (5.5% of Lin	ne 3)	\$	1,500.00		
	Less: Credits against the tax		\$		4.	\$ 1,500.00
				_		
5.	Computation of installments:					
	Payment due dates and	f 6/30 year end, last day of 4th	month,			
	payment amounts:	otherwise last day of 5th month	n - Enter 0.25 of L	ine 4	5a.	
		_ast day of 6th month - Enter 0	.25 of Line 4		5b.	
		ast day of 9th month - Enter 0	.25 of Line 4		5c.	
		_ast day of fiscal year - Enter 0.				
	NOTE: If your estimated tax should of below to determine the amended am					
	Amended estimated tax				. 1.	\$
2.						
	(a) Amount of overpayment from last y					
	to estimated tax and applied to da	te	2a \$			
	(b) Payments made on estimated tax decla					
	(c) Total of Lines 2(a) and 2(b)					\$
3.						\$
4.	Amount to be paid (Line 3 divided by r	umber of remaining installment	ts)		4.	\$

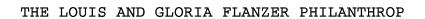
References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms. Form F-2220 Underpayment of Estimated Tax on Florida Rule 12C-1.051, F.A.C. Corporate Income/Franchise Tax Form F-7004 Florida Tentative Income/Franchise Tax Return Rule 12C-1.051, F.A.C. and Application for Extension of Time to File Return Form F-1156Z Florida Enterprise Zone Jobs Credit Certificate of Rule 12C-1.051, F.A.C. Eligibility for Corporate Income Tax Form F-1158Z Enterprise Zone Property Tax Credit Rule 12C-1.051, F.A.C. Form F-1120N Instructions for Corporate Income/Franchise Tax Return Rule 12C 1.051, F.A.C. Declaration/Installment of Florida Estimated Form F-1120ES Rule 12C-1.051, F.A.C. Income/Franchise Tax





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