

**Return of Private Foundation**

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

**2020**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2020 or tax year beginning , and ending

Name of foundation <b>THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult</b>		<b>A Employer identification number</b> <b>14-6285967</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>335 MADISON AVE</b>	Room/suite <b>24 F1</b>	<b>B Telephone number</b> <b>212 708-0280</b>
City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10017</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>97,885,653.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input checked="" type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	8,382,982.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....	45,219.	44,005.		Statement 1
	<b>4</b> Dividends and interest from securities .....	135,899.	135,899.		Statement 2
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	66,519.			
	<b>b</b> Gross sales price for all assets on line 6a .....	3,519,506.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		66,519.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	1,138,613.	1,138,613.		Statement 3	
<b>12 Total.</b> Add lines 1 through 11 .....	9,769,232.	1,385,036.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	790,998.	0.		790,998.
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees .....	77,618.	19,405.		58,213.
	<b>b</b> Accounting fees .....	23,422.	5,856.		17,566.
	<b>c</b> Other professional fees .....				
	<b>17</b> Interest .....				
	<b>18</b> Taxes .....	2,788.	2,788.		0.
	<b>19</b> Depreciation and depletion .....				
	<b>20</b> Occupancy .....				
	<b>21</b> Travel, conferences, and meetings .....				
	<b>22</b> Printing and publications .....	4,814.	0.		4,814.
	<b>23</b> Other expenses .....	67,615.	67,615.		0.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	967,255.	95,664.		871,591.
	<b>25</b> Contributions, gifts, grants paid .....	8,213,768.			8,213,768.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	9,181,023.	95,664.		9,085,359.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	588,209.				
<b>b</b> Net investment income (if negative, enter -0-) .....		1,289,372.			
<b>c</b> Adjusted net income (if negative, enter -0-) .....			N/A		

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

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	751,159.	540,772.	540,772.
	2 Savings and temporary cash investments	948,972.	1,490,610.	1,490,610.
	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.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations	1,108,688. Stmt 9	966,424.	1,010,888.
	b Investments - corporate stock	1,732,967. Stmt 10	1,687,720.	2,558,817.
	c Investments - corporate bonds	626,823. Stmt 11	435,939.	462,814.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	89,558,413. Stmt 12	90,197,838.	91,021,752.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		95,527,022.	96,119,303.	97,885,653.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)		0.	0.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here	<input type="checkbox"/>		
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here	<input checked="" type="checkbox"/>		
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds		0.	0.
27 Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
28 Retained earnings, accumulated income, endowment, or other funds		95,527,022.	96,119,303.	
29 Total net assets or fund balances		95,527,022.	96,119,303.	
30 Total liabilities and net assets/fund balances		95,527,022.	96,119,303.	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	95,527,022.
2 Enter amount from Part I, line 27a	2	588,209.
3 Other increases not included in line 2 (itemize)	3	4,072.
See Statement 8		
4 Add lines 1, 2, and 3	4	96,119,303.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	96,119,303.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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 Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult</b>	Taxpayer identification number (TIN) <b>14-6285967</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O 532 BROADHOLLOW RD ST. 109</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MELVILLE, NY 11747</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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)	06	Form 8870	12

**ERIC KAPLAN C/O Bristol Consultants**

- The books are in the care of ▶ **335 MADISON AVENUE, 24th Floor - NEW YORK, NY 10017**  
Telephone No. ▶ **212 708-0280** 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 box . 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.

**1** I request an automatic 6-month extension of time until **November 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>32,000.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>10,000.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>22,000.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**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.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b See Attached Statements			
c			
d			
e			

(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			
b			
c			
d			
e 3,519,506.		3,452,987.	66,519.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			66,519.

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	66,519.
3 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). See instructions. If (loss), enter -0- in Part I, line 8 .....	3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**  
**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved				
Reserved				
Reserved				
Reserved				
Reserved				
2 Reserved .....				2
3 Reserved .....				3
4 Reserved .....				4
5 Reserved .....				5
6 Reserved .....				6
7 Reserved .....				7
8 Reserved .....				8

THE LOUIS AND GLORIA FLANZER  
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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	17,922.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	17,922.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	17,922.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a	10,000.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	22,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d		7	32,000.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	14,078.
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 14,078.   <b>Refunded</b>		11	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e 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? If "Yes," attach a detailed description of the activities.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>FL</u>		
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 <i>General Instruction G</i> ? If "No," attach explanation	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 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses <u>Stmt 13</u>	X	

**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
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		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>flanzertrust.org</u>	X	
14 The books are in care of ► <u>ERIC KAPLAN C/O Bristol Consultants</u> Telephone no. ► <u>212 708-0280</u> Located at ► <u>335 MADISON AVENUE, 24th Floor, NEW YORK, NY</u> ZIP+4 ► <u>10017</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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
Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?		X
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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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 during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2020 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 2020.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2020?		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b> During the year, did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A		<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<b>6b</b>	<b>X</b>
If "Yes" to 6b, file Form 8870.				
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A		<b>7b</b>	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ERIC KAPLAN C/O Bristol Consultants 1843 Floyd Street SARASOTA, FL 34239	TRUSTEE 35.00	395,499.	0.	0.
R. Dean Hautamaki 1843 Floyd Street SARASOTA, FL 34239	TRUSTEE 35.00	395,499.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 0

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

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... 0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	95,341,810.
b	Average of monthly cash balances .....	1b	1,387,109.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	96,728,919.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	96,728,919.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	1,450,934.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	95,277,985.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	4,763,899.

**Part XI 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.)

1	Minimum investment return from Part X, line 6 .....	1	4,763,899.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	17,922.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	267.
c	Add lines 2a and 2b .....	2c	18,189.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	4,745,710.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	4,745,710.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	4,745,710.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	9,085,359.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	9,085,359.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	9,085,359.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				4,745,710.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015	428,235.			
b From 2016				
c From 2017				
d From 2018	2,903,901.			
e From 2019	5,938,830.			
f Total of lines 3a through e	9,270,966.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$	9,085,359.			
a Applied to 2019, 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 2020 distributable amount				4,745,710.
e Remaining amount distributed out of corpus	4,339,649.			
5 Excess distributions carryover applied to 2020 (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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	13,610,615.			
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 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				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 2015 not applied on line 5 or line 7	428,235.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	13,182,380.			
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018	2,903,901.			
d Excess from 2019	5,938,830.			
e Excess from 2020	4,339,649.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) **N/A**

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter 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				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV 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 Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

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 of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

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:

See Statement 14

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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

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**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
American Cancer Society 2970 University Pkwy Ste 104 SARASOTA, FL 34243	NONE	IRC SEC. 170(C) ORGANIZATION	Relay for Life team & General	4,150.
American Skin Association 335 Madison Ave New York, NY 10017	NONE	IRC SEC. 170(C) ORGANIZATION	General - Advance skin research & health	14,260.
Child Protection Center, Inc. 720 South Orange Ave SARASOTA, FL 34238	NONE	IRC SEC. 170(C) ORGANIZATION	General - Protection of Children	62,030.
Books for Kids Foundation 1441 Broadway New York, NY 10018	NONE	IRC SEC. 170(C) ORGANIZATION	General	11,000.
Boys & Girls Club of Sarasota County, Inc 18 School Ave Arcadia, FL 34266	NONE	IRC SEC. 170(C) ORGANIZATION	Louis & Gloria Flanzer Club - To enable young people to reach their full potential	89,378.
<b>Total</b>	<b>See continuation sheet(s)</b>			<b>8,213,768.</b>
<b>b Approved for future payment</b>				
None				
<b>Total</b>				<b>0.</b>

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

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....			14	45,219.	
4 Dividends and interest from securities .....			14	135,899.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property .....					
b Not debt-financed property .....					
6 Net rental income or (loss) from personal property .....					
7 Other investment income .....	623000	1,138,613.			
8 Gain or (loss) from sales of assets other than inventory .....			18	66,519.	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e) .....		1,138,613.		247,637.	0.
13 <b>Total.</b> Add line 12, columns (b), (d), and (e) .....			13	1,386,250.	

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	.....	<b>1a(1)</b>	X
(2) Other assets	.....	<b>1a(2)</b>	X
<b>b</b> Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	.....	<b>1b(1)</b>	X
(2) Purchases of assets from a noncharitable exempt organization	.....	<b>1b(2)</b>	X
(3) Rental of facilities, equipment, or other assets	.....	<b>1b(3)</b>	X
(4) Reimbursement arrangements	.....	<b>1b(4)</b>	X
(5) Loans or loan guarantees	.....	<b>1b(5)</b>	X
(6) Performance of services or membership or fundraising solicitations	.....	<b>1b(6)</b>	X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees	.....	<b>1c</b>	X
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		<b>N/A</b>	

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<b>N/A</b>		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying 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 which preparer has any knowledge.

Signature of officer or trustee       Date       **Trustee** Title

**May the IRS discuss this return with the preparer shown below? See instr.**  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Kevin P. Dougherty</b>	Preparer's signature <i>Kevin P. Dougherty</i>	Date <b>11/12/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00189079</b>
	Firm's name ▶ <b>Dougherty &amp; Connell</b>			Firm's EIN ▶ <b>11-2973168</b>	
	Firm's address ▶ <b>450 Wireless Boulevard Hauppauge, NY 11788</b>			Phone no. <b>631-756-2100</b>	

**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	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a COASTAL BEND HEALTH FACS DEV CORP TEX VA R REV BD	P	06/24/20	07/15/20
b DENVER COLO CITY & CNTY ARPT REVARs REV BOS 2007	P	07/01/20	08/12/20
c DENVER COLO CITY & CNTY ARPT REVARs REV BOS 2007	P	07/07/20	07/15/20
d HARRIS CNTY TEX HEALTH FACS DEV CORP REV REV BOS	P	07/01/20	07/15/20
e MASSACHUSETTS ST HEALTH& EDLFAGS AUTHARS REV BOS	P	09/15/20	09/29/20
f MASSACHUSETTS ST HEALTH& EDLFACS AUTHARS REV BDS	P	07/09/20	07/16/20
g MASSACHUSETTS ST HEALTH& EDLFACS AUTHARS REV BDS	P	06/17/20	07/15/20
h NEW YORKNY GO BOS 2006 J SUBSERIES J-2 0.380% 06/	P	09/22/20	10/06/20
i NEW YORKNY GO BOS 2006 JSUBSERIES J-30.890% 06/01	P	08/25/20	10/22/20
j NEW YORKNY VAR GO BOS 2006 C-4 0.540% 01/01/32 B/	P	07/09/20	12/10/20
k NEW YORKNY ARS GO BDS FISCAL2008 SUB A-4 0.690% 0	P	10/07/20	10/21/20
l NEW YORKNY ARS GO BDS FISCAL2008 SUB A-4 0.690% 0	P	07/13/20	09/28/20
m NEW YORKNY ARS GO BDS FISCAL 2008 SUB A-2 0.800%	P	07/07/20	12/22/20
n NEW YORKNY ARS BDS FISCAL 2008 SUB A-30.569% 08/0	P	07/17/20	11/27/20
o NEW YORKNY ARS GO BDS FISCAL2008 C-3 0.790%10/01/	P	06/26/20	11/13/20

(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 150,000.		150,000.	0.
b 175,000.		175,000.	0.
c 300,000.		300,000.	0.
d 50,000.		50,000.	0.
e 500,000.		500,000.	0.
f 25,000.		25,000.	0.
g 185,000.		185,000.	0.
h 50,000.		50,000.	0.
i 150,000.		150,000.	0.
j 100,000.		100,000.	0.
k 75,000.		75,000.	0.
l 175,000.		175,000.	0.
m 100,000.		100,000.	0.
n 475,000.		475,000.	0.
o 125,000.		125,000.	0.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			0.
b			0.
c			0.
d			0.
e			0.
f			0.
g			0.
h			0.
i			0.
j			0.
k			0.
l			0.
m			0.
n			0.
o			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	
3 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	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	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a NEW YORKNY ARS SER C-4 0.370% 10/01/2 7 B/E DTD 1	P	09/17/20	10/15/20
b NEW YORKNY CITY TRANSITIONAL FIN AUTH REV REV BOS	P	06/18/20	11/06/20
c NEW YORKNY CITY TRANSITIONAL FINAUTH REV ARS FUTU	P	09/23/20	09/30/20
d OCCIDENTAL PETE CORP WT EXP 08/03/2027	P	08/03/20	08/03/20
e SCOTTSDALE ARIZ INDL DEV AUTH HOSP REV VAR HOSP R	P	07/20/20	07/27/20
f ABBVIE INC COM - CASH IN LIEU	P	02/19/16	05/11/20
g ALLERGAN PLCCOM SHS C/A EFF 5/11/20 IOLD/USD 120.	P	03/16/17	02/03/20
h AMERICAN EXPRESS CR CORP MEDIUM TERMNTS FR 2.2%03	P	03/16/17	02/03/20
i BANK AMER CORP FXD R T SR NTSER L 2.625 % 10/19/2	P	03/02/18	10/19/20
j CAPITAL ONE FINLCOR P FXD RTSR NT 3.80 0% 01/31/2	P	02/15/18	09/21/20
k ENTERPRISE PRODS OPE R LLCGTD FXD RT NT 3.750% 02	P	11/04/15	09/21/20
l FEDERAL HOME LN MTG CORP PARTN CTFS POOL # G08642	P	10/29/15	12/07/20
m FEDERAL HOME LN MTG CORP PARTN CTFS POOL # G08651	P	11/10/15	12/07/20
n FEDERAL HOME LN MTG CORP PARTN CTFS POOL # G08667	P	10/28/15	12/07/20
o FEDERAL HOME LN MTG CORP PARTN CTFS POOL # G08667	P	10/29/15	12/07/20

(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 100,000.		100,000.	0.
b 50,000.		50,000.	0.
c 25,000.		25,000.	0.
d 3.		2.	1.
e 50,000.		50,000.	0.
f 31.		19.	12.
g 32,657.		32,870.	-213.
h 20,000.		19,961.	39.
i 16,000.		15,869.	131.
j 16,778.		14,596.	2,182.
k 21,180.		18,309.	2,871.
l 5,376.		5,713.	-337.
m 11,051.		11,701.	-650.
n 7,859.		8,202.	-343.
o 13,505.		13,528.	-23.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			0.
b			0.
c			0.
d			1.
e			0.
f			12.
g			-213.
h			39.
i			131.
j			2,182.
k			2,871.
l			-337.
m			-650.
n			-343.
o			-23.

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	
3 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 .....	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	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	FEDERAL HOME LN MTG CORP PARTN CTFS POOL # G08670	P	11/10/15	12/07/20
b	FEDERAL HOME LN MTG CORP PARTN CTFS POOL # G08670	P	12/12/16	12/07/20
c	FEDERAL HOME LN MTG CORP PARTN CTFS POOL # G08671	P	02/15/18	12/07/20
d	FEDERAL HOME LN MTG CORP PARTN CTFS POOL # G08737	P	07/23/18	12/07/20
e	FEDERAL HOME LN MTG CORP PARTN CTFS POOL # G08799	P	10/12/16	12/07/20
f	FNMA GTD MTG PASS TH RUCTFS POOL # AL6819 4.500%	P	10/29/15	12/07/20
g	FNMA GTD MTG PASS TH RUCTFS POOL # AL6819 3.500%	P	11/16/15	12/07/20
h	FNMA GTD MTG PASS TH RUCTFS POOL # AL719 2 3.500%	P	10/29/15	12/07/20
i	FNMA GTD MTG PASS TH RUCTFS POOL# BC4714 3.000% 1	P	10/12/16	12/07/20
j	FNMA GTD MTG PASS TH RUCTFS POOL # MA289 6 3.500%	P	02/23/17	12/07/20
k	FNMA GTD MTG PASS TH RUCTFS POOL# MA308 8 4.000%	P	02/15/18	01/08/21
l	FNMA GTD MTG PASS TH RUCTFS POOL # MA323 8 3.500%	P	02/15/18	12/07/20
m	INGERSOLL RAND INCCOM	P	03/15/17	03/04/20
n	JPMORGAN CHASE & CO SR FIXED RT NT 4.25 0% 10/15/	P	10/28/15	10/15/20
o	MORGAN STANLEY SR NTFLTG SERF 1.720% 06/16/20	P	06/11/15	06/16/20

	(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	15,047.		15,512.	-465.
b	12,293.		12,164.	129.
c	10,252.		9,926.	326.
d	9,422.		9,336.	86.
e	10,137.		10,775.	-638.
f	9,569.		10,395.	-826.
g	2,486.		2,624.	-138.
h	1,405.		1,489.	-84.
i	9,335.		9,675.	-340.
j	12,691.		13,030.	-339.
k	8,366.		8,602.	-236.
l	6,998.		6,987.	11.
m	6.		4.	2.
n	21,000.		21,000.	0.
o	40,000.		40,000.	0.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-465.
b			129.
c			326.
d			86.
e			-638.
f			-826.
g			-138.
h			-84.
i			-340.
j			-339.
k			-236.
l			11.
m			2.
n			0.
o			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	
3	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 .....	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	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	UNITED STATES TREAS NTS 1.125% 04/30/20 B/E DTD 0	P	05/05/16	04/30/20
b	UNITED STATES TREAS NTS 1.500% 08/15/20 B/E DTD 0	P	01/11/18	08/17/20
c	UNITED STATES TREAS NTS 2.250% 02129120 B/E OTO 0	P	03/02/18	03/02/20
d	VERIZON COMMUNICATIO NS INCFXDRT NT 4.600% 04/01/	P	11/06/15	06/29/20
e	WALMART INC FXD RT NT 1.900% 12/15/20 B/E DTD 10/	P	10/19/17	12/15/20
f	ZAYO GROUP HOLDGS C/ A EFF 03/09/2020	P	11/06/15	03/10/20
g	ZAYO GROUP HOLDGS C/ A EFF 03/09/2020			
h	Flow through gains from K-1 investments	P	01/05/19	12/30/20
i	Capital Gains Dividends			
j				
k				
l				
m				
n				
o				

	(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	50,000.		50,000.	0.
b	100,000.		98,664.	1,336.
c	66,000.		65,973.	27.
d	18,566.		18,133.	433.
e	23,000.		22,981.	19.
f	24,045.		24,947.	-902.
g				0.
h	30,828.			30,828.
i	33,620.			33,620.
j				
k				
l				
m				
n				
o				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(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	
a			0.
b			1,336.
c			27.
d			433.
e			19.
f			-902.
g			0.
h			30,828.
i			33,620.
j			
k			
l			
m			
n			
o			

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	66,519.
3	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 .....	3	N/A

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

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Columbia University 622 West 113 St New York, NY 10025	NONE	IRC SEC. 170(C) ORGANIZATION	Endowment of Cardiology Department	3,140,000.
Family Promise of South Sarasota County (FPSSC) 850 Cockrill St Venice, FL 34285	NONE	IRC SEC. 170(C) ORGANIZATION	General - Children & Families	74,520.
JEWISH FAMILY & CHILDREN SERVICES OF THE SUNCOAST, INC 2688 FRUITVILLE ROAD SARASOTA, FL 34237	NONE	IRC SEC. 170(C) ORGANIZATION	PUBLIC CHARITIES - JFCS Alzheimer's & Caregiver Program 5th year of 5 year pledge	332,983.
Nates Honor Animal Rescue 4951 Lorraine Rd Bradenton, FL 34211	NONE	IRC SEC. 170(C) ORGANIZATION	General - Journey Home Capital campaign	78,994.
Sarasota Memorial Health Care Foundation 1515 S Osprey Ave Ste B4 SARASOTA, FL 34239	NONE	IRC SEC. 170(C) ORGANIZATION	Hospital Equipment (SMHF Cancer program ER, ICU and general)	33,910.
Sarasota's All Star Children's Foundation 3300 17th St SARASOTA, FL 34235	NONE	IRC SEC. 170(C) ORGANIZATION	Contribute to construction of new campus	1,352,840.
University of Florida Foundation PO Box 14425 Gainesville, FL 32604	NONE	IRC SEC. 170(C) ORGANIZATION	General, USF Foundation	489,950.
Women's Resource Center of Manatee 1926 Manatee Avenue Bradenton, FL 34205	NONE	IRC SEC. 170(C) ORGANIZATION	Educational - To engage, educate, enrich and empower women	292,468.
AVIVA Foundation 4521 PGA Blvd Palm Beach Gardens, FL 33418	NONE	IRC SEC. 170(C) ORGANIZATION	General & Matching	80,890.
Coming Together against Cancer - CTAC Team TONY 920 John Ringling Causeway SARASOTA, FL 34236	NONE	IRC SEC. 170(C) ORGANIZATION	Educational - To educate donors and the community on advances in the fight against cancer	74,970.
<b>Total from continuation sheets</b>				<b>8,032,950.</b>

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

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Forty Carrots Family Center 1500 South Tuttle Avenue SARASOTA, FL 34239	NONE	IRC SEC. 170(C) ORGANIZATION	General	52,720.
Goodwill Manasota 2705 51st Ave E Bradenton, FL 34203	NONE	IRC SEC. 170(C) ORGANIZATION	General - Matching	138,559.
Instride Therapy 1629 Ranch Road Nokomis, FL 34275	NONE	IRC SEC. 170(C) ORGANIZATION	General - Physical Occupational Speech Therapy	55,878.
Hershorin Schiff Community Day School 335 Wilkinson Rd SARASOTA, FL 34233	NONE	IRC SEC. 170(C) ORGANIZATION	General - Education	40,504.
Mothers helping Mothers 5933 N Washington Blvd SARASOTA, FL 34243	NONE	IRC SEC. 170(C) ORGANIZATION	General - Children & Family Support	60,760.
Various Suncoast Charities 1843 Floyd Street SARASOTA, FL 34234	NONE	IRC SEC. 170(C) ORGANIZATION	General	508,041.
Prodigal Daughters Recovery 505 S Federal Highway SARASOTA, FL 34234	NONE	IRC SEC. 170(C) ORGANIZATION	General	106,724.
Rowlett Academy 3500 9th St Bradenton, FL 34208	NONE	IRC SEC. 170(C) ORGANIZATION	General - Educational	92,973.
Second Chance last opportunity 933 Dr. Martin Luther King Jr. Way SARASOTA, FL 34234	NONE	IRC SEC. 170(C) ORGANIZATION	General	62,506.
Save Our Y Sarasota 1075 S Euclid Ave SARASOTA, FL 34237	NONE	IRC SEC. 170(C) ORGANIZATION	General	76,096.
<b>Total from continuation sheets</b> .....				

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

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
South County Food Pantry 121 Warfield Ave Venice, FL 34285	NONE	IRC SEC. 170(C) ORGANIZATION	General	379,619.
The Foundation For Barnes Jewish Hospital Fund 1001 Highlands Plaza Drive West, Suite 140 St Louis, MO 63110	NONE	IRC SEC. 170(C) ORGANIZATION	General	50,000.
JoshProvides Epilepsy Assistance Foundation Inc. 5428 Sundew Drive Sarasota, FL 34238	NONE	IRC SEC. 170(C) ORGANIZATION	General	47,022.
Resilient Retreat 1207 Sarasota Center Blvd Sarasota, FL 34240	NONE	IRC SEC. 170(C) ORGANIZATION	General	44,100.
SOAR Learning Center 2731 N Links Ave SARASOTA, FL 34234	NONE	IRC SEC. 170(C) ORGANIZATION	General	43,680.
Collier Community Abstinence Program PO Box 9488 Naples, FL 34101	NONE	IRC SEC. 170(C) ORGANIZATION	General	42,164.
Academy At Glengary 1910 Glengary St. SARASOTA, FL 34231	NONE	IRC SEC. 170(C) ORGANIZATION	General	41,218.
Laurel Civic Assoc 509 Collins Rd. Laurel, FL 34272	NONE	IRC SEC. 170(C) ORGANIZATION	General	35,350.
Children First 1723 N. Orange Ave SARASOTA, FL 34234	NONE	IRC SEC. 170(C) ORGANIZATION	General	35,150.
Easterseals Of Southwest Florida 350 Braden Ave SARASOTA, FL 34243	NONE	IRC SEC. 170(C) ORGANIZATION	General	35,014.
<b>Total from continuation sheets</b> .....				



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

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

Employer identification number

14-6285967

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>THE LOUIS AND GLORIA FLANZER                  PHILANTHROPIC TRUST C/O Bristol Consult</b>	Employer identification number <b>14-6285967</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Gloria Flanzer <hr/> 335 Madison Avenue <hr/> New York, NY 10017	\$ 6,507,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Other - Through matching programs <hr/> 335 Madison Avenue <hr/> New York, NY 10017	\$ 1,850,877.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Edward L Milstein <hr/> 335 Madison Avenue <hr/> New York, NY 10017	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>THE LOUIS AND GLORIA FLANZER                  PHILANTHROPIC TRUST C/O Bristol Consult</b>	Employer identification number <b>14-6285967</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult</b>	Employer identification number <b>14-6285967</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

# Underpayment of Estimated Tax by Corporations

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

**2020**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>THE LOUIS AND GLORIA FLANZER</b> <b>PHILANTHROPIC TRUST C/O Bristol Consult</b>	Employer identification number <b>14-6285967</b>
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**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.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	17,922.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	17,922.
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	9,505.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	9,505.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6  The corporation is using the adjusted seasonal installment method.

7  The corporation is using the annualized income installment method.

8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....	<b>9</b>	07/15/20	07/15/20	09/15/20	12/15/20
10 <b>Required installments.</b> If the box on line 6 and/or line 7 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 .....	<b>10</b>	2,376.	2,377.	2,376.	2,376.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	10,000.			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>		7,624.	5,247.	2,871.
13 Add lines 11 and 12 .....	<b>13</b>		7,624.	5,247.	2,871.
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	10,000.	7,624.	5,247.	2,871.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		0.	0.	
17 <b>Underpayment.</b> 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 .....	<b>17</b>				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	7,624.	5,247.	2,871.	

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2020)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			\$ 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](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

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Form 990-PF Interest on Savings and Temporary Cash Investments Statement 1

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Source	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
JP Morgan Chase	22.	22.	
NYPB&T - PERSHING - 001162	32,240.	32,240.	
NYPB&T - PERSHING - 001162 - EXEMPT	1,214.	0.	
NYPB&T - PERSHING - 001162 - US TREASURY	11,743.	11,743.	
Total to Part I, line 3	45,219.	44,005.	

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Form 990-PF Dividends and Interest from Securities Statement 2

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Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
From K-1 Investments	3,498.	0.	3,498.	3,498.	
NYPB&T - PERSHING - 001162 Dividends	108,026.	33,620.	74,406.	74,406.	
Promissory Note- KJ Greentree	57,995.	0.	57,995.	57,995.	
To Part I, line 4	169,519.	33,620.	135,899.	135,899.	

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Form 990-PF Other Income Statement 3

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Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
From K-1 Investments	1,052,389.	1,052,389.	
From K-1 Investments	86,224.	86,224.	
Total to Form 990-PF, Part I, line 11	1,138,613.	1,138,613.	

Form 990-PF	Legal Fees			Statement	4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Legal & Other professional fees	77,618.	19,405.		58,213.	
To Fm 990-PF, Pg 1, ln 16a	77,618.	19,405.		58,213.	

Form 990-PF	Accounting Fees			Statement	5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Tax & Accounting	23,422.	5,856.		17,566.	
To Form 990-PF, Pg 1, ln 16b	23,422.	5,856.		17,566.	

Form 990-PF	Taxes			Statement	6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
NYPB&T - Pershing - 001162 Foreign Tax	2,788.	2,788.		0.	
To Form 990-PF, Pg 1, ln 18	2,788.	2,788.		0.	

Form 990-PF	Other Expenses			Statement	7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Investment expenses	31,319.	31,319.		0.	
Expense flow-through K-1 Investments	36,296.	36,296.		0.	
To Form 990-PF, Pg 1, ln 23	67,615.	67,615.		0.	

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Form 990-PF	Other Increases in Net Assets or Fund Balances	Statement	8
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Description	Amount
ADJUSTMENT TO K-1 INVESTMENT ACCOUNTS - PRIOR YEARS	4,072.
Total to Form 990-PF, Part III, line 3	4,072.

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Form 990-PF	U.S. and State/City Government Obligations	Statement	9
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Description	U.S. Gov't	Other Gov't	Book Value	Fair Market Value
US Government Notes & Bonds -	X		466,151.	499,384.
GNMA/FNMA/FHLC Pools	X		275,273.	286,504.
225,000 NEW YORK NYC 3% 01/01/2021		X	225,000.	225,000.
Total U.S. Government Obligations			741,424.	785,888.
Total State and Municipal Government Obligations			225,000.	225,000.
Total to Form 990-PF, Part II, line 10a			966,424.	1,010,888.

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Form 990-PF	Corporate Stock	Statement	10
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Description	Book Value	Fair Market Value
467 ABBOTT LABS	29,103.	51,132.
383; 529 ABBVIE INC	34,316.	56,682.
53 ALPHABET INC. CL A	46,016.	92,890.
361 ALTRIA GROUP INC	21,898.	14,801.
32 AMAZON.COM INC	33,702.	104,222.
104 AMERICAN ELEC PWR INC	6,606.	8,660.
198 AMERICAN WATER WORKS	15,383.	30,387.
149 AMERIPRISE FINANCIAL INC	20,039.	28,955.
300 AMETEK INC	17,139.	36,282.
1,248 APPLE INC	34,093.	165,597.
213 ARAMARK	9,157.	8,196.
695 AT & T INC	26,215.	19,988.
130 AVERY DENNISON CORP	15,198.	20,164.
1387 BANK OF AMERICA CORP	25,107.	42,040.
113 BECTON DICKINSON	21,752.	28,275.
184 BIO-TECHNE CORP	28,708.	58,429.
98 BOEING CO	20,000.	20,978.
165 CHEVRON CORP	15,956.	13,934.

185 CIGNA CORP	29,677.	38,513.
578 COCA COLA CO	25,191.	31,698.
307 COMCAST CORP-CL A	11,374.	16,087.
405 CONAGRA BRANDS, INC.	16,313.	14,685.
126 CONCHO RESOURCES INC	16,941.	7,352.
104 COSTCO WHOLESALE CORP NEW	18,293.	39,185.
130 DIGITAL REALTY TRUST INC - REIT	13,657.	18,136.
300 DOMINION RESOURCES INC	22,516.	22,560.
328 DOW INC; DOWDUPONT INC	7,065.	6,050.
237 DUKE ENERGY CORP	18,213.	21,700.
139 ELECTRONIC ARTS INC	16,497.	19,960.
216 EDG RES INC	18,892.	10,772.
90 EXPEDIA INC	11,063.	11,916.
239 EXXON MOBIL CORP	19,722.	9,852.
90 GENERAL MILLS INC	5,288.	5,292.
449 HALLIBURTON CO	22,509.	8,486.
134 HOME DEPOT INC	20,720.	35,593.
134 HONEYWELL INTERNATIONAL	14,742.	28,502.
433 INTERCONTINENTAL EXCHANGE INC	28,837.	49,921.
457 JP MORGAN CHASE & CO	42,944.	58,071.
114 KIMBERLY CLARK CORP	15,004.	15,371.
104 KRAFT HEINZ CO	6,541.	3,605.
130 LAUDER ESTEE COS CLA	12,325.	34,605.
186 MARRIOTT INTL INC	18,222.	24,537.
260 MICROCHIP TECHNOLOGY INC	22,900.	35,909.
621 MICROSOFT CORP	38,224.	138,123.
93; 372 NEXTERA ENERGY INC.	12,639.	28,700.
158 NORFOLK SOUTHERN CORP	19,298.	37,542.
81 NVIDIA CORP	11,635.	42,298.
58 O REILLY AUTOMOTIVE INC	14,916.	26,249.
244 OCCIDENTAL PETE CORP	14,521.	4,224.
64 PARKER HANNIFIN CORP	10,354.	17,434.
214 PEPSICO INC	22,995.	31,736.
262 PHILIP MORRIS INTERNATIONAL	24,586.	21,691.
123 PHILLIPS 66	11,193.	8,603.
371 PPL CORP	13,626.	10,462.
227 PROCTER & GAMBLE CO	18,665.	31,585.
137 PUBLIC SERVICE ENTERPRISE	6,069.	7,987.
85 ROPER TECHNOLOGIES INC	19,066.	36,643.
154 SALESFORCE.COM	15,202.	34,270.
316 SOUTHERN COMPANY	15,591.	19,412.
73 STANLEY BLACK & DECKER INC	9,693.	13,035.
73 TELEFLEX INC COM	19,205.	30,045.
136 THERMO FISHER SCIENTIFIC INC	23,864.	63,346.
76 UNITED PARCEL SERVICE CL B	8,065.	12,798.
632 VERIZON COMMUNICATIONS	32,110.	37,130.
332 VISA INC - CL A	28,041.	72,618.
186 DISNEY CO	20,591.	33,699.
374 ZIONS BANCORPORATION	19,859.	16,247.
594 BCE INC	26,392.	25,423.
174 CANADIAN IMPERIAL BANK OF COMMERCE	15,183.	14,872.
182 CHUBB LTD	25,198.	28,013.
126; 111 INGERSOLL-RAND PLC	2,331.	5,057.
137 TE CONNECTIVITY LIMITED	13,077.	16,587.



511 ASTRAZENECA PLC SPONS	17,203.	25,545.
390 BP PLC SPONS ADR	12,354.	8,003.
584 GLAXO SMITHKLINE SPONS ADR	23,327.	21,491.
359 NATIONAL GRID	27,103.	21,192.
601 SANOFI SPONS ADR	23,676.	29,203.
334 TOTAL SA SPONS ADR	16,561.	13,998.
932 VODAFONE GROUP SPONS ADAR	28,640.	15,359.
215 CROWN CASTLE INTL CORP REIT	21,330.	34,226.
296 PROLOGIS INC REIT	15,667.	29,499.
73 PUBLIC STORAGE INC REIT	16,829.	16,858.
106 REALTY INCOME CORP REIT	6,340.	6,590.
123 VENTAS INC REIT	6,649.	6,032.
149 WELLTOWER INC REIT	9,190.	9,628.
252 Bristol Meyers Squib	14,215.	15,632.
109 Corteva Inc	1,588.	4,220.
109 Dupont	13,106.	7,751.
273 Fidelity National Info Systems	36,593.	38,619.
13 Garrett Motion Inc	153.	58.
21 RESIDEO TECH	394.	446.
252 Rights Bristol Meyers Squib	580.	174.
126 TRANE TECH	8,050.	18,290.
30 OCCIDENTAL PETE WTS	149.	204.
Total to Form 990-PF, Part II, line 10b	1,687,720.	2,558,817.

Form 990-PF	Corporate Bonds	Statement 11
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Description	Book Value	Fair Market Value
9,000 CVS HEALTH CORP	9,001.	9,049.
18,000 BERKSHIRE HATHAWAY INC	18,009.	18,039.
18,000 BANK OF MONTREAL FR	17,937.	18,145.
19,000 APPLE INC	18,981.	19,154.
28,000 ORACLE CORP	28,022.	28,372.
27,000 GOLDMAN SACHS GROUP	27,173.	27,758.
38,000 MORGAN STANLEY MTN	37,708.	38,750.
15,000; 10,000 ABBOTT LABS	9,873.	11,714.
27,000 CITIGROUP INC	26,980.	27,583.
24,000 MICROSOFT CORP	23,967.	24,489.
23,000 UNITED HEALTH GROUP	23,123.	24,109.
17,000 KINDER MORGAN	15,859.	17,839.
20,000 NORTHROP GRUMMAN CORP	20,006.	20,758.
20,000 APPLE INC	19,342.	20,979.
19,000 WALMART INC	19,049.	20,405.
28,000 AMAZON COM INC	26,981.	30,301.
28,000 WELLS FARGO	27,888.	30,666.
20,000 ANHEUSER-BUSCH	20,396.	22,655.
15,000 BANK AMER CORP FR	14,468.	16,786.
16,000 JP MORGAN CHASE BANK NA SR	16,109.	18,257.
15,000 CITIGROUP INC	15,067.	17,006.
Total to Form 990-PF, Part II, line 10c	435,939.	462,814.

Form 990-PF	Other Investments	Statement	12
Description	Valuation Method	Book Value	Fair Market Value
Investment in Real estate	COST	88,132,139.	88,132,139.
20145.147 AMG GW&K SMALL/MID	COST	220,000.	323,531.
15516.638 EDGEWOOD GROWTH FUND	COST	337,080.	803,296.
16428.16 ASHMORE EMERGING MARKETS	COST	132,283.	124,197.
22467.329 BLACKROCK HIGH YIELD	COST	172,577.	175,020.
4,289.36 INTEGRITY MDSA EQUITY INCOME PLUS	COST	56,585.	58,979.
14911.605 HARDING LOEVNER INST	COST	234,806.	381,886.
7414,238 INVESCO EUROPEAN GROWTH FUND	COST	306,964.	293,159.
4561.271 JANUS HENDERSON FUND INTL	COST	120,652.	129,677.
8448.077 JOHOM INTERNATIONAL	COST	150,207.	255,639.
2025 ISHARES INC MSCI JAPAN - ETF	COST	120,627.	136,809.
6852.577 DOUBLELINE TOTAL RET	COST	74,350.	73,323.
5431.215 GUGGENHEIM-FLOAT RATE	COST	139,568.	134,097.
Total to Form 990-PF, Part II, line 13		90,197,838.	91,021,752.

Form 990-PF	List of Substantial Contributors Part VII-A, Line 10	Statement	13
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Name of Contributor	Address
Estate of Gloria Flanzer	335 Madison Ave New York, NY 10017

Form 990-PF

Grant Application Submission Information  
Part XV, Lines 2a through 2d

Statement 14

Name and Address of Person to Whom Applications Should be Submitted

ERIC KAPLAN C/O Bristol Consultants  
1843 Floyd Street  
Sarasota, FL 34239

<u>Telephone Number</u>	<u>Name of Grant Program</u>
212-708-0280	All

Email Address

ekaplan@bristol111c.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: Florida Suncoast with preferences to Sarasota and contiguous counties, charitable fields: social services, public welfare, medical but excluding the arts, such as theatre, music and similar performance based activities.

Name and Address of Person to Whom Applications Should be Submitted

R. Dean Hautamaki  
1843 Floyd Street  
Sarasota, FL 34239

Telephone Number                      Name of Grant Program

941-951-3920                      All

Email Address

rdhautamaki@pp-srq.com

Form and Content of Applications

See above

Any Submission Deadlines

None

Restrictions and Limitations on Awards

See above

## General Explanation

Statement 15

## 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
Repayment terms	Interest only quarterly
Interest rate	6%

## General Explanation

Statement 16

## Form/Line Identifier and Description/Return Reference

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

## Explanation:

Trustees' fees aggregating \$ 790,998 were based on the midpoint of an independent study and are less than the amounts provided by court order.

# IRS e-file Signature Authorization for an Exempt Organization

Form **8879-EO**

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax <b>THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult</b>	Taxpayer identification number <b>14-6285967</b>
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Name and title of officer or person subject to tax  
**ERIC KAPLAN  
Trustee**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** 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, or 7b**, 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 than one line in Part I.

<b>1a Form 990</b> check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a Form 990-EZ</b> check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a Form 990-PF</b> check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a Form 8868</b> check here ▶ <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a Form 990-T</b> check here ▶ <input checked="" type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> <u>267.</u>
<b>7a Form 4720</b> check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 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**

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

as my signature on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶

### Part III Certification and Authentication

**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 2020 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.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 11/12/21

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

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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 Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult</b>	Taxpayer identification number (TIN) <b>14-6285967</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>335 MADISON AVE, No. 24 Fl</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10017</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 6

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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)	06	Form 8870	12

**ERIC KAPLAN C/O Bristol Consultants**

- The books are in the care of ▶ **335 MADISON AVENUE, 24th Floor - NEW YORK, NY 10017**  
Telephone No. ▶ **212 708-0280** 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 box . 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.

**1** I request an automatic 6-month extension of time until **November 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Extended to November 15, 2021

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2020**

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://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).**

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult</b>	<b>D</b> Employer identification number  <b>14-6285967</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>335 MADISON AVE, No. 24 Fl</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10017</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... ▶ <b>96,119,303.</b>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **ERIC KAPLAN C/O Bristol Consulta** Telephone number ▶ **212 708-0280**

**Part I Total Unrelated Business Taxable Income**

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	<b>4,093.</b>
<b>2</b>	Reserved .....	<b>2</b>	
<b>3</b>	Add lines 1 and 2 .....	<b>3</b>	<b>4,093.</b>
<b>4</b>	Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	<b>0.</b>
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	<b>4,093.</b>
<b>6</b>	Deduction for net operating loss. See instructions .....	<b>6</b>	
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	<b>4,093.</b>
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	<b>1,000.</b>
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	<b>1,000.</b>
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	<b>3,093.</b>

**Part II Tax Computation**

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	
<b>2</b>	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input checked="" type="checkbox"/> Schedule D (Form 1041) .....	<b>2</b>	<b>267.</b>
<b>3</b>	<b>Proxy tax.</b> See instructions .....	<b>3</b>	
<b>4</b>	Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b>	Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>267.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	267.
<b>3</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	267.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>	0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>	
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed <b>Statement 19</b>	<b>9</b>	267.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <b>Refunded</b>	<b>11</b>	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying 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 which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Trustee: \_\_\_\_\_ Title: \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: Kevin P. Dougherty Preparer's signature: Kevin P. Dougherty Date: 11/12/21 Check  if self-employed PTIN: P00189079

Firm's name: Dougherty & Connell Firm's EIN: 11-2973168

Firm's address: 450 Wireless Boulevard Hauppauge, NY 11788 Phone no. 631-756-2100

Form 990-T		Late Payment Interest				Statement	17
Description	Date	Amount	Balance	Rate	Days	Interest	
Tax due	05/17/21	267.	267.	.0300	182	4.	
Date filed	11/15/21		271.				
Total late payment interest						4.	

Form 990-T		Late Payment Penalty				Statement	18
Description	Date	Amount	Balance	Months	Penalty		
Tax due	05/17/21	267.	267.	6	8.		
Date filed	11/15/21		267.				
Total late payment penalty						8.	

Form 990-T		Interest and Penalties				Statement	19
Tax from Form 990-T, Part IV						267.	
Late payment interest						4.	
Late payment penalty						8.	
Total Amount Due						279.	

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://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).

Entity 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult</b>	<b>B</b> Employer identification number <b>14-6285967</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>310000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **REAL ESTATE & OTHER**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b> 2,380.		2,380.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>Stmt 20</b>	<b>12</b> 1,713.		1,713.
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b> 4,093.		4,093.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	4,093.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>	0.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	4,093.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c 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 through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a 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 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a

3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete 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 less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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Form 990-T (A)	Other Income	Statement	20
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<u>Description</u>	<u>Amount</u>
Ordinary Income from K-1	1,713.
Total to Schedule A, Part I, line 12	1,713.

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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

**PHILANTHROPIC TRUST C/O Bristol Consult**

**14-6285967**

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II 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 from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

**27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section  Yes  No

<b>28</b>	<b>(a) Name</b>	<b>(b) Enter P for partnership, S for S corporation</b>	<b>(c) Check if foreign partnership</b>	<b>(d) Employer identification number</b>	<b>(e) Check if basis computation is required</b>	<b>(f) Check if any amount is not at risk</b>
<b>A</b>	<b>REBEL INDUSTRIES, LLC</b>	<b>P</b>		<b>36-4255543</b>		
<b>B</b>						
<b>C</b>						
<b>D</b>						

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>		
<b>(g) Passive loss allowed (attach Form 8582 if required)</b>	<b>(h) Passive income from Schedule K-1</b>	<b>(i) Nonpassive loss allowed (see Schedule K-1)</b>	<b>(j) Section 179 expense deduction from Form 4562</b>	<b>(k) Nonpassive income from Schedule K-1</b>
<b>A</b>		<b>1,713.</b>		
<b>B</b>				
<b>C</b>				
<b>D</b>				
<b>29a Totals</b>		<b>1,713.</b>		
<b>b Totals</b>				
<b>30</b>	Add columns (h) and (k) of line 29a			<b>30</b> <b>1,713.</b>
<b>31</b>	Add columns (g), (i), and (j) of line 29b			<b>31</b> ( )
<b>32</b>	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31			<b>32</b> <b>1,713.</b>

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	<b>(a) Name</b>	<b>(b) Employer identification number</b>
<b>A</b>		
<b>B</b>		

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>	
<b>(c) Passive deduction or loss allowed (attach Form 8582 if required)</b>	<b>(d) Passive income from Schedule K-1</b>	<b>(e) Deduction or loss from Schedule K-1</b>	<b>(f) Other income from Schedule K-1</b>
<b>A</b>			
<b>B</b>			
<b>34a Totals</b>			
<b>b Totals</b>			
<b>35</b>	Add columns (d) and (f) of line 34a		<b>35</b>
<b>36</b>	Add columns (c) and (e) of line 34b		<b>36</b> ( )
<b>37</b>	<b>Total estate and trust income or (loss).</b> Combine lines 35 and 36		<b>37</b>

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

<b>38</b>	<b>(a) Name</b>	<b>(b) Employer identification number</b>	<b>(c) Excess inclusion from Schedules Q, line 2c (see instructions)</b>	<b>(d) Taxable income (net loss) from Schedules Q, line 1b</b>	<b>(e) Income from Schedules Q, line 3b</b>
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				<b>39</b>

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from <b>Form 4835</b> . Also, complete line 42 below	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	<b>41</b>	<b>1,713.</b>
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your <b>gross</b> farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	<b>43</b>	

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/F1041) for instructions and the latest information.

OMB No. 1545-0092

**2020**

Name of estate or trust <b>THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult</b>	Employer identification number <b>14-6285967</b>
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Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

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.

<b>Part I Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less</b> (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 I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1 a</b> 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				
<b>1 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 .....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts <b>See Statement 21</b> .....				<b>5</b> 1,301.
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2019 Capital Loss Carryover Worksheet .....				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on page 2 .....				<b>7</b> 1,301.

<b>Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year</b> (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)
<b>8 a</b> 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				
<b>8 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 .....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts <b>See Statement 22</b> .....				<b>12</b> 1,079.
<b>13</b> Capital gain distributions .....				<b>13</b>
<b>14</b> Gain from Form 4797, Part I .....				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2019 Capital Loss Carryover Worksheet .....				<b>15</b> ( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on page 2 .....				<b>16</b> 1,079.

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

Schedule D (Form 1041) 2020

THE LOUIS AND GLORIA FLANZER

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
<i>Caution: Read the instructions before completing this part.</i>				
17	Net short-term gain or (loss)	17	1,301.	1,301.
18	Net long-term gain or (loss):			
a	Total for year	18a	1,079.	1,079.
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	2,380.	2,380.

**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.

<b>Part IV Capital Loss Limitation</b>		
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	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.

**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.

**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, line 11)	21	3,093.	
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22	1,079.	
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	1,079.	
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25	0.	
26	Subtract line 25 from line 24. If zero or less, enter -0-	26	1,079.	
27	Subtract line 26 from line 21. If zero or less, enter -0-	27	2,014.	
28	Enter the smaller of the amount on line 21 or \$2,650	28	2,650.	
29	Enter the smaller of the amount on line 27 or line 28	29	2,014.	
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		636.
31	Enter the smaller of line 21 or line 26	31	1,079.	
32	Subtract line 30 from line 26	32	443.	
33	Enter the smaller of line 21 or \$13,150	33	3,093.	
34	Add lines 27 and 30	34	2,650.	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35	443.	
36	Enter the smaller of line 32 or line 35	36	443.	
37	Multiply line 36 by 15% (0.15)	37		66.
38	Enter the amount from line 31	38	1,079.	
39	Add lines 30 and 36	39	1,079.	
40	Subtract line 39 from line 38. If zero or less, enter -0-	40	0.	
41	Multiply line 40 by 20% (0.20)	41		
42	Figure the tax on the amount on line 27. Use the 2020 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42	201.	
43	Add lines 37, 41, and 42	43	267.	
44	Figure the tax on the amount on line 21. Use the 2020 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44	378.	
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)	45		267.

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/F1041) for instructions and the latest information.

OMB No. 1545-0092

**2020**

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

Employer identification number  
**14-6285967**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

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.

**Part I Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less**(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 I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1 a</b> 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				
<b>1 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 .....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts <b>See Statement 23</b> .....				<b>5</b> 1,301.
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2019 Capital Loss Carryover Worksheet .....				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on page 2 .....				<b>7</b> 1,301.

**Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One 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)
<b>8 a</b> 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				
<b>8 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 .....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts <b>See Statement 24</b> .....				<b>12</b> 1,079.
<b>13</b> Capital gain distributions .....				<b>13</b>
<b>14</b> Gain from Form 4797, Part I .....				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2019 Capital Loss Carryover Worksheet .....				<b>15</b> ( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on page 2 .....				<b>16</b> 1,079.

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

Schedule D (Form 1041) 2020

<b>Part III Summary of Parts I and II</b> Caution: Read the instructions before completing this part.		(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss) .....	17	1,301.	1,301.
18	Net long-term gain or (loss):			
a	Total for year .....	18a	1,079.	1,079.
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	2,380.	2,380.

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.

<b>Part IV Capital Loss Limitation</b>		
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 .....	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.

**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.

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, line 11) .....	21		
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		
25	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 \$2,650 .....	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-. This amount is taxed at 0% .....	30		
31	Enter the smaller of line 21 or line 26 .....	31		
32	Subtract line 30 from line 26 .....	32		
33	Enter the smaller of line 21 or \$13,150 .....	33		
34	Add lines 27 and 30 .....	34		
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		
40	Subtract line 39 from line 38. If zero or less, enter -0- .....	40		
41	Multiply line 40 by 20% (0.20) .....	41		
42	Figure the tax on the amount on line 27. Use the 2020 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 .....	43		
44	Figure the tax on the amount on line 21. Use the 2020 Tax Rate Schedule for Estates 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 G, Part I, line 1a (or Form 990-T, Part II, line 2) .....	45		

Schedule D	Net Short-Term Gain or Loss from Partnerships and S-Corporations	Statement 21
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Description of Activity	Gain or Loss
REBEL INDUSTRIES, LLC	1,301.
Total to Schedule D, Part I, line 5	1,301.

Schedule D	Net Long-Term Gain or Loss from Partnerships and S-Corporations	Statement 22
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Description of Activity	Gain or Loss	28% Gain
REBEL INDUSTRIES, LLC	1,079.	
Total to Schedule D, Part II, line 12	1,079.	

Schedule D	Net Short-Term Gain or Loss from Partnerships and S-Corporations	Statement 23
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Description of Activity	Gain or Loss
REBEL INDUSTRIES, LLC	1,301.
Total to Schedule D, Part I, line 5	1,301.

Schedule D	Net Long-Term Gain or Loss from Partnerships and S-Corporations	Statement 24
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Description of Activity	Gain or Loss	28% Gain
REBEL INDUSTRIES, LLC	1,079.	
Total to Schedule D, Part II, line 12	1,079.	