Form **990-PF**

Extended to November 15, 2022 Return of Private Foundation

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

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

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

For calendar year 2021 or tax year beginning , and ending Name of foundation A Employer identification number THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number STE 1 1266 FIRST STREET City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here SARASOTA, FL 34236 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) Other (specify) 97,771,469. (Part I, column (d), must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purpose (cash basis only) (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income 13,064,502. Contributions, gifts, grants, etc., received N/A2 Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 30,593. 30,491. Statement 165,718. 165,718. Statement 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 179,841 Statement 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 838,284. 7 Capital gain net income (from Part IV, line 2) 171,292. 8 Net short-term capital gain 9 Income modifications Gross sales less returns and allowances b Less: Cost of goods sold ... c Gross profit or (loss) 355,346. 339,236. Statement 4 11 Other income 796,000. 706,737. 12 Total. Add lines 1 through 11 700,000. 700,000. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages _____ 15 Pension plans, employee benefits 84,509. 63,382. Expenses 21,127. 16a Legal fees Stmt 5 130,778. 32,694. 98,083. b Accounting fees Stmt 6 c Other professional fees and Administrative 17 Interest 2,771. 18 Taxes Stmt 7 31,244. 0. Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 2,024. 0. 2,024. 22 Printing and publications 23 Other expenses Stmt 8 69,617. 62,186. 7,431. Operating 24 Total operating and administrative 1,018,172 118,778. 870,920. expenses. Add lines 13 through 23 13,708,502. 13,708,502. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 14,726,674 118,778. 14,579,422. Add lines 24 and 25 27 Subtract line 26 from line 12: -930,674 a Excess of revenue over expenses and disbursements ... 587,959 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

D	art	Balance Sheets Attached schedules and amounts in the description		Beginning of year	End o	•
	aιι	column should be for end-of-year amounts only.		(a) Book Value	(b) Book Value	(c) Fair Market Va l ue
	1	Cash - non-interest-bearing		540,772.	594,591.	
	2	Savings and temporary cash investments	[1,490,610.	2,354,079.	2,354,079.
	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	Γ			
		disqualified persons				
	7	Other notes and loans receivable 800,00	00.			
		Less: allowance for doubtful accounts ▶	0.	800,000.	800,000.	800,000.
ş	8	Inventories for sale or use				
Assets		Prepaid expenses and deferred charges				
ĕ		Investments - U.S. and state government obligations Stmt 9		966,424.	578,268.	599,793.
		Investments - corporate stock Stmt 1		1,687,720.		3,243,123.
	c	Investments - corporate bonds Stmt 1	1	435,939.	231,929.	245,700.
		Investments - land, buildings, and equipment: basis	·····	,		
		Less: accumulated depreciation	\neg			
	12	Investments - mortgage loans				
	13	Investments - other Stmt 1	2	90,197,838.	88,941,568.	89,934,183.
	14	Land, buildings, and equipment: basis ▶	·····	20,22.,000.	00/212/0001	07,701,1001
	'	Less: accumulated depreciation	\dashv			
	15	Other assets (describe	,			
		Total assets (to be completed by all filers - see the	—′ ⊦			
	10			96,119,303.	95,188,629.	97,771,469.
_	17	instructions. Also, see page 1, item I) Accounts payable and accrued expenses		90,119,303.	73,100,023.	J7,771,40J.
		Grants payable				
Liabilities		Deferred revenue				
░		Loans from officers, directors, trustees, and other disqualified persons	-			
E.		Mortgages and other notes payable	····, ŀ			
	22	Other liabilities (describe	—' ⊦			
		Total Habilities (add lines 17 through 00)		0.	0.	
_	23	Total liabilities (add lines 17 through 22)	·····	0.	0.	
_		Foundations that follow FASB ASC 958, check here	-			
ő		and complete lines 24, 25, 29, and 30. Net assets without donor restrictions				
ᇤ	l	***************************************				
Ва	25	Net assets with donor restrictions	;;;;			
핕		Foundations that do not follow FASB ASC 958, check here	ויי			
Ę	١.,	and complete lines 26 through 30.		ا م	0	
õ		Capital stock, trust principal, or current funds		0.	0.	
set		Paid-in or capital surplus, or land, bldg., and equipment fund		* -		
As	l	Retained earnings, accumulated income, endowment, or other funds		96,119,303.	95,188,629.	
Net Assets or Fund Baland	29	Total net assets or fund balances	↓	96,119,303.	95,188,629.	
_	١	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		06 110 202	05 100 630	
=	30	Total liabilities and net assets/fund balances		96,119,303.	95,188,629.	
	art					
		net assets or fund balances at beginning of year - Part II, column (a)				06 110 202
		st agree with end-of-year figure reported on prior year's return)				96,119,303.
		r amount from Part I, line 27a				-930,674.
						0.
		lines 1, 2, and 3				95,188,629.
		eases not included in line 2 (itemize)	411	luman /h\ lina CO	5	95,188,629.
0	rota	net assets or fund balances at end of year (line 4 minus line 5) - Par	ι II, CO	iumn (b), iine 29		33,100,04 3 .

PHILANTHROPIC TRUST C/O Bristol Consult

Part IV Capital Gains	and Losses for Tax on In	vestment Income			
	the kind(s) of property sold (for example arehouse; or common stock, 200 shs	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a					
See Attached	Statements				
C					
<u>d</u>					
<u>e</u>	(f) Depreciation allowed	(g) Cost or other basis	1	(h) Gain or (loss	<u> </u>
(e) Gross sales price	(or allowable)	plus expense of sale		((e) plus (f) minus	
a					
b					
C					
d					151 000
e 838,284.		666,9			171,292.
Complete only for assets snowl	ng gain in column (h) and owned by t			(I) Gains (Col. (h) gain ol. (k), but not less tha	
(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		Losses (from col. (h))
a					
b					
C					
<u>d</u>					171,292.
e					1/1,292.
2 Capital gain net income or (net ca	apital loss) If gain, also enter If (loss), enter -0-	in Part I, line 7 - in Part I, line 7	} 2		171,292.
	ss) as defined in sections 1222(5) an				
	, column (c). See instructions. If (loss)	N/A	
Part V Excise Tax Bas	sed on Investment Incom	e (Section 4940(a),) 3 4940(b), or 4948		
	described in section 4940(d)(2), che)	0110)
Date of ruling or determination	1 /1 /-	ach copy of letter if necessar		1 1	8,173.
	enter 1.39% (0.0139) of line 27b. Ex		,,		
	12, col. (b)				
2 Tax under section 511 (domes	tic section 4947(a)(1) trusts and taxa	able foundations only; others, o	enter -0-)	2	0.
3 Add lines 1 and 2				3	8,173.
	stic section 4947(a)(1) trusts and tax		enter -0-)		0.
	ome. Subtract line 4 from line 3. If zer	ro or less, enter -0-		5	8,173.
6 Credits/Payments:	and 2000 avernayment aredited to 20	no. Lea	20,000	n	
	and 2020 overpayment credited to 20 - tax withheld at source		20,000	0.	
	tension of time to file (Form 8868)		27,000	0.1	
	ly withheld			5 .	
	dd lines 6a through 6d			7	47,000.
8 Enter any penalty for underpay	yment of estimated tax. Check here	X if Form 2220 is attached		8	0.
9 Tax due. If the total of lines 5	and 8 is more than 7, enter amount o	owed		9	
	than the total of lines 5 and 8, enter	the amount overpaid		10	38,827.
11 Enter the amount of line 10 to	be: Credited to 2022 estimated tax	▶ 38	,827 . Refunded	▶ 11	0.

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	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
-	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. FL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		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	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► flanzertrust.org			
14	The books are in care of ► ERIC KAPLAN Telephone no. ► 917-91			
	Located at ► 1266 FIRST STREET, SUITE 1, SARASOTA, FL ZIP+4 ►34			
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 15	N	/A	
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of the			

foreign country

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies, Yes No 1a During the year, did the foundation (either directly or indirectly); (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Х 1a(1) (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) X a disqualified person? 1a(2) X (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? 1a(3) X (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 1a(4) (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? 1a(5) Х (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Х 1a(6) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A 1b c Organizations relying on a current notice regarding disaster assistance, check here ______ ▶ d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected Х before the first day of the tax year beginning in 2021? 1d 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? 2a Х If "Yes," list the years ▶ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time X during the year? 3a b If "Yes," did it have excess business holdings in 2021 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 2021.)

N/A 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? X 4a 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 2021?

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X

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Part VI-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	.		uge 0
5a During the year, did the foundation pay or incur any amount to:	<u> </u>	· ·	<u> </u>		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?						Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,						
any voter registration drive?						Х
(3) Provide a grant to an individual for travel, study, or other similar purposes	?			5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organizatio						
4945(d)(4)(A)? See instructions				5a(4)		X
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for				
the prevention of cruelty to children or animals?				5a(5)		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions			5b		
c Organizations relying on a current notice regarding disaster assistance, check	here		▶□			
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined				
expenditure responsibility for the grant?			N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to						
a personal benefit contract?				6a		Х
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		Х
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s				7a		Х
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	61,000,000 in remuneration o	r				
excess parachute payment(s) during the year? Part VII Information About Officers, Directors, Trust	F			8		X
Part VII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higni	y			
List all officers, directors, trustees, and foundation managers and t	heir compensation.					
. List all officers, all octors, a dottors, and real dates. Managers and		(c) Compensation	(d) Contributions to		(e) Exp	ense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plar and deferred	s a	(e) Exp ccount, allowar	other
ERIC KAPLAN	TRUSTEE	citei -o-j	compensation	+	anowai	1003
1266 FIRST STREET, SUITE 1						
SARASOTA, FL 34236	40.00	350,000.	0			0.
R. Dean Hautamaki	TRUSTEE			1		-
1266 FIRST STREET, SUITE 1						
SARASOTA, FL 34236	40.00	350,000.	0			0.
	1					
	1					
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	/ 			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plan and deferred	s a	(e) Exp ccount,	ense other
	devoted to position	(0)	compensation		allowai	nces
NONE						
	-					
		 		+-		
	1					
		+		+		
	1					
				+		
	1					
Total number of other employees paid over \$50,000			>	<u> </u>		0

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Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly

Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional service	es. 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	I	▶ 0
Part VIII-A Summary of Direct Charitable Activities		
	hude valeuent etetiatical information auch on the	
List the foundation's four largest direct charitable activities during the tax year. Incl number of organizations and other beneficiaries served, conferences convened, re-	search papers produced, etc.	Expenses
1 N/A		
2		
3		
·		
"		
Part VIII-B Summary of Program-Related Investments	<u> </u>	
Describe the two largest program-related investments made by the foundation duri	ing the tax year on lines 1 and 2.	Amount
37/3	ing the tax year on miles I and El	7 dillo dillo
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 95,709,004. a Average monthly fair market value of securities 1a 2,376,012. b Average of monthly cash balances 1b c Fair market value of all other assets (see instructions) 1c 98,085,016. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 98,085,016. 3 3 Subtract line 2 from line 1d 1,471,275 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3 5 96,613,741 4,830,687. Minimum investment return. Enter 5% (0.05) of line 5 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.) Minimum investment return from Part IX, line 6 4,830,687. Tax on investment income for 2021 from Part V, line 5 2a 8,173. Income tax for 2021. (This does not include the tax from Part V.) c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 4,816,217 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. Part XI Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 14,579,422. 1a b Program-related investments - total from Part VIII-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 14,579,422. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				4,816,217.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:		0.		
a From 2016				
h France 0047				
c From 2018 2,903,901				
dFrom 2019 5,938,830				
eFrom 2020 4,339,649				
f Total of lines 3a through e	13,182,380.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: ▶\$ 14,579,422				
a Applied to 2020, 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 2021 distributable amount				4,816,217.
e Remaining amount distributed out of corpus	9,763,205.			
Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a),	0.			0.
6 Enter the net total of each column as indicated below:	-			
& Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	22,945,585.			
b Prior years' undistributed income. Subtract	22/313/3031			
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 2020. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2022				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 2016	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022.	22,945,585.			
Subtract lines 7 and 8 from line 6a	44,343,303.			
10 Analysis of line 9:				
a Excess from 2017 b Excess from 2018 2,903,901				
b Excess from 2018 2,903,901 c Excess from 2019 5,938,830				
dExcess from 2020 4,339,649				
e Excess from 2021 9,763,205				

THE LOUIS AND GLORIA FLANZER

Form 990-PF (2021) PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967 Page 10 Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, 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) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2021 (b) 2020 (c) 2019 (d) 2018 (e) Total income from Part I or the minimum investment return from Part IX for each year listed b 85% (0.85) of line 2a c Qualifying distributions from Part XI, line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities _____ e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) ... b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 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:

Form **990-PF** (2021) 123601 12-10-21

PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967 Form 990-PF (2021) Page 11 Part XIV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year IRC SEC. 170(C)General NONE Academy At Glengary 1910 Glengary St. ORGANIZATION SARASOTA, FL 34231 63,420. All Faiths Food Bank NONE IRC SEC. 170(C)General 8171 Blaikie Ct ORGANIZATION SARASOTA, FL 34240 70,485. IRC SEC. 170(C)Relay for Life team & American Cancer Society NONE 2970 University Pkwy Ste 104 ORGANIZATION General SARASOTA, FL 34243 30,356. American Skin Association NONE IRC SEC. 170(C)General - Advance skin 335 Madison Ave ORGANIZATION research & health New York, NY 10017 20,830. IRC SEC. 170(C)General & Matching AVIVA Foundation NONE 4521 PGA Blvd ORGANIZATION Palm Beach Gardens, FL 33418 100,596. See continuation sheet(s) ➤ 3a 13,708,502. Tota b Approved for future payment None

0.

▶ 3b

Total

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14		
4 Dividends and interest from securities			14	165,718.	
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					
7 Other investment income	623000	355,346.			
8 Gain or (loss) from sales of assets other than inventory			18	179,841.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		355,346.		376,152.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	731,498.
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	the Acco	mplishment of Ex	emp	t Purposes	

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

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable

Form 990-PF (2021)

PHILANTHROPIC TRUST C/O Bristol Consult

		Exempt Organ	izations								
1	Did the or	ganization directly or indir	rectly engage in any	of the followin	g with any other o	rganizatior	n described in sect	ion 501(c)		Yes	No
	(other tha	n section 501(c)(3) organ	nizations) or in section	on 527, re l ating	g to political organ	izations?					
а	Transfers	from the reporting founda	ation to a noncharita	ıble exempt org	ganization of:						
	(1) Cash								1a(1)		X
		assets									Х
b Other transactions:											
(1) Sales of assets to a noncharitable exempt organization									1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization 1b											X
	(3) Renta	al of facilities, equipment,	or other assets						1b(3)		X
	(4) Reim	bursement arrangements							1b(4)		X
	(5) Loan:	s or loan guarantees							1b(5)		X
		rmance of services or me									X
		f faci l ities, equipment, ma									X
		wer to any of the above is								ets,	
		s given by the reporting fo			ed less than fair m	arket va l ue	e in any transactior	or sharing arranger	nent, show in		
		1) the value of the goods,					(4)				
a)Lir	ne no.	(b) Amount involved	(c) Name of		e exempt organizat	ion	(0) Description	n of transfers, transaction	ns, and sharing an	rangeme	nts
				N/A							
							+				
		ndation directly or indirect	-			-				_	_
		501(c) (other than section		ection 527?					Yes	X	No
b		omplete the following sche				1					
		(a) Name of org	janization		(b) Type of orga	nization		(c) Description of re	ationship		
		N/A									
	Under	penalties of perjury, I declare	that I have examined thi	is return, includin	g accompanying sch	edules and s	statements, and to the	best of my knowledge			
Sic	n and be	elief, it is true, correct, and con	mplete. Declaration of pr	reparer (other tha	n taxpayer) is based o	n all informa	ation of which prepare	r has any knowledge.	May the IRS or return with th	e prepar	er
Sig He	re				1		Truste	ee	X Yes] No
	Sign	nature of officer or trustee	1		Date		Title				_ 140
		Print/Type preparer's na	ame	Preparer's si	ignature		Date	Check if	PTIN		
								self- employed			
Pai		Kevin P. D	ougherty	Kevin	P. Dough	ert 1	11/10/22		P00189		
	parer	Firm's name ▶ Dou	gherty &	Connel	1			Firm's EIN ► 1	1-29731	68	
Us	e Only										
		Firm's address ▶ 45									
Hauppauge, NY 11788						Phone no. 633	<u>1-756-2</u>	100			

Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo , day, yr) (mo., day, yr.) YORK NY GO BOS 2006 J SUBSERIES J-3 1a NEW 0.150% 06 04/29/2106/03/21 YORK ARS GO BOS FISCAL 2008 SUBA-5 0.010% P 02/26/2103/12/21 b NEW NY12/18/2002/05/21 c NEW ARS GO BOS FISCAL 2008 C-30.310%10/01 P YORK NY d NEW YORK NY CITY TR ANSITIONAL FIN AUTH REV REV P 10/29/2002/18/21 e ORION OFFICE REIT INC COM P 11/17/2111/17/21 f APPLE INC FXO RT NT 2.850% 05/06/21 B/E OTO 05/06 P 05/04/1805/06/21 g BANK OF MONTREAL MTN FXO RT 3.100% 04/13/21 04/28/1804/13/21 P h BERKSHIRE HATHAWAY I NC DEL FXD RT SR NT 2.200% P 04/06/1603/15/21 CVS HEALTH CORP FXD RT SR NT 3.350% 03/ 09/21 B/E P 03/16/1803/09/21 CITIGROUP INC 2.900% NOTES DUE 2021 2.900%12/08/2 P 03/16/17|11/08/21 k CONOCOPHILLIPS COM P 03/15/17|01/19/21 | FEDERAL HOME LN MTG CORP PARTN CTFS POOL# G08642 P 10/29/1512/07/21 CORP G08651 MTG PARTN CTFS POOL# P 11/10/1512/07/21 m FEDERAL HOME $_{
m LN}$ n FEDERAL HOME LN MTG CTFS POOL# P 10/28/1512/07/21 CORP PARTN G08667 o FEDERAL HOME LN MTG CORP PARTN CTFS POOL# G08670 Þ 10/29/1512/07/21 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 0. 25,000 25,000 а 25,000. 25,000. b 125,000. 125,000. 125,000. 125,000. 13. 13. 18,981. 19,000. 19. 63. 18,000. 17,937. 18,000. 18,000. 0. h 9,000 9,000. 0. 27,000. 26,980. 20. -43. 44. 87. 3,9784,228. -250.8,486. 8,984. -498. m 4,592. 4,793. -201.n 7,698. 7,711. -13. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 0. a 0. b C 0. е 19. 63. 0. h 0. 20. -43. -250.-498. m -201.n -13.0 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 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 V Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo , day, yr) (mo., day, yr.) 1a FEDERAL HOME LN MTG CORP PARTN CTFS POOL# G08671 11/10/1512/07/21 b FEDERAL HOME MTG CORP PARTN CTFS POOL# P 12/12/1612/07/21 $_{\rm LN}$ G08737 P c FEDERAL HOME LNMTG CORP PARTN CTFS POOL# G08799 02/15/18|12/07/21 d FEDERAL HOME LN MTG CORP PARTN CTFS POOL# G18684 P 07/23/18|12/07/21 PARTN CTFS P 10/12/1612/07/21 e FEDERAL HOME MTG CORP POOL# G60713 $_{
m LN}$ f FNMA GTD MTG PASS TH RU CTFS POOL# AL6819 4.500% P 10/29/15|12/07/21 g FNMA TH RU CTFS POOL# AL719 GTDMTG PASS 3.500% P 11/16/15|12/07/21 PASS CTFS POOL# 3.500% P 10/29/15|12/07/21 h FNMA GTDMTG THRU AL727 FNMA GTD MTG PASS THRU CTFS POOL# BC4714 3.000% P 10/12/1612/07/21 3.500% MTG PASS $\overline{\mathrm{TH}}$ RU CTFS POOL# MA289 P 02/23/17|12/07/21 FNMA GTD 6 k FNMA GTD MTG PASS THRU CTFS POOL# MA308 8 4.000% P 02/15/1812/07/21 GTD MTG PASS TH RU CTFS POOL# MA323 3.500% P 02/15/1812/07/21 FNMA8 m GOLDMAN SACHS GROUP INC SR GLOBAL NT 5. P 10/28/1507/27/21 250% 07 n MORGAN STANLEY FXD RT SR NT SERF 2.625 % 11117 P 02/01/1711/17/21 o NORTHROP GRUMMAN CORP FXD RT SR NT 2.550%10/15/22 P 10/19/1703/24/21 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 8,601 8,867 -266. а 8,858. 8,765. 93. b 172. 5,426. 5,254. 6,373. 6,432. <u>59.</u> d 7,996. 8,500. -504.-643. 7,455. 8,098. 1,977. 2,087. -110. 1,034. 1,096. -62. h -314.8,660 8,974. 7,861. 8,071. -210.4,429.4,555. -126. 3,730. 6. 3,724. 27,000. 27,000. 0. m 292. 38,000. 37,708. n 20,687. 20,006. 681. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any -266. a 93. b 172. C 59. d -504. е -643. -110.-62. h -314.-210. -126.6. 0. m 292. n 681. 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 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 Los	sses for Tax on Investment Income						
(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. (b) How acquired P - Purchase D - Donation (mo., day, yr.)							
1a ORACLE CORP FXI	D - Donation O 0 P	10/28/15	,				
	TREAS NTS 1.250%	0 1 P	11/02/16				
c DEL WORTHLESS			P	11/25/19			
d Flow through ga	ains from K-1 inv	vestments	P	01/05/19			
	ains from K-1 inv		ed P	01/05/19	12/30/21		
f Capital Gains I	Dividends						
g							
h							
i							
k							
<u>I</u>							
m n							
0							
	(f) Depreciation allowed	(g) Cost or other basis	(h) Gain or (loss)			
(e) Gross sales price	(or allowable)	plus expense of sale	(e) p	olus (f) minus (g)			
a 28,000.		28,000.			0.		
ь 55,000.		54,072.			928.		
c 580.		579.			1.		
d 58,000.					58,000.		
е		8,549.			-8,549.		
f 122,747.					122,747.		
g							
h							
i							
k							
Ī							
m							
n							
0							
Complete only for assets showing	g gain in column (h) and owned by ti	he foundation on 12/31/69		ses (from col. (h))			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of but n	of col. (h) gain over ot less than "-0-")	col. (k),		
a					0.		
b					928.		
С					1.		
d					58,000.		
е					-8,549.		
f					122,747.		
g							
h							
i							
J k	-						
k I							
m							
n							
0							
	M malm allan control	in Dort I line 7					
2 Capital gain net income or (net cap		` `	2		171,292.		
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, of (loss), enter "-0-" in Part I. line 8	column (c).	a (6):	2	N/A			

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Books for Kids Foundation NONE IRC SEC. 170(C)General 1441 Broadway ORGANIZATION New York, NY 10018 25,000. Boys & Girls Club of Sarasota Manatee NONE IRC SEC. 170(C)Louis & Gloria Flanzer ORGANIZATION & DeSota Counties, Inc Club - To enable young 18 School Ave people to reach their Arcadia, FL 34266 full potential 327,472. NONE IRC SEC. 170(C)General - Protection Child Protection Center, Inc. 720 South Orange Ave ORGANIZATION of Children SARASOTA, FL 34238 117,924. Children First NONE IRC SEC. 170(C)General 1723 N. Orange Ave ORGANIZATION SARASOTA, FL 34234 77,997. Collier Community Abstinence Program NONE IRC SEC. 170(C)General PO Box 9488 ORGANIZATION Naples, FL 34101 90,361. Columbia University NONE IRC SEC. 170(C)Endowment of 622 West 113 St ORGANIZATION Cardiology Department New York, NY 10025 6,000,000. Coming Together against Cancer - CTAC NONE IRC SEC. 170(C)Educational - To Team TONY ORGANIZATION educate donors and the 920 John Ringling Causeway community on advances SARASOTA, FL 34236 in the fight against 152,170. cancer Easterseals Of Southwest Florida NONE IRC SEC. 170(C)General 350 Braden Ave ORGANIZATION SARASOTA, FL 34243 391,048. Family Promise of South Sarasota NONE IRC SEC. 170(C)General - Children & County (FPSSC) ORGANIZATION Families 850 Cockrill St Venice, FL 34285 102,053. IRC SEC. 170(C)General Forty Carrots Family Center NONE 1500 South Tuttle Avenue ORGANIZATION SARASOTA, FL 34239 83,854. 13,422,815. Total from continuation sheets.

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Goodwill Manasota NONE IRC SEC. 170(C)General - Matching 2705 51st Ave E ORGANIZATION Bradenton, FL 34203 156,460. Hershorin Schiff Community Day School NONE IRC SEC. 170(C)General - Education 335 Wilkinson Rd ORGANIZATION SARASOTA, FL 34233 76,700. NONE IRC SEC. 170(C)General - Physical Instride Therapy 1629 Ranch Road ORGANIZATION Occupational Speech Nokomis, FL 34275 Therapy 15,770. JEWISH FAMILY & CHILDREN SERVICES OF NONE IRC SEC. 170(C)PUBLIC CHARITIES -THE SUNCOAST, INC ORGANIZATION JFCS Alzheimer's & 2688 FRUITVILLE ROAD Caregiver Program 5th SARASOTA, FL 34237 year of 5 year pledge 339,026. NONE IRC SEC. 170(C)General JoshProvides Epilepsy Assistance Foundation Inc. ORGANIZATION 5428 Sundew Drive Sarasota, FL 34238 80,736. Laurel Civic Assoc NONE IRC SEC. 170(C)General 509 Collins Rd. ORGANIZATION Laurel, FL 34272 49,680. Mothers helping Mothers NONE IRC SEC. 170(C)General - Children & 5933 N Washington Blvd ORGANIZATION Family Support SARASOTA, FL 34243 111,179. Nates Honor Animal Rescue NONE IRC SEC. 170(C)General - Journey Home ORGANIZATION 4951 Lorraine Rd Capital campaign Bradenton, FL 34211 244,850. Operation Warrior Resolution NONE IRC SEC. 170(C)General ORGANIZATION 242 S. Washington Blvd. #130 SARASOTA, FL 34235 66,663. IRC SEC. 170(C)General Prodigal Daughters Recovery NONE 505 S Federal Highway ORGANIZATION SARASOTA, FL 34234 11,491. Total from continuation sheets.

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Resilient Retreat NONE IRC SEC. 170(C)General 1207 Sarasota Center Blvd ORGANIZATION Sarasota, FL 34240 68,990. NONE Rowlett Academy IRC SEC. 170(C)General - Educational 3500 9th St ORGANIZATION Bradenton, FL 34208 2,840. Sarasota Memorial Health Care IRC SEC. 170(C)Hospital Equipment NONE Foundation ORGANIZATION (SMHF Cancer program 1515 S Osprey Ave Ste B4 ER, ICU and general) SARASOTA, FL 34239 26,400. NONE IRC SEC. 170(C)Contribute to Civil Air Patrol - Venice Cadet Squadron ORGANIZATION construction of new 401 Venice City Hall campus Venice, FL 34285 67,812. Save Our Y Sarasota NONE IRC SEC. 170(C)General 1075 S Euclid Ave ORGANIZATION SARASOTA, FL 34237 17,020. Second Chance last opportunity NONE IRC SEC. 170(C)General 933 Dr. Martin Luther King Jr. Way ORGANIZATION SARASOTA, FL 34234 148,420. SOAR Learning Center NONE IRC SEC. 170(C)General 2731 N Links Ave ORGANIZATION SARASOTA, FL 34234 17,600. South County Food Pantry NONE IRC SEC. 170(C)General 121 Warfield Ave ORGANIZATION Venice, FL 34285 300,712. SPARCC NONE IRC SEC. 170(C)General ORGANIZATION 1531 S Tamiami Trail suite 702-a Venice, FL 34285 64,986. Take Stock In Children - Sarasota & IRC SEC. 170(C)General NONE Manatee Counties ORGANIZATION 1400 1st Ave Palmetto, FL 34221 56,480. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Still Point Mission NONE IRC SEC. 170(C)General 1608 14th Street ORGANIZATION Bradenton, FL 34206 49,960. University of Florida Foundation NONE IRC SEC. 170(C)General, USF PO Box 14425 ORGANIZATION Foundation Gainesville, FL 32604 119,000. Various Suncoast Charities NONE IRC SEC. 170(C)General 1843 Floyd Street ORGANIZATION SARASOTA, FL 34234 785,774. IRC SEC. 170(C)Educational - To Women's Resource Center of Manatee NONE 1926 Manatee Avenue ORGANIZATION engage, educate, Bradenton, FL 34205 enrich and empower 285,718. women All Star Children's Foundation of NONE iRC SEC. 170(C)General Sarasota ORGANIZATION 3300 17th St, Sarasota, FL 34235 30,362. NONE IRC SEC. 170(C)General Arcadia All-Florida Championship Rodeo, Inc. ORGANIZATION 2450 NE Roan St. ARCADIA, FL 34266 130,000. Animal Network NONE IRC SEC. 170(C)General ORGANIZATION 3230 E BAY DR HOLMES BEACH, FL 34217 30,350. University of Florida College of NONE IRC SEC. 170(C)General Medicine ORGANIZATION PO Box 100215 Gainesville, FL 32610 72,000. Beyond The Spectrum NONE IRC SEC. 170(C)General ORGANIZATION 7333 International Pl Lakewood Ranch, FL 34240 25,982. Conservation Foundation Of The Gulf NONE IRC SEC. 170(C)General ORGANIZATION Coast 400 Palmetto Ave Osprey, FL 34229 137,107. Total from continuation sheets .

Supplementary Information Part XIV Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Education Foundation Of Sarasota NONE IRC SEC. 170(C)General ORGANIZATION 1960 Landings Blvd SARASOTA, FL 34231 52,500. NONE Englewood Meals On Wheels IRC SEC. 170(C)General 400 Loma Linda ORGANIZATION Englewood, FL 34223 47,418. NONE IRC SEC. 170(C)General Feeding Empty Little Tummies 901 8th Ave ORGANIZATION Palmetto, FL 34221 34,358. Guardian Angels Of SW Florida NONE IRC SEC. 170(C)General 1429 60th Ave ORGANIZATION Bradenton, FL 34207 50,820. Habitat For Humanity Sarasota NONE IRC SEC. 170(C)General 2095 17th Street ORGANIZATION SARASOTA, FL 34234 101,164. Legal Aid Manasota NONE IRC SEC. 170(C)General 749 Shamrock Blvd ORGANIZATION Venice, FL 34293 89,542. Lemur Conservation Foundation NONE IRC SEC. 170(C)General 42500 73rd Ave E ORGANIZATION Myakka City, FL 34251 75,425. Lighthouse Vision Loss Education NONE IRC SEC. 170(C)General ORGANIZATION 7318 N Tamiami Trail SARASOTA, FL 34243 51,074. Mayors' Feed The Hungry Program Inc. NONE IRC SEC. 170(C)General ORGANIZATION PO Box 1992 SARASOTA, FL 34230 110,502. Neuro Challenge Foundation For NONE IRC SEC. 170(C)General ORGANIZATION Parkinson's 5880 Rand Blvd SARASOTA, FL 34238 60,555. Total from continuation sheets.

Supplementary Information Part XIV Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Nutrition Initiative Of Manatee NONE IRC SEC. 170(C)General 1002 Manatee Ave ORGANIZATION Bradenton, FL 34208 270,948. NONE Our Y - CORE SRQ IRC SEC. 170(C)General 1075 S. Euclid Ave. ORGANIZATION SARASOTA, FL 34237 163,589. Pace Center For Girls Bradenton NONE IRC SEC. 170(C)General 3508 26th ST ORGANIZATION Bradenton, FL 34205 55,217. NONE IRC SEC. 170(C)General Samaritan Counseling Of The Gulf Coast ORGANIZATION 3224 Bee Ridge Rd SARASOTA, FL 34239 189,901. Sarasota Medical Pregnancy Center NONE IRC SEC. 170(C)General 1762 Hawthorne St Ste 5 ORGANIZATION SARASOTA, FL 34239 103,092. Sarasota Military Academy NONE IRC SEC. 170(C)General 801 N Orange Ave ORGANIZATION SARASOTA, FL 34236 155,415. Satchel's Last Resort Rescue And NONE IRC SEC. 170(C)General ORGANIZATION Sanctuary 8101 COASH ROAD SARASOTA, FL 34241 113,736. Second Heart Home NONE IRC SEC. 170(C)General PO Box 3886 ORGANIZATION SARASOTA, FL 34230 97,272. Senior Friendship Centers NONE IRC SEC. 170(C)General ORGANIZATION 1888 Brother Geenen Way SARASOTA, FL 34241 109,064. Sertoma Club Of Greater Sarasota NONE IRC SEC. 170(C)General & Kids Speech ORGANIZATION 2750 Stickney Pt Road language SARASOTA, FL 34231 127,828. Total from continuation sheets ...

Part XIV Supplementary Information				1
3 Grants and Contributions Paid During the		1	Τ	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Turning Points	NONE	IRC SEC. 170(C)	General	
701 17th Ave	NONE	ORGANIZATION	General	
Bradenton, FL 34205				65,513.
Venice Challenger Baseball	NONE	IRC SEC. 170(C)	General	
201 Field Ave		ORGANIZATION		
Venice, FL 34285				64,390.
Water Bross Garates	NOVE	TDG GDG 170/G)	21	
Vintage Paws Sanctuary 7950 State Road	NONE	IRC SEC. 170(C) ORGANIZATION	General	
SARASOTA, FL 34241		ORGANIZATION		61,928.
Good Samaritan Pharmacy & Health	NONE	IRC SEC. 170(C)	GENERAL.	
Services	HONE	ORGANIZATION	CHARAL	
2502 TAMIAMI TRL				
N NOKOMIS, FL 34275				30,238.
HOPE Family Services	NONE	IRC SEC. 170(C)	GENERAL	
1215 8th Ave		ORGANIZATION		
W Bradenton, FL 34205				48,210.
North Port Meals On Wheels	NONE	IRC SEC. 170(C)	GENERAL	
13624 TAMIAMI TRL		ORGANIZATION		45 110
NORTH PORT, FL 34287				45,119.
9-5- 91-13 9-14-1 T	L	TDG GTG 170/G)		
Safe Children Coalition, Inc. 1500 INDEPENDENCE BLVD	NONE	IRC SEC. 170(C) ORGANIZATION	GENERAL	
SARASOTA, FL 34234		ONOMINI ZMI TON		47,920.
The Blessing Bags Project	NONE	IRC SEC. 170(C)	GENERAL	
1802 14th St		ORGANIZATION		
Bradenton, FL 34101				42,130.
Total from continuation sheets				

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

So to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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	on:			
Form 99	0 or 990-EZ		501(c)() (enter number) organization		
			4947(a)(1)	nonexempt charitable trust not treated as a private foundation		
			527 politic	al organization		
Form 99	0-PF	X	501(c)(3) e	xempt private foundation		
			4947(a)(1)	nonexempt charitable trust treated as a private foundation		
			501(c)(3) ta	axable private foundation		
			•	General Rule or a Special Rule. Anization can check boxes for both the General Rule and a Special Rule. See instructions.		
General	Rule					
X				990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules					
	sections 509(a)(1) a	and 170 the yea	0(b)(1)(A)(vi) ar, total cor	tion 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ntributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Parts I and II.		
	For an organization described in section 501(c)(7), (8), or (10) filling 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.					
	year, contributions is checked, enter he purpose. Don't com	<i>exclusi</i> ere the n pl ete a	<i>ively</i> for re l i total contr any of the p	tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the gious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ributions that were received during the year for an exclusively religious, charitable, etc., parts unless the General Rule applies to this organization because it received nonexclusively his totaling \$5,000 or more during the year		
answer "	No" on Part IV, line	2, of its	s Form 990	y the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify Schedule B (Form 990).		

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

Schedule B (Form 990) (2021)

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

Employer identification number

14-6285967

Part	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Gloria Flanzer 1266 FIRST STREET SARASOTA, FL 34236	\$9,068,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Other & Through matching programs 1266 FIRST STREET SARASOTA, FL 34236	\$3,996,502.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No₌	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

14-6285967

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		•	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
l		\$	l

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

Employer identification number

14-6285967

Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for th	ie year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	through (e) and the following line en	ntry. For organizations	
	Use duplicate copies of Part III if additional	space is needed.	ess for the year (chief this into, once.)	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	(b) i di pose di giit	(0) 030 01 girt	(d) Bescription of now gire is note	
				_
F		(e) Transfer of gif		
		(c) Transier or gir		
	Transferee's name, address, a	ad 7I D + 4	Relationship of transferor to transferee	
-	Transieree's flame, address, al	III ZIF + 4	Netationship of transfer of to transfer ee	
				—
(a) No		I		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	., .	.,,		
		-		
L				
		(e) Transfer of gif	ft	
	Transferee's name, address, a	nd ZI P + 4	Relationship of transferor to transferee	
			•	
				_
				_
(a) No. from		•		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				
				
				—
-		(a) Transfer of aid		
		(e) Transfer of gif	ı.	
				
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee	
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	(b) . d. pece e. g	(0, 000 0. g	(a) Door (paon of front gire to front	
_				
		(e) Transfer of gif	ft	
	Transferee's name, address, a	nd ZI P + 4	Relationship of transferor to transferee	
ŀ	,,	I		
				_
	-		-	—
				—

Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

Form 990-PF

► Go to www_irs_gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

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

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

1 Total tax (see instructions) 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 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 c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2a through 2c 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty 4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: 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 4 177, 922 7 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 8 , 173 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 using the annualized income installment method. 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month),
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enter the amount from line 3
enter the amount from line 3
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
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Part III Figuring the Underpayment (a) (b) (c) (d) Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month),
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month),
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month),
15th day of the 4th (Form 990-PF filers: Use 5th month),
6th, 9th, and 12th months of the corporation's tax year $9 05/15/21 06/15/21 09/15/21 12/15/21$
10 Required installments. 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 10 2,043. 2,044. 2,043. 2,043.
11 Estimated tax paid or credited for each period. For
column (a) only, enter the amount from line 11 on line 15.
See instructions 11 14,078. 5,922
Complete lines 12 through 18 of one column
before going to the next column.
12 Enter amount, if any, from line 18 of the preceding column 12 12,035. 9,991. 7,948
13 Add lines 11 and 12 13 12,035. 9,991. 13,870
14 Add amounts on lines 16 and 17 of the preceding column
15 Subtract line 14 from line 13. If zero or less, enter -0- 15 14,078. 12,035. 9,991. 13,870
16 If the amount on line 15 is zero, subtract line 13 from line
14. Otherwise, enter -0- 16 0 • 0 •
17 Underpayment. If line 15 is less than or equal to line 10,
subtract line 15 from line 10. Then go to line 12 of the next
column. Otherwise, go to line 18
18 Overpayment. If line 10 is less than line 15, subtract line 10
from line 15. Then go to line 12 of the next column 18 12,035. 9,991. 7,948. 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.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21				
22	Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23				
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25				
26	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27				
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29				
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal h	ere and on Form 1120, lir	ne 34; or the comparable	38	s 0.

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

Form 2220 (2021)

Form 99	00-PF 0	ain or (Loss) f	rom Sale	of Z	Assets	S	tatement 1
Descrip	(a) otion of Property	,		_	Manner cquired	Date Acquire	d Date Sold
	RK NY GO BOS 2006 06/01/36 B	 5 J SUBSERIES J-	-3	Pui	rchased	04/29/2	1 06/03/21
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre		(f) in or Loss
	25,000.	25,000.		0.		0.	0.
Descrip	(a) otion of Property	,			Manner cquired	Date Acquire	d Date Sold
	RK NY ARS GO BOS 08/01/26	FISCAL 2008 SUE	BA-5	Pu	rchased	02/26/2	1 03/12/21
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre		(f) in or Loss
	25,000.	25,000.		0.		0.	0.
Descrip	(a) otion of Property	,			Manner cquired	Date Acquire	d Date Sold
	RK NY ARS GO BOS .0%10/01/21 B/E	FISCAL 2008		Pui	rchased	12/18/2	02/05/21
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre		(f) in or Loss
	125,000.	125,000.		0.		0.	0.

(a) Description of P	roperty				anner quired		te ired	Date Sold
NEW YORK NY CITY REV BOS SECD SUB		 ITIONAL FIN AUT	'H REV	Pur	chased	10/2	9/20	02/18/21
(b)		(c)	_ (d)	-	(e)			(f)
Gros Sales P		Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss
12	5,000.	125,000.		0.		0.		0.
(a) Description of P	roperty				anner quired		te ired	Date Sold
ORION OFFICE REI	T INC C	OM		Pur	chased	11/1	7/21	11/17/21
(b) Gros Sales P	s	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
	13.	13.		0.		0.		0.
(a) Description of P APPLE INC FXO RT 05/06/14		_	E OTO	Ac	anner quired chased	Acqu	te ired 4/18	Date Sold 05/06/21
(b) Gros Sales P	s	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	C	Cain	(f) or Loss
	9,000.	18,981.		0.		0.		19.
(a) Description of P	roperty				anner quired		te ired	Date Sold
BANK OF MONTREAL B/E OTO 04/13/1	MTN FX	 O RT 3.100% 04/	13/21	Pur	chased	04/2	8/18	04/13/21
(b)		(c)	(d)	~ E	(e)			(f)
Gros Sales P		Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss

Descrip	(a) tion of Property				Manner Equired	Da Acqu		Date Sold
	RE HATHAWAY I NC 03/15/21 B/E	DEL FXD RT SR	NT	Pur	chased	04/0	6/16	03/15/21
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
_	Sales Price		Sale		Depre	c.	Gain	or Loss
	18,000.	18,000.		0.		0.		0.
Descrip	(a) tion of Property				Manner Equired	Da Acqu		Date Sold
CVS HEAD B/E OTO	LTH CORP FXD RT 03/09/		09/21	Pur	chased	03/1	6/18	03/09/21
	(b)	(c)	(d)		(e)			(f)
	Gross Sales Price		Expense Sale	of	Depre	c.	Gain	or Loss
-	9,000.	9,000.		0.		0.		0.
Descrip	(a) tion of Property				lanner quired			Date Sold
	UP INC 2.900% NO 2/08/21 B/E OTO	TES DUE 2021		Pur	chased	03/1	6/17	11/08/21
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price		Sale	O1	Depre	c.	Gain	or Loss
	27,000.	26,980.		0.		0.		20.
Descrip	(a) tion of Property				Manner Equired	Da Acqu	te ired	Date Sold
CONOCOPI	HILLIPS COM	_		Pur	chased	03/1	5/17	01/19/21
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale	OT	Depre	c.	Gain	or Loss
-	44.	87.		0.		0.		-43.

Descrip	(a) otion of Property				anner quired		te ired	Date Sold
	HOME LN MTG COR	P PARTN CTFS PO	OOL#	Pur	chased	10/2	9/15	12/07/21
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price		Sale		Depre	c	Gain	or Loss
	3,978.	4,228.		0.		0.		-250.
Descrip	(a) otion of Property	_			anner quired		te ired	Date Sold
	HOME LN MTG COR	P PARTN CTFS PO	OOL#	Pur	chased	11/1	0/15	12/07/21
	(b)	(c)	(d)	. .	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss
	8,486.	8,984.		0.		0.		-498.
Descrip	(a) otion of Property				anner quired		te ired	Date Sold
	HOME LN MTG COR	- P PARTN CTFS PC	OOL#	Pur	chased	10/2	8/15	12/07/21
	(b)	(c)	_ (d)	-	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI 	Depre	c	Gain	or Loss
	4,592.	4,793.		0.		0.		-201.
Descrip	(a) otion of Property				anner quired		te ired	Date Sold
	HOME LN MTG COR	- P PARTN CTFS PC	OOL#	Pur	chased	10/2	9/15	12/07/21
	(b)	(c)	(d)	of	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss
	7,698.	7,711.		0.		0.		-13.

Descrip	(a) tion of Property				lanner quired	Da Acqu	te ired	Date Sold
	HOME LN MTG COR	— P PARTN CTFS PO	OOL#	Pur	chased	11/1	0/15	12/07/21
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale		Depre	C•	Gain	or Loss
	8,601.	8,867.		0.		0.		-266.
Descrip	(a) tion of Property				lanner quired	Da Acqu	te ired	Date Sold
	HOME LN MTG COR	— P PARTN CTFS PO	OOL#	Pur	chased	12/1	2/16	12/07/21
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale		Depre	c.	Gain	or Loss
	8,858.	8,765.		0.		0.		93.
Descrip	(a) tion of Property				lanner quired	Da Acqu	te ired	Date Sold
FEDERAL		_	OOL#	Ac		Acqu		Date Sold 12/07/21
FEDERAL	HOME LN MTG COR. "GOLD" 3.	— P PARTN CTFS PO (c)	(d)	Pur	quired	Acqu	5/18	
FEDERAL	HOME LN MTG COR	— P PARTN CTFS PO (c)		Pur	chased	Acqu 02/1	5/18	12/07/21
FEDERAL	HOME LN MTG COR. "GOLD" 3. (b) Gross	— P PARTN CTFS PO (c) Cost or	(d) Expense	Pur	equired chased (e)	Acqu 02/1	5/18	12/07/21 (f)
FEDERAL G08799	HOME LN MTG COR "GOLD" 3. (b) Gross Sales Price	(c) Cost or Other Basis 5,254.	(d) Expense	Acoperation Acoper	equired chased (e)	Acqu 02/1 c. Da	ired 5/18 Gain	12/07/21 (f) or Loss
FEDERAL G08799 Descrip	tion of Property HOME LN MTG COR "GOLD" 3. (b) Gross Sales Price 5,426.	(c) Cost or Other Basis	(d) Expense Sale	of MAC	equired chased (e) Depre	Acqu 02/1 c. Da Acqu	ired 5/18 Gain	12/07/21 (f) or Loss 172.
FEDERAL G08799 Descrip	(a) tion of Property (b) Gross Sales Price 5,426. (a) tion of Property HOME LN MTG COR	(c) (c) Cost or Other Basis 5,254. P PARTN CTFS PO	(d) Expense Sale OOL#	of O. MACO Pur	chased (e) Depre	Acqu 02/1 c. Da Acqu	Gain te ired 3/18	12/07/21 (f) or Loss 172. Date Sold
FEDERAL G08799 Descrip	tion of Property HOME LN MTG COR "GOLD" 3. (b) Gross Sales Price 5,426. (a) tion of Property HOME LN MTG COR "GOLD" 3.	(c) Cost or Other Basis 5,254.	(d) Expense Sale	of O. MACO Pur	chased (e) Depre	Acqu 02/1 C. Da Acqu 07/2	Gain te ired 3/18	12/07/21 (f) or Loss 172. Date Sold 12/07/21

Descrip	(a) otion of Property				anner quired		te ired	Date Sold
	HOME LN MTG COR	P PARTN CTFS PC	OL#	Pur	chased	10/1	2/16	12/07/21
	(b) Gross	(c) Cost or	(d)	of	(e)			(f)
	Sales Price		Sale		Depre	c	Gain	or Loss
	7,996.	8,500.		0.		0.		-504.
Descrip	(a) otion of Property				anner quired		te ired	Date Sold
	TD MTG PASS TH RU 12/01/44 B	CTFS POOL# AL6	819	Pur	chased	10/2	9/15	12/07/21
	(b)	(c)	(d)	. .c	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss
	7,455.	8,098.		0.		0.		-643.
Descrip	(a) otion of Property				anner quired		te ired	Date Sold
	TD MTG PASS TH RU 01/01/28 8	- CTFS POOL# AL7	19 2	Pur	chased	11/1	6/15	12/07/21
	(b)	(c)	_ (d)	-	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	ot 	Depre	c	Gain	or Loss
	1,977.	2,087.		0.		0.		-110.
Descrip	(a) otion of Property				anner quired		te ired	Date Sold
	TD MTG PASS TH RU 07101128 B	_ CTFS POOL# AL7	27 7	Pur	chased	10/2	9/15	12/07/21
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e)	c	Cain	(f) or Loss
					Depre		Gain	
	1,034.	1,096.		0.		0.		-62.

(a) Description of Property				anner quired		ite iired	Date Sold
FNMA GTD MTG PASS TH RU 3.000% 10/01/46 B	CTFS POOL# BC4	714	Pur	chased	10/1	2/16	12/07/21
(b)	(c)	(d)	o.f	(e)			(f)
Gross Sales Price	Cost or Other Basis	Sale	OI	Depre	c.	Gain	or Loss
8,660.	8,974.		0.		0.		-314.
(a) Description of Property				anner quired		ite iired	Date Sold
FNMA GTD MTG PASS TH RU 3.500% 02/01/47 8	 CTFS POOL# MA2	189 6	Pur	chased	02/2	3/17	12/07/21
(b)	(c)	(d)	c	(e)			(f)
Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss
7,861.	8,071.		0.		0.		-210.
(a) Description of Property				anner quired		ite iired	Date Sold
FNMA GTD MTG PASS TH RU 4.000% 08/01/47 B	 CTFS POOL# MA3	8 80	Pur	chased	02/1	.5/18	12/07/21
(b)	(c)	_ (d)	_	(e)			(f)
Gross Sales Price	Cost or Other Basis	Expense Sale	ot 	Depre	c	Gain	or Loss
4,429.	4,555.		0.		0.		-126.
(a) Description of Property				anner quired		ite iired	Date Sold
FNMA GTD MTG PASS TH RU 3.500% 01/01/48 B	 CTFS POOL# MA3	23 8	Pur	chased	02/1	.5/18	12/07/21
(b)	(c)	(d)	o f	(e)			(f)
Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss
3,730.	3,724.		0.		0.		6.

Descrip	(a) stion of Property	7			anner quired		te ired	Date Sold
	SACHS GROUP INC /21 B/E OT	C SR GLOBAL NT 5	. 250%	Pur	chased	10/2	8/15	07/27/21
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price		Sale	<u> </u>	Depre	c	Gain	or Loss
	27,000.	27,000.		0.		0.		0.
Descrip	(a) stion of Property	7			anner quired		te ired	Date Sold
	STANLEY FXD RT S 21 B/E OTO 1	ER NT SERF 2.625	8	Pur	chased	02/0	1/17	11/17/21
	(b)	(c)	(d)	. .	(e)			(f)
	Gross Sales Price		Expense Sale	OI	Depre	c.	Gain	or Loss
	38,000.	37,708.		0.		0.		292.
Descrip	(a) otion of Property	7			anner quired		te ired	Date Sold
	P GRUMMAN CORP I 0/15/22 B/E OTO	 FXD RT SR NT		Pur	chased	10/1	9/17	03/24/21
	(b)	(c)	(d)		(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	oi 	Depre	c.	Gain	or Loss
	20,687.	20,006.		0.		0.		681.
Descrip	(a) stion of Property	7			anner quired		te ired	Date Sold
ORACLE OTO 07	CORP FXD RT NT 2 /08/14	 2.800% 07 /08/21	B /E	Pur	chased	10/2	8/15	07/08/21
	(b)	(c)	(d)	. .	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	OI	Depre	c.	Gain	or Loss
	28,000.	28,000.		0.		0.		0.

Descrip	(a) otion of Property				fanner equired		te ired	Date Sold
UNITED OTO 10/	STATES TREAS NTS		1 B/E	Pur	chased	11/0	2/16	11/01/21
	(b)	(c)	(d)	_	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	ot	Depre	c	Gain	or Loss
	55,000.	54,072.		0.		0.		928.
Descrip	(a) otion of Property				Manner Equired		te ired	Date Sold
DEL WOR	THLESS	_		Pur	chased	11/2	5/19	01/19/21
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
	Sales Price	Other Basis	Sale	01	Depre	c.	Gain	or Loss
	580.	579.		0.		0.		1.
	(a) otion of Property arough gains from	_	:s	Ac	fanner equired	Acqu	ite ired 5/19	Date Sold 12/30/21
	(b)	(c)	(d)		(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	of	Depre	c.		or Loss
	58,000.	0.		0.		0.		58,000.
Descrip	(a) otion of Property				Manner equired		te ired	Date Sold
	rough gains from ed on from 990-T	_ K-1 investment	s	Pur	chased	01/0	5/19	12/30/21
	(b)	(c)	(d)	_	(e)			(f)
	Gross Sales Price	Cost or Other Basis	Expense Sale	of	Depre	c.	Gain	or Loss
	0.	0.		0.		0.		0.
Capital	. Gains Dividends	from Part IV						122,747.
Total t	o Form 990-PF, P	art I, line 6a						179,841.
	•	-						

Source Revenue Net Investment Net Investment Net Income Net	Form 990-PF Intere	st on Saving	s and T	empora	ary	Cash	Inv	restments	St	atement	2
NYPB&T - PERSHING - 001162 NYPB&T - PERSHING - 001162 - EXEMPT 102. 0. NYPB&T - PERSHING - 001162 - US TREASURY 9,219. 9,219. Total to Part I, line 3 30,593. 30,491. Form 990-PF Dividends and Interest from Securities Statement 3 Source Gross Amount Dividends Per Books Per Books Ment Income Net Invest-Per Books Ment Income Net Income N	Source		Re	venue		Net	Inv	restment		Adjusted	e
NYPB&T - PERSHING - 001162 - EXEMPT 102. 0.											
EXEMPT 102.				20,86	57.			20,867.			
Total to Part I, line 3 30,593. 30,491.	EXEMPT			10	02.			0.			
Form 990-PF		001162 -		9,2	19.			9,219.			
Capital (a) (b) (c) Adjusted Net Invest Net Income Net	Total to Part I, li	ne 3		30,59	93.			30,491.			
Source	Form 990-PF	Dividends	and Int	erest	fro	m Sec	uri	ties	St	atement	3
Investments 9,484. 0. 9,484. 9,484. NYPB&T - PERSHING - 001162 Dividends 232,976. 122,747. 110,229. 110,229. Promissory Note-KJ Greentree 46,005. 0. 46,005. 46,005. To Part I, line 4 288,465. 122,747. 165,718. 165,718. 165,718. Form 990-PF Other Income Statement 4 (a)	Source		Gain	s	Re	venue		Net Inves		Adjust	
To Part I, line 4 288,465. 122,747. 165,718. 165,718.	Investments NYPB&T - PERSHING - 001162 Dividends	-	122,		1			-			
Ca Ca Ca Ca Ca Ca Ca Ca	-	46,005.		0.		46,00	5.	46,00	5.		
Trom K-1 Investments From K-1	To Part I, line 4	288,465.	122,	747.	1	65,71	8.	165,71	8.		
Trom K-1 Investments From K-1											
Description Revenue Per Books Revenue Met Invest— Met Income Net Income Net Income 1 367,702. 1 367,702. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Form 990-PF		Other	Incor	ne				St	atement	4
From K-1 Investments -12,35612,356. From K-1 Investments - income included in 990-T 016,110.	Description			Rev	venu			t Invest-		Adjusted	
included in 990-T 016,110.	From K-1 Investment	S	•								
Total to Form 990-PF, Part I, line 11 355,346. 339,236.		s - income				0.		-16,110	•		
	Total to Form 990-P	F, Part I, 1	ine 11		355	,346.		339,236			

Form 990-PF	Legal	Fees	S	tatement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal & Other professional fees	84,509.	21,127.		63,382.
To Fm 990-PF, Pg 1, ln 16a	84,509.	21,127.		63,382.
Form 990-PF	Accounti	ng Fees	S	tatement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Tax, Accounting & Administrative	130,778.	32,694.		98,083.
To Form 990-PF, Pg 1, ln 16b	130,778.	32,694.		98,083.
Form 990-PF	Tax	es	S	tatement 7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
FEDERAL EXCISE TAX NYPB&T - Pershing - 001162	28,473.	0.		0.
Foreign Tax	2,771.			0.
To Form 990-PF, Pg 1, ln 18	31,244.	2,771.		0.

Form 990-PF	Other E	xpenses			Statement 8
Description	(a) Expenses Per Books	(b) Net Inve ment Inc		(c) Adjusted Net Incom	
Investment expenses Expense flow-through K-1 Investments Other Administrative	38,088. 24,098. 7,431.		088. 098. 0.		0 0 7,431
To Form 990-PF, Pg 1, 1n 23	69,617.	62,	186.		7,431
Form 990-PF U.S. and S	State/City G	overnment	Ob1:	igations	Statement 9
Description	U.S Gov'		Вос	ok Value	Fair Market Value
US Government Notes & Bonds - GNMA/FNMA/FHLC Pools	- X X			412,057. 166,211.	428,278 171,515
Total U.S. Government Obligat	cions			578,268.	599,793
Total State and Municipal Gov	vernment Obl	igations			
Total to Form 990-PF, Part II	1, line 10a			578,268.	599,793
Form 990-PF	Corporate	e Stock			Statement 10
Description			Вос	ok Value	Fair Market Value
467 ABBOTT LABS 529 ABBVIE INC 53 ALPHABET INC. CL A 361 ALTRIA GROUP INC 32 AMAZON.COM INC 104 AMERICAN ELEC PWR INC 198 AMERICAN WATER WORKS 149 AMERIPRISE FINANCIAL INC 300 AMETEK INC 1,248 APPLE INC 213 ARAMARK 695 AT & T INC 130 AVERY DENNISON CORP 1387 BANK OF AMERICA CORP				29,103. 34,316. 46,016. 21,898. 33,702. 6,606. 15,383. 20,039. 17,139. 34,093. 9,157. 26,215. 15,198. 25,107.	65,726 71,627 153,543 17,108 106,699 9,253 37,394 44,947 44,112 221,607 7,849 17,097 28,154 61,708

113 BECTON DICKINSON	21,752.	28,417.
184 BIO-TECHNE CORP	28,708.	95,191.
98 BOEING CO	20,000.	19,729.
165 CHEVRON CORP	15,956.	19,363.
185 CIGNA CORP	29,677.	42,482.
578 COCA COLA CO	25,191.	34,223.
307 COMCAST CORP-CL A	11,374.	15,451.
405 CONAGRA BRANDS, INC.	16,313.	13,831.
104 COSTCO WHOLESALE CORP NEW	18,293.	59,041.
300 DOMINION ENERGY RESOURCES INC	22,516.	23,568.
328 DOW INC; DOWDUPONT INC	7,065.	6,182.
237 DUKE ENERGY CORP	18,213.	24,861.
139 ELECTRONIC ARTS INC	16,497.	18,334.
216 EDG RES INC	18,892.	19,187.
90 EXPEDIA INC	11,063.	16,265.
239 EXXON MOBIL CORP	19,722.	14,624.
90 GENERAL MILLS INC	5,288.	6,064.
449 HALLIBURTON CO	22,509.	10,269.
134 HOME DEPOT INC	20,720.	55,611.
134 HONEYWELL INTERNATIONAL	14,742.	27,940.
433 INTERCONTINENTAL EXCHANGE INC	28,837.	59,221.
457 JP MORGAN CHASE & CO	42,944.	72,366.
114 KIMBERLY CLARK CORP	15,004.	16,293.
104 KRAFT HEINZ CO	6,541.	3,734.
130 LAUDER ESTEE COS CLA	12,325.	48,126.
186 MARRIOTT INTL INC	18,222.	30,735.
260 MICROCHIP TECHNOLOGY INC	22,900.	45,271.
621 MICROSOFT CORP	38,224.	208,855.
372 NEXTERA ENERGY INC.	12,639.	34,730.
158 NORFOLK SOUTHERN CORP	19,298.	47,038.
81 NVIDIA CORP	11,635.	95,292.
58 O REILLY AUTOMOTIVE INC	14,916.	40,961.
244 OCCIDENTAL PETE CORP	14,521.	7,074.
64 PARKER HANNIFIN CORP	10,354.	20,360.
214 PEPSICO INC	22,995.	37,174.
262 PHILIP MORRIS INTERNATIONAL	24,586.	24,890.
123 PHILLIPS 66	11,193.	8,912.
371 PPL CORP	13,626.	11,152.
227 PROCTER & GAMBLE CO	18,665.	37,133.
137 PUBLIC SERVICE ENTERPRISE	6,069.	9,142.
85 ROPER TECHNOLOGIES INC	19,066.	41,808.
154 SALESFORCE.COM	15,202.	39,136.
316 SOUTHERN COMPANY	15,591.	21,671.
73 STANLEY BLACK & DECKER INC	9,693.	13,769.
73 TELEFLEX INC COM	19,205.	23,979.
136 THERMO FISHER SCIENTIFIC INC	23,864.	90,745.
76 UNITED PARCEL SERVICE CL B	8,065.	16,290.
632 VERIZON COMMUNICATIONS	32,110.	32,839.
332 VISA INC - CL A	28,041.	71,948.
186 DISNEY CO	20,591.	28,810.
374 ZIONS BANCORPORATION	19,859.	23,622.
594 BCE INC	26,392.	30,912.
174 CANADIAN IMPERIAL BANK OF COMMERCE	15,183.	20,281.
182 CHUBB LTD	25,198.	35,182.
102 011000 1110	23,130.	55,102.

Form 990-PF

111 INGERSOLL-RAND PLC	2,331.	6,868.
137 TE CONNECTIVITY LIMITED	13,077.	22,104.
511 ASTRAZENECA PLC SPONS	17,203.	29,766.
390 BP PLC SPONS ADR	12,354.	10,386.
584 GLAXO SMITHKLINE SPONS ADR	23,327.	25,754.
359 NATIONAL GRID	27,103.	25,963.
601 SANOFI SPONS ADR	23,676.	30,110.
334 TOTAL ENERGIES SA SPONS ADR	16,561.	16,520.
932 VODAFONE GROUP SPONS ADAR	28,640.	13,915.
215 CROWN CASTLE INTL CORP REIT	20,966.	44,879.
296 PROLOGIS INC REIT	15,667.	49,835.
73 PUBLIC STORAGE INC REIT	16,829.	27,343.
106 REALTY INCOME CORP REIT	6,288.	7,589.
123 VENTAS INC REIT	6,649.	6,288.
149 WELLTOWER INC REIT	9,190.	12,780.
252 Bristol Meyers Squib	14,215.	15,712.
109 Corteva Inc	1,588.	5,154.
109 Dupont	13,106.	8,805.
273 Fidelity National Info Systems	36,593.	29,798.
13 Garrett Motion Inc	153.	104.
21 RESIDEO TECH	394.	547.
126 TRANE TECH	8,050.	25,456.
30 OCCIDENTAL PETE WTS	149.	378.
183 CONOCOPHILLIPS COM	16,855.	13,209.
Dollar Gen Corp New; 300 Shares	1,058.	3,537.
EcoLab Inc; 1 share	226.	235.
Orion Office REIT; 10 units	272.	187.
Digital Rlty TR Inc REIT; 130 Units	13,657.	22,993.
Total to Form 990-PF, Part II, line 10b	1,688,194.	3,243,123.

Description	Book Value	Fair Market Value
10,000 ABBOTT LABS	9,873.	11,057.
24,000 MICROSOFT CORP	23,967.	24,003.
23,000 UNITED HEALTH GROUP	23,044.	23,370.
17,000 KINDER MORGAN	15,859.	17,228.
20,000 APPLE INC	19,342.	20,479.
19,000 WALMART INC	19,030.	19,766.
28,000 AMAZON COM INC	26,981.	29,314.
28,000 WELLS FARGO	27,888.	29,448.
20,000 ANHEUSER-BUSCH	20,323.	21,483.
15,000 BANK AMER CORP FR	14,468.	15,975.
16,000 JP MORGAN CHASE BANK NA SR	16,095.	•
15,000 CITIGROUP INC	15,059.	16,189.
Total to Form 990-PF, Part II, line 10c	231,929.	245,700.

Corporate Bonds

Statement 11

Form 990-PF O	ther Investments		Statement 12
Description	Valuation Method	Book Value	Fair Market Value
Investment in Real estate	COST	86,880,871.	86,880,871.
20145.147 AMG GW&K SMALL/MID	COST	220,000.	385,780.
15516.638 EDGEWOOD GROWTH FUND	COST	337,080.	938,601.
16428.16 ASHMORE EMERGING MARKET		128,520.	106,290.
22467.329 BLACKROCK HIGH YIELD	COST	172,577.	176,144.
4,289.36 INTEGRITY MDSA EQUITY	COST	,	
INCOME PLUS		56,585.	70,989.
14911.605 HARDING LOEVNER INST	COST	234,806.	366,229.
7414,238 INVESCO EUROPEAN GROWTH	COST	,	•
FUND		306,964.	305,170.
4561.271 JANUS HENDERSON FUND IN	TL COST	120,652.	107,053.
8448.077 JOHOM INTERNATIONAL	COST	150,207.	254,034.
2025 ISHARES INC MSCI JAPAN - ET	F COST	120,627.	135,594.
6852.577 DOUBLELINE TOTAL RET	COST	74,350.	71,267.
5431.215 GUGGENHEIM-FLOAT RATE	COST	138,329.	136,161.
Total to Form 990-PF, Part II, 1	ine 13	88,941,568.	89,934,183.
	bstantial Contrib	outors	Statement 13
Name of Contributor	Address		
Estate of Gloria Flanzer	1266 FIRST ST	REET	

SARASOTA, FL 34236

Form 990-PF

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

Statement

Name and Address of Person to Whom Applications Should be Submitted

ERIC KAPLAN

1266 FIRST STREET, SUITE 1

Sarasota, FL 34236

Telephone Number

Name of Grant Program

917-915-0404

A11

Email Address

ekaplan@bristolllc.com

Form and Content of Applications

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

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

Any Submission Deadlines

None

Restrictions and Limitations on Awards

Award limitations include - geographical: Florida Suncoast with preferences to Sarasota, contiguous and nearby 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 1266 FIRST STREET, SUITE 1 Sarasota, FL 34236

Telephone Number Name of Grant Program

941-951-3920 A11

Email Address

Dean-Hautamaki@smh.com

Form and Content of Applications

See above

Any Submission Deadlines

None

Restrictions and Limitations on Awards

See above

General Explanation

Statement 1

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

Original amount

Balance due

Date of note

Maturity date

Repayment terms

Interest rate

KJ Greentree, LLC

\$ 800,000

\$ 800,000

10/01/2020

10/01/2035

Interest only quarterly

68

General Explanation

Statement

Form/Line Identifier and Description/Return Reference

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

Explanation:

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

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

14-6285967

50m 990-W

(Worksheet)

Department of the Treasury Internal Revenue Service

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

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

Go to www.irs.gov/Form990W for instructions and the latest information.
 Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2022

1	Unrelated business taxable income expected in the tax ye	ear				1	
2	Tax on the amount on line 1. See instructions for tax co		2				
3	Alternative minimum tax for trusts. See instructions					3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instructions					5	
6	Subtract line 5 from line 4		6				
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	
	Credit for federal tax paid on fuels. See instructions					9	
	Subtract line 9 from line 8. Note: If less than \$500, the of estimated tax payments. Private foundations, see instructions that tax shown on the 2021 return. See instructions zero or the tax year was for less than 12 months, skip the and enter the amount from line 10a on line 10c	tions . Cau t is l ine	ion: If	10a	6,297.		
C	2022 Estimated Tax. Enter the smaller of line 10a or line from line 10a on line 10c	10b.	If the organization is requ	ired to skip line 10b, ent		10c	6,400.
	TIOTH THE TOO ON THE TOC		(a)	(b)	(c)	100	(d)
11	Installment due dates. See instructions	11					12/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal						
	installment method, or is a "large organization."	12					6,400.
13	2021 Overpayment. See instructions	13					
14	Payment due (Subtract line 13 from line 12)	14					6,400.

HA For Paperwork Reduction Act Notice, see instructions

Form **990-W** (2022)

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning

, 2021, and ending

Department of the Treasury Internal Revenue Service

Name of filer

 Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

THE LOUIS AND GLORIA FLANZER

EIN or SSN

14-6285967

Name and title of officer or person subject to tax

PHILANTHROPIC TRUST C/O Bristol Consult ERIC KAPLAN

Trustee

Part I	Type of	Return	and Return	Information
--------	---------	--------	------------	-------------

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

nan oi	ie inie ii i aiti.		
1a	Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here >	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here > X	b Total tax (Form 990-T, Part III, line 4)	6b 6,297
7a	Form 4720 check here >	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here >	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here >	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Jnder	penalties of perjury, I declare that $oxed{X}$	I am an officer of the above entity or I am a person subject to tax with re	espect to (name
of entit	y)	, (EIN) and that I ha	ve examined a copy of the
0021 6	lectronic return and accompanying sch	adules and statements, and to the best of my knowledge and belief they are	true correct and

2021 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
------	-------	-----	-----	------

X I authorize	Dougherty	&	Connell	to enter my PIN	85967
			ERO firm name		Enter five numbers, bu

do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

11249011747 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 \triangleright 11/10/22

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

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

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit 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.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

	f this form, visit www.irs.gov/e-file-providers/e-file-for-chari		,	details on	tile dectionic		
Auto	matic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).				
	porations required to file an income tax return other than Fo			os, REM I C	S, and trusts		
must ເ	se Form 7004 to request an extension of time to file incom	e tax retu	rns.				
Туре	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	r identification n	umber (T I N)	
print	THE LOUIS AND GLORIA FLANZI	_			4.4.600	0.65	
File by th	PHILANTHROPIC TRUST C/O Bri				14-6285	967	
due date filing you return. S	Number, street, and room or suite no. If a P.O. box, see instructions.						
instructio	SARASOTA, FL 34236						
Enter t	he Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 6	
Applic	ation	Return	I . ' '			Return	
ls For		Code	Is For			Code	
	990 or Form 990-EZ	01	Form 1041-A			08	
	1720 (individual) 1990-PF	03 04	Form 4720 (other than individual) Form 5227			10	
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870						12	
	990-T (corporation)	07				,	
Tele	ERIC KAPLAN a books are in the care of 1266 FIRST STRE sephone No. 917-915-0404 the organization does not have an office or place of business als is for a Group Return, enter the organization's four digit of the second of the group, check this box	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole grou		
1	request an automatic 6-month extension of time until	anization's	s return for:	the exem	npt organization ·	return for	
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions.	, enter the	e tentative tax, less	3a	\$	500.	
-	f this application is for Forms 990-PF, 990-T, 4720, or 6069	. enter an	v refundable credits and	Ja	, ,		
	estimated tax payments made. Include any prior year overp		•	3b	\$	0.	
-	Balance due. Subtract line 3b from line 3a. Include your pa						
ı	using EFTPS (Electronic Federal Tax Payment System). See	instruction	ons.	3с	\$	500.	

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

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

Form 8868 (Rev. 1-2022)

Extended to November 15, 2022 **Exempt Organization Business Income Tax Return** OMB No. 1545-0047 Form 990-T (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). X Check box if Name of organization (Check box if name changed and see instructions.) address changed. THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967 B Exempt under section Print X 501(c)(3) EGroup exemption number Number, street, and room or suite no. If a P.O. box, see instructions. Type 1266 FIRST STREET, STE 1 408(e) 220(e) 408A City or town, state or province, country, and ZIP or foreign postal code 530(a) 529(a) 529A SARASOTA, FL 34236 Check box if 95,188,629. C Book value of all assets at end of year an amended return. Check organization type ► 501(c) corporation X 501(c) trust 401(a) trust Other trust Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ► ERIC KAPLAN Telephone number ▶ 917-915-0404 Part I Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see 24,659. 2 Reserved 2 24,659 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) 4 24,659. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 24,659. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 Trusts. Section 199A deduction. See instructions 9 1,000. Total deductions. Add lines 8 and 9 10 10 Unrelated business taxable income, Subtract line 10 from line 7. If line 10 is greater than line 7, 23,659. Part II Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0,21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or X Schedule D (Form 1041) 6,297. 2 3 Proxy tax. See instructions 3 Other tax amounts. See instructions 4 4 Alternative minimum tax (trusts only) 5 5 Tax on noncompliant facility income. See instructions 6 6

Form **990-T** (2021

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

For Paperwork Reduction Act Notice, see instructions.

Part	III 7	Tax and Payments					
1a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other	credits (see instructions)	1b				
С		ral business credit. Attach Form 3800 (see instructions)					
d		for prior year minimum tax (attach Form 8801 or 8827)					
е		credits. Add lines 1a through 1d			1e		
2		act line 1e from Part II, line 7			2	6,2	97.
3	Other	amounts due. Check if from: Form 4255 Form 8611 Form	n 8697 🗀	Form 8866			
		Other (attach_statement)			3		
4	Total	tax. Add lines 2 and 3 (see instructions). Check if includes tax pre					
	sectio	n 1294. Enter tax amount here			4	6,2	97.
5		nt net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k)			5		0.
6a		ents: A 2020 overpayment credited to 2021					
b		estimated tax payments. Check if section 643(g) election applies	6b				
С	Tax d	eposited with Form 8868	6c	500.			
d		n organizations: Tax paid or withheld at source (see instructions)					
е	Backu	p withholding (see instructions)	6e				
f		for small employer health insurance premiums (attach Form 8941)					
g	Other	credits, adjustments, and payments: Form 2439	_				
		Form 4136 Other Total	▶ 6g				
7	Tota	payments. Add lines 6a through 6g		<u></u>	7	5	00.
8	Estima	ated tax penalty (see instructions). Check if Form 2220 is attached		▶ LXJ	8		5.
9	Tax d	ue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	State	ement 19▶	9	5,8	02.
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid	>	10		
11		the amount of line 10 you want: Credited to 2022 estimated tax		Refunded >	11		
Part		Statements Regarding Certain Activities and Other Informa					
1	-	γ time during the 2021 calendar year, did the organization have an interest in α	_	-		Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," th	-	-			
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter t	he name of t	the foreign country			
	here						X
2	-	g the tax year, did the organization receive a distribution from, or was it the gr					
	foreig	n trust?					X
		s," see instructions for other forms the organization may have to file.					
3		the amount of tax-exempt interest received or accrued during the tax year				_	
4		available pre-2018 NOL carryovers here \$ Do not					
_		n on Schedule A (Form 990-T), Don't reduce the NOL carryover shown here by		•	rt I, l ine 4.		
5		2017 NOL carryovers. Enter available Business Activity Code and post-2017 N	-				
	tne ar	nounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f					
		Business Activity Code		le post-2017 NOL c	arryover		
			\$			-	
-	Diel Ale		\$				х
6a b		e organization change its method of accounting? (see instructions) s "Yes," has the organization described the change on Form 990, 990-EZ, 990		. 11000 If "No "			Α.
ь		n in Part V	J-FF, OF FORM	11120111110,			
Part		Supplemental Information					
		cplanation required by Part IV, line 6b, Also, provide any other additional inform	mation See	instructions			
TOVIGO		epiditation required by raint 14, into 551, 450, provide any other additional into in	mation, occ	in ou double.			
		der penalties of perjury, I declare that I have examined this return, including accompanying schedules a			wledge and be	lief, it is true,	
Sign	Co	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr	eparer nas any k	_	ou the IDO dies	this vetum	itin
Here		Trust	ee		ay the IRS disc e preparer sho	cuss this return wn below (see	with
		Signature of officer Date Title		ins	structions)?	X Yes _	☐ No
		Print/Type preparer's name Preparer's signature	Date	Checki	PTIN		
Paid				self- employed			
Prepa	rer	Kevin P. Dougherty Kevin P. Dougherty	11/10/			189079	
Use C		Firm's name ▶ Dougherty & Connell		Firm's EIN ▶	11-	297316	8
-55		450 Wireless Boulevard					
		Firm's address Hauppauge NY 11788		Phone no 6	31-75	6-2100	1

Form 990-T	Lat	e Payment Int	erest		Sta	tement	17
Description	Date	Amount	Balance	Rate	Days	Intere	st
Extension payment Tax due Interest rate change	05/15/22 05/16/22 06/30/22	-500. 6,297. 0.	-500. 5,797. 5,826.	.0400			29. 74.
Interest rate change Date filed	09/30/22 11/15/22	0.	5,900. 5,945.	.0600			45.
Total late payment in	terest					1	.48.
Form 990-T	Late	Payment Pena	alty		Sta	tement	18
Description	Date	Amount	Balance	Mo:	nths	Penalt	Y
Tax due Date filed	05/16/2 11/15/2	•		97.	6	1	74.
Total late payment pe	nalty				-	1	74.
Form 990-T	Interes	t and Penalti	es		Sta	tement	19
Tax from Form 990-T, Underpayment penal Late payment inter Late payment penal	ty est					1	97. 5. 48.
Total Amount Due						6,1	24.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

ZUZ I

Department of the Treasury Internal Revenue Service

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

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

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

A N	Name of the organization THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult				B Employer identification number 14-6285967			
c ı	Inrelated business activity code (see instructions) > 90110	1		D Sequence:	1 of 1			
E 0	escribe the unrelated trade or business PARTNERSHIP	INCO	ME					
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net			
1 a	Gross receipts or sales							
b	Less returns and allowances	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)). See instructions	4a	8,549.		8,5	549.		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement) Statement 20	5	16,110.		16,1	110.		
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)							
13	Total. Combine lines 3 through 12	13	24,659.		24,6	559.		
	directly connected with the unrelated business in	come			_			
1	Compensation of officers, directors, and trustees (Part X)				+			
2	Salaries and wages				+			
3	Repairs and maintenance				+			
4	Bad debts							
5	Interest (attach statement). See instructions							
6	Taxes and licenses			6				
7	Depreciation (attach Form 4562). See instructions							
8	Less depreciation claimed in Part III and elsewhere on return			8b	-			
9	Depletion			9	+			
10	Contributions to deferred compensation plans							
11	Employee benefit programs				-			
12	Excess exempt expenses (Part VIII)			12	+			
13	Excess readership costs (Part IX)				+			
14	Other deductions (attach statement)			l	+	0.		
15			line 45 from Dark I. line 4		+	<u> </u>		
16	Unrelated business income before net operating loss deduction. S				24,6	550		
4-7	column (C)			16		<u>, , , , , , , , , , , , , , , , , , , </u>		
17 10	Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line 16	 2		17		559		
18 LHA					dule A (Form 990-1			
	i or rapel work neduction Act Notice, see instructions.			Scried	MIC A (FUIII 330-)	. , 202		

Part	III Cost of Goods Sold Enter me	thod of inventory valuat	ion >		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	2	8	
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the	organization?	Yes X No
Part	IV Rent Income (From Real Property an	d Personal Prope	rty Leased with	Real Property)	
1	Description of property (property street address, city,	state, ZIP code). Check	if a dual-use. See ins	tructions.	
	A 🔛				
	В 💹				
	c <u> </u>				
	D 🗀				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns	A through D. Enter here	and on Part I, line 6,	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. E		line 6, column (B)	>	0.
Part	,				
1	Description of debt-financed property (street address,	city, state, ZIP code). (Check if a dual-use, Se	ee instructions.	
	A				
	В 🖳				
	c				
	D 🗀		_		
_		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Pa	rt I, line 7, column (A)	>	0.
				•	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	10		▶	0.

Page 3

Part VI	Interest, Annu	ities, R	oyalties, and Re	ents fro	m Contro	lled O	rganization	1S (see instru	ctions)		
						Е	xempt Contro	lled Organizati	ons		
1.	Name of controlled	i	2. Employer	3. Net	unrelated	4. Tota	al of specified	5. Part of co			Deductions directly
	organization		identification	incon	ne (loss)	payn	nents made	that is include controlling or		c	connected with
			number	(see ins	structions)			tion's gross i		inc	come in co l umn 5
(1)											
(2)											
(3)											
(4)											
					Controlled Or	_					
7. Tax	xable Income		Net unrelated		otal of specifi	-		of column 9 luded in the	11		ductions directly
			come (loss)	pa	yments mad	Э		organization's	:		nected with
		(See	e instructions)				gross	income		ICOM	e in column 10
(1)									_		
(2)									_		
(3)											
(4)							A alal a ali ins	E and 10		ام مما	lumns 6 and 11.
								ns 5 and 10. and on Part I.			ere and on Part I.
								olumn (A)		line 8	8, column (B)
Totals						•		0			0.
Part VII	Investment I	ncome	of a Section 50	1(c)(7).	(9). or (17)	Orga	nization (s	ee instructions			
		ription of		-(-)(-)	2. Amour		3. Deduction		r et-asides	s 5	5. Total deductions
		•			incom	ne	directly conn		stateme	ent)	and set-asides
							(attach state	ment)			(add cols 3 and 4)
(1)											
(2)											
(3)										ightharpoonup	
(4)											
					Add amou						Add amounts in column 5. Enter
					here and or					l l	here and on Part I,
					line 9, co l u	`_'					line 9, column (B)
Totals Part VIII	Evaleted 5		Adiadas Income	>	Thom Addit	0.	- In				0.
			Activity Income,	, Otner	ınan Adv	ertisin	ig income (see instructior	is)		
	scription of exploite			F-1		n Dort '	line 10 cel	(Λ)		1	
			e from trade or busing the production of unre						2	\vdash	
	•		•								
			I trade or business. S						3	\vdash	
	, ,						•		4	1	
5 Gro	oss income from act	ivity that i	s not unrelated busi	ness inco	 me				5	\vdash	
			entered on line 5							\vdash	
			act line 5 from line 6						"		
			12						7		
7, 1		, mic									

Schedule A (Form 990-T) 2021

Part	X Advertising Income						
1	Name(s) of periodical(s). Check box if reporti	ng two or	more periodicals on a	consolidated bas	is.		
	A <u> </u>						
	В 🖳						
	c <u> </u>						
	D 🗀						
Enter a	amounts for each periodical listed above in the	correspo	nding column.	1			
			Α	В	С	D	
2	Gross advertising income			<u>l</u>			_
	Add columns A through D. Enter here and or	n Part I , lin	e 11, column (A)		▶	,	0.
а				1	1		
3	Direct advertising costs by periodical		- 44 L (D)				0.
а	Add columns A through D. Enter here and or	n Part I, lin	e 11, column (B)		>		0.
4	Advertising gain (loss) Subtract line 2 from li			1			
*	Advertising gain (loss). Subtract line 3 from li 2. For any column in line 4 showing a gain,	rie					
	complete lines 5 through 8. For any column i	in					
	line 4 showing a loss or zero, do not complet						
	lines 5 through 7, and enter zero on line 8						
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is less than						
	line 5, subtract line 6 from line 5. If line 5 is le	ess					
	than line 6, enter zero						
8	Excess readership costs allowed as a						
	deduction. For each column showing a gain	on					
	line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the g	reater of t	he line 8a, columns to	otal or zero here ar	nd on		_
	Part II, line 13				>		0.
Part	X Compensation of Officers, Di	rectors	, and Trustees (s	ee instructions)	T T		
					3. Percentage	4. Compensation	1
	1. Name		2. Title		of time devoted	attributable to	
<u></u>					to business	unrelated busines	S
(1)					% %		
(2)					%		
(3)					%		
(4)					70		
Total	. Enter here and on Part II, line 1				•		0.
Part		ee instruct	ions)				
	•		,				

Form 990-T (A) Income (Loss) from Partnerships	Statement 20
Description	Net Income or (Loss)
REBEL INDUSTRIES, LLC PM PARTNERS	-1,472. 17,582.
Total Included on Schedule A, Part I, line 5	16,110.

SCHEDULE D (Form 1041)

Capital Gains and Losses
► Attach to Form 1041, Form 5227, or Form 990-T.

Part I Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (see instructions)

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

2021 ► Go to www.irs.gov/F1041 for instructions and the latest information.

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

THE LOUIS AND GLORIA FLANZER

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

Employer identification number

OMB No. 1545-0092

14-6285967 Yes X 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.

						20110110)
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for					
	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					
1ь	Totals for all transactions reported on Form(s) 8949 with					
	Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with					
	Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with					
	Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4			4	
5	Net short-term gain or (loss) from partnerships, S corporations, and other	er estates or trusts	See Statem	nent 21	5	3,991.
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of	the 2020 Capital Loss				
	Carryover Worksheet				6	()
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	umn (h). Enter here and	d on line 17,			
	column (3), on page 2				7	3,991.
	rt II Long-Term Capital Gains and Losses-Gen		eld More Than		ee in	
See ir	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustmen	to	(h) Gain or (loss) Subtract column (e)
		Proceeds (sa l es price)	Cost (or other basis)	to gain or loss		from column (d) and
This f	orm may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, I	Part II,	combine the result with column (g)
_				line 2, column	i (y)	with column (g)
8 a	Totals for all long-term transactions reported on Form 1099-B for					
	which basis was reported to the IRS and for which you have no					
	adjustments (see instructions). However, if you choose to report all					
	these transactions on Form 8949, leave this line blank and go to line 8b					
ВÞ	Totals for all transactions reported on Form(s) 8949 with					
_	Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with					
	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked	1 0004			44	
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and				11	1 550
12	Net long-term gain or (loss) from partnerships, S corporations, and other				12	4,558.
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 o	•			45	,
40	Carryover Worksheet				15)
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in col column (3), on page 2		-		16	4,558.
	column (3), on page 2					

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

Schedule D (Form 1041) 2021

Schedule D (Form 1041) 2021 PARTNERSHIP INCOME

14-6285967	1	4-	6	2	8	5	9	6	7
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Page 2

Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this part.			or trust's	
17 Net short-term gain or (loss)	17		3,991.	3,991.
18 Net long-term gain or (loss):				
a Total for year	18a		4,558.	4,558.
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		8,549.	8,549.

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

Part IV | Capital Loss Limitation

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

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

Part V Tax Computation Using Maximum Capital Gains Rates

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

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

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

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

21	Enter taxable income from Form 1041, line 23 (or Form	990 - T,	Part I, line11)	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					
	If the estate or trust is filling 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 \$2,700			28			
29	Enter the smaller of the amount on line 27 or line 28			29			
30	Subtract line 29 from line 28. If zero or less, enter -0 The	his amo	ount 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 \$13,250			33			
34	Add lines 27 and 30			34			
	Subtract line 34 from line 33. If zero or less, enter -0-						
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 2021 Ta	ax Rate	Schedule for Estates				
	and Trusts (see the Schedule G instructions in the Instru	ictions	for Form 1041)	42			
43	Add lines 37, 41, and 42			43			
	Figure the tax on the amount on line 21. Use the 2021 Ta						
	and Trusts (see the Schedule G instructions in the Instru	ictions	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 000-T Part II line 2)				_	45	i

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.

Pa	stock, or receive a loan repaymen										
	computation. If you report a loss f									-	
	line 28 and attach Form 6198. Se		-	•			· · · · · · · · · · · · · · · · ·				
27	Are you reporting any loss not allowed in	a prior year o	lue to the at	risk or bas	is limitati	ions,	a prior year unallowed lo	ss fro	m a		
	passive activity (if that loss was not repo								es,"	_	
	see instructions before completing this s	ection							. Yes	X	
28	(a) Name			(b) _{Enter} P _{for} partnership; S	(C) Check if foreign		(d) Employer lentification number	basis	Check if computation	(f) Ci any am	nount is
	REBEL INDUSTRIES, LL	~		for S corporation	partnership	' '-	6-4255543	IS	s required	not a	t risk
A	PM PARTNERS			P			7-0062346				
B C	IN IMINING			-		+-	17 0002540				
Ď						+					
	Passive Income and Lo	oss					Nonpassive Income and	d Loss	5		
	(g) Passive loss allowed		e income		oassive los ved (see	ss	(j) Section 179 expense	(k)) Nonpassi	ve incor	me
	(attach Form 8582 if required)		edule K-1		dule K-1)		deduction from Form 4562	f	from Sche	lule K-	1
Α	1,472										
В		1	7,582.								
С											
D	T	1	7,582.								
29a	Totals 1,472		7,502.								
ь 30								30	1	7,58	2.
31	Add columns (h) and (k) of line 29a Add columns (g), (i), and (j) of line 29b							31		1,47	
32	Total partnership and S corporation in							32		6,11	
	rt III Income or Loss From Esta										
~~	•		(=) No							ployer	
33 (a) Name									identificati	on num	ber
Α											
В	Paraira Incom						Namasaha In				
	(c) Passive deduction or loss allowed		(d) Po	ssive incor	70	-	Nonpassive Inc e) Deduction or loss		Other inc	omo fro	m
	(attach Form 8582 if required)			chedule K			from Schedule K-1	,,	Schedul		"""
Α											
В					_						
34a											
	Totals							25			
35	Add columns (d) and (f) of line 34a Add columns (c) and (e) of line 34b							35 36	()
36 37	Total estate and trust income or (loss).		es 35 and 36					37			
	rt IV Income or Loss From Real				ent Cor	ndui	its (REMICs) - Resi		Holder		
20	(a) Name	(b) Emp		(c) Exce	ss inclus		(d) Taxable income (net loss) from		(e) Incom		
38	(a) Name	identification	n number		instructio		Schedules Q, line 1b	S	chedules (3, l ine 3	3b
							1.				
39 Pa	Combine columns (d) and (e) only. Enter	the result her	e and includ	e in the to	tal on line	41 1	below	39			
40	Net farm rental income or (loss) from For	m 4835 Aleo	complete li	ne 42 he l o	W/			40			
41	Total income or (loss). Combine lines 26, 32,						(Form 1040), line 5	41	1	6,11	0.
42	Reconciliation of farming and fishing income									,	
	reported on Form 4835, line 7; Schedule K-1 (, •	•	•							
	(Form 1120-S), box 17, code AD; and Schedul					42					
43	Reconciliation for real estate profession										
	professional (see instructions), enter the	net income o	r (lo ss) you r	eported ar	ywhere						
	on Form 1040, Form 1040-SR, or Form 1				tivities						
	in which you materially participated under	r the passive	activity loss	rules		43	1				

Schedule D	Net Short-Term Gain or Loss from Partnerships and S-Corporations		Statement 21
Description of	Activity		Gain or Loss
REBEL INDUSTRIE	S, LLC		3,991.
Total to Schedu	le D, Part I, line 5		3,991.
Schedule D	Net Long-Term Gain or Loss from Partnerships and S-Corporations		Statement 22
Description of	Activity	Gain or Loss	28% Gain
REBEL INDUSTRIE	S, LLC	4,558.	
Total to Schedu	le D, Part II, line 12	4,558.	

SCHEDULE D (Form 1041)

Capital Gains and Losses
► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092 2021

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

THE LOUIS AND GLORIA FLANZER

PHILANTHROPIC TRUST C/O Bristol Consult

Employer identification number

14-6285967

Yes X No Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

Pa	irt i Snort-Term Capital Gains and Losses-Gen	erally Assets H	ieid One Year o	r Less (see	ınstrı	uctions)
See ir	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g)		(h) Gain or (loss)
		Proceeds	Cost	Adjustmen	ts	Sùbtract column (é) from column (d) and
This f	orm may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949,	Part I.	combine the result
				line 2, colum	ı (g)	with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for					
	which basis was reported to the IRS and for which you have no					
	adjustments (see instructions). However, if you choose to report all					
	these transactions on Form 8949, leave this line blank and go to line 1b					
1 _b	Totals for all transactions reported on Form(s) 8949 with					
_	Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with					
_	Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with					
•	Box C checked					
			1			
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	1			4	
•	oner term deptating and or (1000) from 100 in 000 in 0000, or 00 in and 000					
5	Net short-term gain or (loss) from partnerships, S corporations, and other	r estates or trusts	See Statem	ent 23	5	3,991.
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of				_	373320
Ü		-			6	,
7	Carryover Worksheet Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	ımn (h) Enter here and	d on line 17		-	,
′		` '	•		7	3,991.
Pa	column (3), on page 2	erally Assets H	eld More Than	One Year(s	ee in	structions)
	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g)		(h) Gain or (loss)
000 11	iodicate for from to figure the amounts to office of the fines soloni	Proceeds	Cost	Adjustmen		Sùbtract column (é)
Thie f	orm may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949,	from	from column (d) and combine the result
11110 1	offin may be easier to complete if you round on come to whole dollars.			line 2, colum	1 (a)	with column (g)
8.0	Totals for all long-term transactions reported on Form 1099-B for			,	107	
° a	which basis was reported to the IRS and for which you have no					
	adjustments (see instructions). However, if you choose to report all					
	these transactions on Form 8949, leave this line blank and go to line 8b					
	Totals for all transactions reported on Form(s) 8949 with					
٥b	Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with					
9	. , ,					
10	Box E checked					
10	Totale for all transportions reported on Form(s) 9040 with					
	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked	4 0004			11	
11	Box F checked	d 8824	See Statem	ent 24	11	A 550
12	Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts	See Statem	ent 24	12	4,558.
12 13	Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and Net long-term gain or (loss) from partnerships, S corporations, and other Capital gain distributions	estates or trusts	See Statem	ent 24	12 13	4,558.
12 13 14	Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and Net long-term gain or (loss) from partnerships, S corporations, and other Capital gain distributions Gain from Form 4797, Part I	estates or trusts	See Statem	ent 24	12	4,558.
12 13	Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and Net long-term gain or (loss) from partnerships, S corporations, and other Capital gain distributions Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 or	estates or trusts f the 2020 Capital Loss	See Statem	ent 24	12 13 14	4,558.
12 13 14 15	Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and Net long-term gain or (loss) from partnerships, S corporations, and other Capital gain distributions Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of Carryover Worksheet	estates or trusts f the 2020 Capital Loss	See Statem	ent 24	12 13	4,558.
12 13 14	Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and Net long-term gain or (loss) from partnerships, S corporations, and other Capital gain distributions Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 or	estates or trusts f the 2020 Capital Loss	See Statem	ent 24	12 13 14	4,558. ()

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

Schedule D (Form 1041) 2021

THE LOUIS AND GLORIA FLANZE	3.				
Schedule D (Form 1041) 2021 PHILANTHROPIC TRUST C/O Bri	stol	Consult	1	4-62	285967 Page 2
Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Es	state's	(3) Total
Caution: Read the instructions before completing this part.				ust's	
17 Net short-term gain or (loss)	17		3	,991	3,991.
18 Net long-term gain or (loss):					
a Total for year	18a		4	,558	4,558.
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			,549	•
Note: If line 19, col (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule					
gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, col	nplete F	art IV and the Capital	Loss Car	ryover W	orksheet, as necessary.
Part IV Capital Loss Limitation					
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part					
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, Loss Carryover Worksheet in the instructions to figure your capital loss carryover.	ine 23 (d	or Form 990-T, Part I,	line 11),	is a loss	, complete the Capital
2000 Carry Comment of the most action to high to your capital root carry over.					
Part V Tax Computation Using Maximum Capital Gains Ra	ites				
		nt is entered in Part I or	Part II and	d there is	an entry on Form 1041,
Part V Tax Computation Using Maximum Capital Gains Ra		nt is entered in Part I or	Part II and	d there is	an entry on Form 1041,
Part V Tax Computation Using Maximum Capital Gains Ra Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or a	an amour	nt is entered in Part I or	Part II and	d there is	an entry on Form 1041,
Part V Tax Computation Using Maximum Capital Gains Ra Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or line 2b(2), and Form 1041, line 23, is more than zero.	an amour	nt is entered in Part I or	Part II and	d there is	an entry on Form 1041,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or	an amour	nt is entered in Part I or	Part II and	d there is	an entry on Form 1041,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or	an amour	nt is entered in Part I or	Part II and	d there is	an entry on Form 1041,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified divided.	an amour <i>if:</i> dends are	: included in income in I	Part I of Fo	orm 990 -	T, and Form 990 - T, Part I ,
Part V Tax Computation Using Maximum Capital Gains Ra Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or sline 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividine 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions	an amour if: dends are	included in income in l ns if either line 18b, col	Part I of Fo	orm 990 -	T, and Form 990 - T, Part I ,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividine 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions.	an amour if: dends are	included in income in I	Part I of Fo	orm 990 -	T, and Form 990 - T, Part I ,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividine 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions. Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	if: dends are nstructio	included in income in l ns if either line 18b, col	Part I of Fo	orm 990 -	T, and Form 990 - T, Part I ,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividine 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions. Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line11) Enter the smaller of line 18a or 19 in column (2) but not less than zero.	if: dends are nstructio	included in income in l ns if either line 18b, col	Part I of Fo	orm 990 -	T, and Form 990 - T, Part I ,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividine 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions 1 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line11) 2 Enter the smaller of line 18a or 19 in column (2) but not less than zero 2 4,55 Enter the estate's or trust's qualified dividends from	if: dends are nstructio	included in income in l ns if either line 18b, col	Part I of Fo	orm 990 -	T, and Form 990 - T, Part I ,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividine 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions 1 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11) 2 Enter the smaller of line 18a or 19 in column (2) but not less than zero 2 4,55 Enter the estate's or trust's qualified dividends	if: dends are nstructio	included in income in l ns if either line 18b, col	Part I of Fo	orm 990 -	T, and Form 990 - T, Part I ,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividine 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions 1 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11) 2 Enter the smaller of line 18a or 19 in column (2) but not less than zero 2 4,55 There is a Complete the smaller of line 18a or 19 in column (2) but not less than zero 22 4,55 There is a Complete the qualified dividends included in income in Part I of Form 990-T) 23	dends are nstructio	included in income in l ns if either line 18b, col	Part I of Fo	orm 990 -	T, and Form 990 - T, Part I ,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividine 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions 1 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11) 2 Enter the smaller of line 18a or 19 in column (2) but not less than zero 2 4,55 Enter the estate's or trust's qualified dividends	dends are nstructio	included in income in l ns if either line 18b, col	Part I of Fo	orm 990 -	T, and Form 990 - T, Part I ,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividine 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions Enter the smaller of line 18a or 19 in column (2) but not less than zero 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) Add lines 22 and 23 Hother the estate or trust is filling Form 4952, enter the	en amour if: dends are nstructio 21	included in income in l ns if either line 18b, col	Part I of Fo	orm 990 -	T, and Form 990 - T, Part I ,
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or 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 Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or There are amounts on lines 4e and 4g of Form 4952. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividine 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions 1 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line11) 22 Enter the smaller of line 18a or 19 in column (2) but not less than zero 22 4, 55 23 Enter the estate's or trust's qualified dividends included in income in Part I of Form 990-T) 24 Add lines 22 and 23 25 If the estate or trust is filling Form 4952, enter the	dends are nstructio	included in income in l ns if either line 18b, col 23 , (Part I of Fo	orm 990 -	T, and Form 990 - T, Part I ,

22	Enter the smaller of line 18a or 19 in column (2)						
	but not less than zero	22	4,558.				
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	4,558.				
	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	4,558.		
27	Subtract line 26 from line 21. If zero or less, enter -0-			27	19,101.		
28	Enter the smaller of the amount on line 21 or \$2,700			28	2,700.		
29	Enter the smaller of the amount on line 27 or line 28			29	2,700.		
30	Subtract line 29 from line 28. If zero or less, enter -0 Th	is amou	nt is taxed at 0%			30	0.
31	Enter the smaller of line 21 or line 26			31	4,558.		
32	Subtract line 30 from line 26			32	4,558.		
	Enter the smaller of line 21 or \$13,250			33	13,250.		
34	Add lines 27 and 30			34	19,101.		
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	0.		
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	4,558.		
39	Add lines 30 and 36			39			
40	.			40	4,558.		
						41	912.
42	Figure the tax on the amount on line 27. Use the 2021 Tax	x Rate S	chedule for Estates				
	and Trusts (see the Schedule G instructions in the Instruc	ctions fo	r Form 1041)	42	5,385.		
43	Add lines 37, 41, and 42			43	6,297.		
44	Figure the tax on the amount on line 21. Use the 2021 Tax	x Rate S	chedule for Estates				
	and Trusts (see the Schedule G instructions in the Instruc	ctions fo	r Form 1041)	44	7,071.		
45	Tax on all taxable income. Enter the smaller of line 43 of	r line 44	here and on Form 1041, Sc	hedule			
	G, Part I, line 1a (or Form 990-T, Part II, line 2)				>	45	6,297.

Department of the Treasury

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

Form 990-T

OMB No. 1545-0123

Internal Revenue Service THE LOUIS AND GLORIA FLANZER

PHILANTHROPIC TRUST C/O Bristol Consult

► Go to www_irs_gov/Form2220 for instructions and the latest information.

Employer identification number 14-6285967

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

Part I Required Annual Payment							
						.	6 207
1 Total tax (see instructions)						1	6,297.
2 a Personal holding company tax (Schedule PH (Form 1120), lin	e 26)	included on line 1	2a	I			
b Look-back interest included on line 1 under section 460(b)(2)							
contracts or section 167(g) for depreciation under the income			2b				
(6)							
c Credit for federal tax paid on fuels (see instructions)			2c				
d Total. Add lines 2a through 2c						2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do	not	omplete or file this form.	The corporation				
does not owe the penalty						3	6,297.
4 Enter the tax shown on the corporation's 2020 income tax ret							
or the tax year was for less than 12 months, skip this line and	ente	r the amount from line 3 o	on line 5			4	267.
5 Required annual payment. Enter the smaller of line 3 or line			-				0.65
enter the amount from line 3					+ #I- F 00	5	267.
Part II Reasons for Filing - Check the boxes beloeven if it does not owe a penalty. See instructions.	ow tha	at apply. If any boxes are	спескеа, тпе согр	oration	must file Form 22	20	
6 The corporation is using the adjusted seasonal install	ment	method.					
7 The corporation is using the annualized income instal							
8 The corporation is a "large corporation" figuring its first			n the prior year's	tax.			
Part III Figuring the Underpayment			, ,				
		(a)	(b)		(c)		(d)
9 Installment due dates. Enter in columns (a) through (d) the	П						
15th day of the 4th (Form 990-PF filers: Use 5th month),							
6th, 9th, and 12th months of the corporation's tax year	9	05/15/21	06/15/	21	09/15/	21	12/15/21
10 Required installments. 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	10	67.		67.		66.	67.
11 Estimated tax paid or credited for each period. For							
column (a) only, enter the amount from line 11 on line 15.							
See instructions	11						
Complete lines 12 through 18 of one column							
before going to the next column.							
12 Enter amount, if any, from line 18 of the preceding column	12						
13 Add lines 11 and 12	13			67.	1	34.	200.
14 Add amounts on lines 16 and 17 of the preceding column	14	0.		0.		0.	0.
15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line	15	0.		٠.		٠.	0.
44 Olleganian catan O	4.			67.	1	34.	
14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10,	16			5 / •		7-1	
subtract line 15 from line 10. Then go to line 12 of the next							
and the Albertain and the Boards	17	67.		67.		66.	67.
18 Overpayment. If line 10 is less than line 15, subtract line 10		<u> </u>		J / •		***	<u> </u>
from line 15. Then go to line 12 of the next column	18						
Go to Part IV on page 2 to figure the penalty. Do not go to Part I		lere are no entries on lin	e 17 - no penalty	is owe	d.		

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

		Г	(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21				
22	Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23				
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25				
26	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	See	Attached W	orksheet	
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal ho	ere and on Form 1120, lin	ne 34; or the comparable	38	\$ 5

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

Form 2220 (2021)

Form 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

	AND GLORIA F			Identifying N	
		O Bristol Con	sult	14-62	85967
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
05/15/21	67.	67.	31	.000082192	
06/15/21	67.	134.	92	.000082192	1.
09/15/21	66.	200.	91	.000082192	1.
12/15/21	67.	267.	106	.000082192	2.
03/31/22	0.	267.	45	.000109589	1.
Penalty Due (Sum of Col	umn F).				5.

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

Schedule D	Net Short-Term Gain or Loss from Partnerships and S-Corporations		Statement 23
Description of A	activity		Gain or Loss
REBEL INDUSTRIES	, LLC		3,991.
Total to Schedul	e D, Part I, line 5		3,991.
Schedule D	Net Long-Term Gain or Loss from Partnerships and S-Corporations		Statement 24
Description of A	activity	Gain or Loss	s 28% Gain
REBEL INDUSTRIES	, LLC	4,558.	
Total to Schedul	e D, Part II, line 12	4,558.	

Form **8582**

Department of the Treasury

Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2021

Attachment
Sequence No. 858

Identifying number Name(s) shown on return THE LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST C/O Bristol Consult 14-6285967 2021 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) **b** Activities with net loss (enter the amount from Part IV, column (b)) c Prior years' unallowed losses (enter the amount from Part IV, column (c)) 1c d Combine lines 1a, 1b, and 1c All Other Passive Activities 17,582 2a Activities with net income (enter the amount from Part V, column (a)) 2a **b** Activities with net loss (enter the amount from Part V, column (b)) 2b c Prior years' unallowed losses (enter the amount from Part V, column (c)) 2c 16,110. 2d d Combine lines 2a, 2b, and 2c Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 16,110. If line 3 is a loss and: • Line 1d is a loss, go to Part II. Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the smaller of the loss on line 1d or the loss on line 3 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero. See instructions 6 Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 7 Multiply line 7 by 50% (0,50), **Do not** enter more than \$25,000. If married filing separately, see instructions 8 Enter the smaller of line 4 or line 8 9 Total Losses Allowed Add the income, if any, on lines 1a and 2a and enter the total 10 Total losses allowed from all passive activities for 2021, Add lines 9 and 10. See instructions to find out how to report the losses on your tax return Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c) Total. Enter on Part I, lines 1a, 1b, and 1c

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2021)

Part V Complete This Part Before	e Part I, Lines 2	2a, 2b,	and 2c. S	See instru	ctions.			
Name of activity	Curre	nt year		Prior ye	ears	Overa	all ga	ain or lo ss
Name of activity	(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallo		(d) Gain		(e) Loss
		1	6					
	See Attac	nea	Statem	ent io	r Pa	rt v		
Total. Enter on Part I, lines 2a, 2b, and 2c	17,582.	_ Dark II	1,472.		-4!			
Part VI Use This Part if an Amoun		Part II	, Line 9. S	see instrud	ctions.	I		1
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ra	tio	(c) Special allowance		(d) Subtract column (c) from column (a)
		-						
Part VII Allocation of Unallowed L	osses See instr	ruction	s					
Name of activity	Form or sche and line nur to be reporte (see instruct	edu l e mber ed on		_oss		(b) Ratio	(c) Unallowed loss
							L	
							▙	
							⊢	
Part VIII Allowed Losses. See instru	uctions	>						
Allowed Losses: See Histin		ماريام	1				П	
Name of activity	Form or sche and line nur to be reporte (see instruct	mber ed on	(a) l	_oss	(b) U	nallowed l oss		(c) Allowed loss
							$ldsymbol{oxed}$	
							\vdash	
							\vdash	
							\vdash	
					-		\vdash	
Total		•						

Page 3 Activities With Losses Reported on Two or More Forms or Schedules. See instructions. Name of activity: (d) Unallowed (a) (b) (c) Ratio (e) Allowed loss oss Form or schedule and line number to be reported on (see instructions): 1a Net loss plus prior year unallowed loss from form or schedule b Net income from form or schedule c Subtract line 1b from line 1a. If zero or less, enter -0-Form or schedule and line number to be reported on (see instructions): 1a Net loss plus prior year unallowed loss from form or schedule b Net income from form or schedule c Subtract line 1b from line 1a. If zero or less, enter -0-Form or schedule and line number to be reported on (see instructions): 1a Net loss plus prior year unallowed loss from form or schedule **b** Net income from form or schedule c Subtract line 1b from line 1a. If zero or less, enter -0-Total

Form 8582 (2021)

Form 8582	Other 1	Passive Ac	tivities	- Part V	Stat	ement 25
	Cı	ırrent Yea	r	Prior Year	Overall Gai	n or Loss
Name of Activity	Net I	ncome Net	_ Loss	Unallowed Loss	Gain	Loss
Rebel Industries - UBTI PM PARTNERS	17	0. ,582.	-1,472. 0.		17,582.	-1,472.
Totals	17	,582.	-1,472.		17,582.	-1,472.
R R E A Name	Form or Schedule	Gain/Loss	Prior Year C/	Net O Gain/Loss	Unallowed Loss	Allowed Loss
- —— Rebel Industries - UBTI PM PARTNERS	Sch E	-1,472. 17,582.		-1,472 17,582		1,472.
Totals		16,110.	-	16,110	•	1,472.
Prior year carryove	ers allowe	ed due to	current	year net act	tvity income	.
Total						1,472.

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

November 10, 2022

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

THE LOUIS AND GLORIA FLANZER:

We have prepared and enclosed your 2021 Florida return.

FLORIDA FORM F-1120 RETURN:

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

No payment is required.

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

Warm Regards,

Kevin P. Dougherty

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

F-7004 R. 01/17 Rule 12C-1305 Florida Administrative Code Effective 01/17

Information for Filing Florida Form F-7004

	F	-7	7(0	0	4
R		۸	1	1	1	7

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

To file online go to www.floridarevenue.com

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

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

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

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

B. Type of federal return filed:	990-T
Contact person for questions: E	ric Kaplan
Telephone number:	917-915-0404
Contact Person email address: E	Kaplan@bristolllc.c

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

Transfer the amount on Line 3 to Tentative tax due.

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

Make checks payable and mail to:

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

 144961 09-27-21	Florida Department of Revenue - Corporate Income Tax Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return THE LOUIS AND GLORIA FLANZER FEIN 14-6285967	1019 F-7004 R. 01/17
Name Address City/State/ZIP	PHILANTHROPIC TRUST C/O Bristol Consult Taxable Year End 12/31/2 1266 FIRST STREET FILING STATUS Partnership All other federal retu	S-corporation
	Tentative Tax Due \$	0.00

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

Sign Here:		Date:	
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20211231	0	0	0
0	0	0	0
012	0	0	0
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0	0	0	0
0	0	0	0



Florida Corporate Income/Franchise Tax Return

FEIN 14-6285967

ndar year 2021 ear beginning F-1120, R. 01/22 10 Rule 120-1

Rule 12C-1.051 Florida Administrative Code Effective 01/22

813302021123100020050372314628596700007

THE LOUIS AND GLORIA FLANZER

Name PHILANTHROPIC TRUST C/O Bristol Consult

Address 1266 FIRST STREET

City/State/ZIP SARASOTA, FL 34236

X Check here if any changes have been made to name or address

Comp	utation of Florida Net Income Tax		
1.	Federal taxable income (see instructions) - Attach pages 1-5 of federal return	Check here if negative	23,659.00
2.	State income taxes deducted in computing federal taxable income	<u> </u>	
	(attach schedule)	Check here if negative	
3.		Check here if negative	
4.	Total of Lines 1, 2 and 3	Check here if negative	23,659.00
5.	Subtractions from federal taxable income (from Schedule II)	Check here if negative	
6.	Adjusted federal income (Line 4 minus Line 5)	Check here if negative	23,659.00
7.	Florida portion of adjusted federal income (see instructions)	Check here if negative	23,659.00
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative	
9. 10.	Florida exemption Florida net income (Line 7 plus Line 8 minus Line 9)		23,659.00 0.00
11.	Tax due: 3_535% of Line 10		0.00
12.	Credits against the tax (from Schedule V)		
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)		0.00
14.	a) Penalty: F-2220 b) Other	<u></u>	
	c) Interest; F-2220 d) Other	Line 14 Total ➤	
15.	Total of Lines 13 and 14	<u></u>	
16.	Payment credits: Estimated tax payments 16a \$		
	Tentative tax payment 16b \$		
17.	Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due		
	If the amount is negative (overpayment), enter on Line 18 and/or Line 19		
18.	Credit: Enter amount of overpayment credited to next year's estimated tax here	and on payment coupon	
19.	Refund; Enter amount of overpayment to be refunded here and on payment co	upon	
144081	10-21-21		

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120

Do Not Detach

YEAR ENDING 12/31/21

...

To ensure proper credit to your account, enclose your check with tax return when mailing.

THE LOUIS AND GLORIA FLANZER

Name PHILANTHROPIC TRUST C/O Brist If 6/30 year end, return is due 1st day of the 4th month after the close of the

Address 1266 FIRST STREET City/State/ZIP SARASOTA, FL 34236

taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

146285967	0	0	0
20210101	0	0	0
20211231	2365900	0	0
1000000	0.000000	0	0
012	0	0	0
202	0	0	0
2365900	0	0	0
0	2365900	0	0



THE LOUIS AND GLORIA FLANZER PHILANT

1019 F-1120 R. 01/22 Page 2 of 6 12/31/21

FEIN ______14-6285967

	This return is considered incomplete unle turn is not signed, or improperly signed and verified, it will be subject to a ed. Your return must be completed in its entirety.		copy of the federal return is attached. Ity. The statute of limitations will not start until your return is properly signed					
	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 (must be an original signature) Date		Title Trustee					
Paid preparers only	Preparer's signature Kevin P. Dougherty Date 11/10	0/2	Preparer check if self-employed PTIN P00189079					
	Firm's name (or yours if self-employed) and address Dougherty & Connell 450 Wireless Boulevard Hauppauge, NY		FEIN ► 11-2973168 ZIP ► 11788					
	All Taxpayers Must Answer Questions	Αt	through M Below - See Instructions					
A. State of	incorporation:	G-2	Part of a federal consolidated return? YES NO X If yes, provide:					
B. Florida	Secretary of State document number:		FEIN from federal consolidated return:					
C. Florida	consolidated return? YES NO X		Name of corporation:					
	Initial return Final return (final federal return filed)	G-3. The federal common parent has sales, property, or payroll in Florida? YES NOX						
E. Principa	Business Activity Code (as pertains to Florida)	н.	Location of corporate books: 1266 FIRST STREET, SUITE 1					
31	0000 T		City, State, ZP: SARASOTA, FL 34236					
	a extension of time was timely filed? YES NO X	ı	Taxpayer is a member of a Florida partnership or joint venture? YES NO X					
	tion is a member of a controlled group? YES NO X If yes, attach list,	 J.	Enter date of latest IRS audit:					
			a) List years examined:					
		κ.	Contact person concerning this return: Eric Kaplan					
			a) Contact person telephone number: 917-915-0404					
l			b) Contact person e-mail address: EKaplan@bristolllc.c					
		L.	Type of federal return filed 1120 1120S or 990-T					

Where to Send Payments and Returns

Make check payable to and mail with return to:

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

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

Florida Department of Revenue

PO Box 6440

Tallahassee FL 32314-6440

Remember:

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





FEIN 14-6285967 TAXABLE YEAR ENDING 12/31/21

Schedule I - Additions and/or Adjustments to Federal Taxable Income	
Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits (AKA credit for contributions for nonprofit scholarship-funding organizations)	12.
13. Florida Renewable energy production tax credit	13,
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Qualified Improvement Property Decoupling.	19.
20. Business Meal Expenses at a Restaurant.	20.
21. Film, Television, and Live theatrical production expenses.	21.
22. Other additions (attach schedule)	22.
23. Total Lines 1 through 22, Enter total on Line 23 and on Page 1, Line 3.	23.

So	chedule II - Subtractions from Federal Taxable Income	
1.	Gross foreign source income less attributable expenses	
	(a) Enter s. 78, IRC income \$	
	(b) plus s. 862, IRC dividends \$	
	(c) plus s. 951A, IRC, income \$	1.
	(d) less direct and indirect expenses	
	and related amounts deducted	
	under s. 250, IRC \$ Total	
2.	Gross subpart F income less attributable expenses	
	(a) Enter s. 951, IRC subpart F Income \$	
	(b) less direct and indirect expenses \$	2.
Note	e: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3.	Florida net operating loss carryover deduction (see instructions)	3.
4.	Florida net capital loss carryover deduction (see instructions)	4.
5.	Florida excess charitable contribution carryover (see instructions)	5.
6.	Florida employee benefit plan contribution carryover (see instructions)	6.
7.	Nonbusiness income (from Schedule R, Line 3)	7.
8.	Eligible net income of an international banking facility (see instructions)	8.
9.	s, 179, IRC expense (see instructions)	9.
10.	s. 168(k), IRC special bonus depreciation (see instructions)	10,
11.	Depreciation of qualified improvement property	11,
12.	Film, Television, and Live Theatrical Expenses.	12,
13.	Other subtractions (attach statement)	13,
14.	Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14.



FEIN 14-6285967 TAXABLE YEAR ENDING 12/31/21

Sc	Schedule III - Apportionment of Adjusted Federal Income					
III-A	For use by taxpayers doing	p business outside Florida	, except those providi	ing insurance or transporta	ion services.	
		(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHE (Denominator)	Col. (a) ÷ Col. (b) Rounded to Six Dec Places	(d) Weight mal If any factor in Column (b) is zero see note on Pg 9 of the instruction	(e) Weighted Factors Rounded to Six Decimal Places
1.	Property (Schedule III-B bellow)				X 25% or	
2.	Payroll				X 25% or	
3,	Sales (Schedule III-C below)				X 50% or	
4.	Apportionment fraction (Sum of L	Lines 1, 2, and 3, Column [e]), E	nter here and on Schedule	IV, Line 2.		1.000000
	For use in computing avera	age value of property	WITHIN FLORIDA		TOTAL E	VERYWHERE
(use	original cost).		a. Beginning of ye	ar b. End of year	c. Beginning of year	d. End of year
1,	Inventories of raw material, work	in process, finished goods				
2,	Buildings and other depreciable	assets				
3,	Land owned					
4.	Other tangible and intangible (financial o	org. only) assets (attach schedule)				
5.	Total (Lines 1 through 4)					
6.	Average value of property					
	a. Add Line 5, Columns (a) and	(b) and divide by 2 (for within F	lorida) 6a			
	b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)6b.					
7.	Rented property (8 times net annual rent)					
	a. Rented property in Florida 7a					
	b. Rented property Everywhere					
8.	. Total (Lines 6 and 7), Enter on Line 1, Schedule III-A, Columns (a) and (b).					
	a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1,					
	Column (a) for total average property in Florida 8a.					
	b. Enter Lines 6 b. plus 7 b. an	d al so enter on Schedu l e III-A, L	ine 1,			
	Column (b) for total average	property Everywhere			8b.	
-					(a)	(b)
III-C	Sales Factor				TOTAL WITHIN FLORIDA (Numerator)	TOTAL EVERYWHERE (Denominator)
1.	Sales (gross receipts)				N/A	
2.	Sales delivered or shipped to Flo	orida purchasers				N/A
3.	Other gross receipts (rents, royal	Ities, interest, etc. when applica	ble)			
4.	TOTAL SALES (Enter on Schedul	le III-A, Line 3, Columns [a] and	[b])			
III-D	Special Apportionment Fra	actions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLOR I DA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1.	Insurance companies (attach cor	oy of Schedule T - Annual Repor	rt)			
2.	Transportation services					

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



FEIN 14-6285967 TAXABLE YEAR ENDING 12/31/21

Schedule V - Credits Against the Corporate Income/Franchise Tax	
Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (AKA voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (AKA credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11).	
Enter total credits on Page 1, Line 12	19.

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



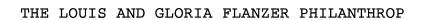
FEIN 14-6285967 TAXABLE YEAR ENDING 12/31/21

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

1.	Florida income expected in taxab	le year		1.	\$ 23,659.00
2.					
	Florida Form F-1120N)		·	2.	\$ 23,659.00
3.	Estimated Florida net income (Lin	e 1 less Line 2)		3.	\$
4.	Total Estimated Florida tax (5.5%	of Line 3)	\$		
	Less: Credits against the tax		\$	4.	\$
5.	Computation of installments:				
	Payment due dates and	If 6/30 year end, las	t day of 4th month,		
	payment amounts:	otherwise last day o	of 5th month - Enter 0.25 of Line 4	5a.	
		Last day of 6th mor	nth - Enter 0.25 of Line 4	5b.	
		Last day of 9th mor	nth - Enter 0.25 of Line 4	5c.	
		Last day of fiscal ye	ear - Enter 0.25 of Line 4	5d .	
	NOTE: If your estimated tax sho	ould change during the year	ear, you may use the amended computation on the declaration (Florida Form F-1120E	on S).	
1.	Amended estimated tax			1.	\$
2.	Less:				
	(a) Amount of overpayment from	last year elected for cred	dit		
			2a \$		
			F-1120ES) 2b \$		
	(c) Total of Lines 2(a) and 2(b)			2c.	\$
					\$
4.	Amount to be paid (Line 3 divided	d by number of remaining	nstallments)	4.	\$

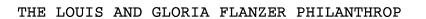
References

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





	FEIN 14-6285967		
		DATA Page 1 of 2	
146285967	0	0	0
2365900	0	0	0
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FEIN14-6285967			
		DATA Page 2 of 2	
146285967	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0.000000	0	0
0	0.000000	0	0
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0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0