9 2017	
J JAN 0	
SCANNED	

	For cal	(and proxy tax unendar year 2015 or other tax year beginning JUL 1	, 20	15_ , and ending JUN		6	2015			
partment of the Treasury	1	Information about Form 990-T and its instr	uctions is	s available at www.irs.ge	ov/form990t.					
ernal Revenue Service		Do not enter SSN numbers on this form as it m			ition is a 501(c)(3).		1(c)(3) Organizations Only			
Check box if address changed		Name of organization ( L Check box if name	_	·	1	(Employenstruction	•			
Exempt under section	Print	HANLEY CENTER FOUNDAT				20 - 2871945  (E Unrelated business activity codes				
X 501(C)(3) 408(e) 220(e		Number, street, and room or suite no. If a P.O b 900 54TH STREET					ructions)			
408A			3340	•		9000	99			
at end of year 0,061,670.		exemption number (See instructions.)  corganization type   X 501(c) corporati	on I	501(c) trust	401(a) trust	<del></del>	Other trust			
		ary unrelated business activity INVEST			40 I(a) IIUSI		7 Other dast			
		oration a subsidiary in an affiliated group or a par				Yes	X No			
		cifying number of the parent corporation	5000		₽ ∟	00				
		OONNA CLARK		Telepho	ne number 🕨 5	61-8	41-1009			
Part I Unrelate	ed Trac	le or Business Income		(A) Income	(B) Expenses		(C) Net			
a Gross receipts or sa										
<b>b</b> Less returns and all		<b>c</b> Balance ▶	1c							
Cost of goods sold	•		2				· · · · · · · · · · · · · · · · · · ·			
Gross profit Subtra			3				<del></del>			
la Capital gain net inco	•	•	4a		<del></del>		<del></del>			
<ul> <li>Net gain (loss) (For c Capital loss deducti</li> </ul>		art II, line 17) (attach Form 4797)	4b 4c				<del></del>			
•		iss ips and S corporations (attach statement)	5	3,014.	STMT 1		3,014.			
Rent income (Schei		and o corporations (attach statement)	6		~ ~ ~ ~ +					
Unrelated debt-finar	•	ne (Schedule E)	7							
		nd rents from controlled organizations (Sch. F)	8							
		in 501(c)(7), (9), or (17) organization (Schedule (	i) 9							
Exploited exempt ac			10							
Advertising income	(Schedule	: J)	11							
Other income (See i		•	12							
Total. Combine line			13	3,014.			3,014.			
		ot Taken Elsewhere (See instructions utions, deductions must be directly connect			income)					
Compensation of c	fficers, di	ectors, and trustees (Schedule K)				14				
Salaries and wages			-			15				
Repairs and mainte	enance	I_RECE	:11/1-	F		16				
Bad debts		1.	IVE	ן ט		17				
Interest (attach sci		RECE DEC 2 5	_	<u> ၂</u> ပ္စု		18				
Taxes and licenses		1 2 2 2 3	2016	0000		19				
	•					20				
Depreciation (attack Less depreciation		n Schedule A and elsewhere on return	1.117	21 22a		22b				
B Depletion	Janiica VI	Tourisdate A and discurred on fetering	201			23				
Contributions to di	ferred co	mpensation plans				24				
Employee benefit p						25				
Excess exempt exp	_	chedule I)				26				
Excess readership	costs (Sc	hedule J)				27	<del>_</del>			
Other deductions (	attach sch	edule)				28				
Total deduction						29	0.			
		ncome before net operating loss deduction. Subtr	act line 29	9 from line 13		30	3,014.			
		(limited to the amount on line 30)		••		31	3 014			
		ncome before specific deduction. Subtract line 31		30		32	3,014.			
		/ \$1,000, but see line 33 instructions for exceptio		than line 22 anter the	aller of zero or	33	1,000.			
	S IBXBDIE	income. Subtract line 33 from line 32. If line 33 i	2 Arcaret	man line 32, enter the SM	מווכו טו גפוט טו	34	2,014.			
line 22						J4				
line 32 3701 -06-16 LHA For Pa	Derwork	Reduction Act Notice, see instructions.		0,6			Form <b>990-T</b> (2015)			

Form 990-T	(2015) HANLEY CENTER FOUNDATION, INC. 20-28	71945	<u> </u>		Page 2
Part II	Tax Computation			-	
	Organizations Taxable as Corporations. See instructions for tax computation.	Til			
	Controlled group members (sections 1561 and 1563) check here  See instructions and:	1 1			
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1)  \$   (2)  \$   (3)  \$	1 1			
		1 1			
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	1 1			
	(2) Additional 3% tax (not more than \$100,000)	1 1		_	
C	Income tax on the amount on line 34	35c		3	02.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:	1 1			
	Tax rate schedule or Schedule D (Form 1041)	36			
37	Proxy tax. See instructions	37			
	Alternative minimum tax	38			
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39		3	02.
		1 33 1			02.
Part IV					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	4			
b	Other credits (see instructions)				
C	General business credit. Attach Form 3800 40c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	7 !			
	Total credits. Add lines 40a through 40d	40e			
	Subtract line 40e from line 39	41		3	02.
		-			02.
	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)			_	~~
43	Total tax. Add lines 41 and 42	43		_ <u>_3</u>	02.
44 a	Payments: A 2014 overpayment credited to 2015				
b	2015 estimated tax payments	1			
C	Tax deposited with Form 8868	7			
	Foreign organizations: Tax paid or withheld at source (see instructions)  446	7			
	· · · · · · · · · · · · · · · · · · ·	- 1			
		-			
	Credit for small employer health insurance premiums (Attach Form 8941)	-			
g	Other credits and payments: Form 2439				
(	Form 4136 Other Total <b>\Delta 44g</b>	_			
45	Total payments, Add lines 44a through 44g	45			
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	46			
47	Tax due If line 45 is less than the total of lines 43 and 46, enter amount owed STATEMENT 2	47	<del></del>	3	02.
	Overpayment If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48			
	Enter the amount of line 48 you want; Credited to 2016 estimated tax	49			
	Statements Regarding Certain Activities and Other Information (see instructions)	1 49 1			
Part V			<del> </del>	:	
	y time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial a	,	ink,	Yes	No
secu	rities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Fin	iancial			ĺ
Acco	unts If YES, enter the name of the foreign country here			_ {	X
2 During	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  see instructions for other forms the organization may have to file				X
	the amount of tax-exempt interest received or accrued during the tax year >\$		Ī		
	ule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A				
$\overline{}$	atory at beginning of year 1 6 Inventory at end of year	7 6			—
	· • • · · · · · · · · · · · · · · · · ·	<del>  "  </del>			
	hases 2 7 Cost of goods sold. Subtract line 6	1 _ 1			
3 Cost	of labor 3 from line 5. Enter here and in Part I, line 2	7			
4a Additi	onal section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to			Yes	No
b Othe	r costs (attach schedule) 4b property produced or acquired for resale) apply to				
5 Tota	I. Add lines 1 through 4b 5 the organization?		ľ		1
	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kr	nowledge and	d belief, it is t	rue,	
Sign	correct, and complete Declaration of preparer (other than theyer) is based on all information of which preparer has any knowledge				
Here	A CHATRMAN	-	discuss this		with
,,,,,			shown below	·	٦
	Signature of officer Daye Title	instructions)	? X Yes		No
	Print/Type preparer's name Preparer's signature Date / Check	if PTIN			
Paid	12/19/16 self- employe	d			
	MARC A GRACE		17866	549	
Prepai	E VEELE MCCHITOHOUS CO IID CD 3 'C C CO		-1363		2
Use O	6550 N FEDERAL HIGHWAY, SUITE 410				<del>-</del>
	Firm's address FT. LAUDERDALE, FL 33308 Phone no.	9547	771_0	206	
		JJ4-1	Form 99		(00:5:
523711 01-I	7616		rorm MM	.,-!/	ンロフちり

Form 990-T (2015) HANLEY Schedule C - Rent Inco	CENT	ER FOU	INDAT	ION,	INC.	Dranari		20-28'			Page 3
1. Description of property	ome (Fr	om near	Prope	rty and	<u>i Personai</u>	Propert	y Leas	ed with Real Pr	oper	Ty)(see man denons	<del>''</del>
					<u> </u>						
(1)		<del></del>		<del></del> -	<del></del>			·			
(2)							<del></del>	<del></del>		·· <del>···</del>	
(4)		,									
	2	Rent receive	d or accru	ed				T			
(a) From personal property (i rent for personal property 10% but not more the	is more that	tage of	(b)	of rent for p	nd personal proper ersonal property ex t is based on profit	xceeds 50% o	entage or if			ected with the income in ) (attach schedule)	1
(1)									-		
(2)											
(3)											
(4)											
Total		0.	Total				0.				
(c) Total income Add totals of co here and on page 1, Part I, line 6,	column (A)	)	<b>&gt;</b>				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated	Debt-	Financed	Incom	1 <b>e</b> (see	instructions)						
					2. Gross in	come from	ļ	<ol> <li>Deductions directly control to debt-final</li> </ol>			
1. Description of	debt-financ	ed property			or allocabl financed	le to debt-	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	<u> </u>
(1)	<del></del>			<del></del>							
(2)									$\dashv$		
(3)								<del> </del>			
(4)	_					*-					
4 Amount of average acquisition debt on or allocable to debt-financi property (attach schedule)	debt on or allocable to debt-financed of or property (attach schedule) debt-fin		ge adjusted basis or allocable to nanced property ach schedule)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8, Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)						%					
(2)						%					
(3)						%			$\bot$		
(4)						%		··-·			
								nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	3)
		4-4 1	0			1			2.	<u></u>	<u> </u>
Schodulo E Interest	ions includ	ed in column	8	ad Dor	te From C	ontrollo	d Orac	nizationa /	<u> </u>		0.
Scriedule P - Interest, A	Amunite	55, noyan	.ies, ai					inzations (see ins	structi	ions)	——
1. Name of controlled organizati	on	2. Employer ide numb		Net ur	3. strelated income see instructions)	Total o	4. If specified ents made	5. Part of column 4 included in the control organization's gross in	olling [	6. Deductions direct connected with incolumn 5	
otals  Total dividends-received deductions  Chedule F - Interest, Ann  1. Name of controlled organization						<u> </u>					
(1)						L					
(2)				<u> </u>	·	<u> </u>					
(3)		<del> </del>		<del> </del>		<del>                                     </del>			∤	<del> </del>	
(4)		<u> </u>				<u> </u>					
Nonexempt Controlled Organiz		unrelated income	(loss)	0.7-			10 D-+-4	- North Control of the Control of th			
7. Taxable Income		unrelated income see instructions)		9. 10	tal of specified pay made	ments	in the con	column 9 that is included trolling organization's gross income		Deductions directly conn oth income in column 10	
(1)								·			
(2)											
(3)											
(4)											
							Enter here	olumns 5 and 10 and on page 1, Part I, 8 8, column (A).		Add columns 6 and 11 r here and on page 1, Pa line 8, column (B).	rt I,
Tabala										(	Λ
Totals 523721 01-06-16					<del></del>	<u> </u>		0.		Form 990-T (	2015)
343141 U1*U0-10										1 0/111 330-1 (	انانے

		Section 5	501(c)(7	'), (9), or (17) Or	ganiza	tion	20 2072		_ rayu .
1. Desc	2. Gross unrelated business income from trade or business income income from trade or business income		2. Amount of income	directly	ductions connected schedule)	4. Set-asid		asides	
(1)								<del></del>	
(2)							·		
(3)									
					· · ·		_	<del></del> -	
(4)				Enter here and on page 1,				Enter here and	
				Part I, line 9, column (A)				Part I, line 9, co	olumn (B)
Totals			▶	0.					0.
Schedule I - Exploited (see instru		Income	Other	Than Advertisi	ng Inco	ome			
		3 5		4. Net income (loss)				7 5	
1 Description of exploited activity	unrelated business income from	directly con with produ of unrela	nected iction ted	from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	related trade or ses (column 2 from activity that column 3) If a second propute cols 5 second propute cols 5		6. Expense attributable column 5	to 6 minus col	column lumn 5, re than
(1)	<del> </del>				<del></del>	-		<del></del>	
			-						
(2)									
(3)				· · · · · · · · · · · · · · · · · · ·					_
(4)									
	page 1, Part I, line 10, col (A)	page 1, P	art I, I (B)					Enter here on page Part II, fin	9 1, n <del>o</del> 26
Totals			0.	·					0.
	ng Income (see i	nstructions)							
Part I Income From	Periodicals Rep	orted on	a Cons	solidated Basis	_				_
1. Name of periodical	advertising		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		rculation come	6 Readershi costs	7. Excess rea costs (column 5, but r than colum	6 minus not more
(1)								1	
(2)				7					
(3)				7					
(4)				┪		-			
(+)				<del>                                     </del>	+			<del></del>	
Totals (carry to Part II, line (5))			O.		2005 - 200	dia al linta	Lun Doub II fill		0.
			а Эера	Tate Dasis (For e	each perio	ooicai iisted	ı in Part II, IIII	ın	
1. Name of periodical	advertising		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, comput cols 5 through 7		rculation come	6. Readershi costs	7. Excess real costs (column 5, but real than column	6 minus not more
(1)						_			
(2)					1				
(3)					T				
(4)		<del></del>			+				
Totals from Part I		0.	0.	<del> </del>		1		<del></del>	0.
Totals Hom Fait I				4				Enter here	
Table Death (less 4.5)	page 1, Part I, line 11, col. (A)	page line 11	, col (B)					on page Part II, line	1, 27
Totals, Part II (lines 1-5)			0.		Inot	/20		<u> </u>	<u> </u>
Schedule K - Compens	Sation of Officer	s, Direct	ors, an	a Trustees (see	Instructio				
1. N	lame			2. Title		3. Percen time devote busines	ed to	Compensation attributat to unrelated business	ole
(1)							%		
(2)							%		
(3)			•				%	<del></del>	
(4)						<del>                                     </del>	%		
Total. Enter here and on page 1, F	Part II line 14					<u></u>		<del></del>	0.
Total, Litter Here and On page 1, F	urri, into 17			<del></del>			<u> </u>	Form 990-	_

523731 01-06-16

FORM 990-T	INCOME (LOSS) FF AND S CORE		SHIP	S			STA'	PEMENT	1
DESCRIPTION							i	AMOUNT	
	DISTRESSED OPPORT SMALL COMPANY BUY D 1, LP							-1,4 5,1 -7	
TOTAL TO FORM 99	O-T, PAGE 1, LINE	5						3,0	14.
FORM 990-T	INTEREST	r and penal	TIES				STA	rement	2
TAX FROM FORM 9: LATE PAYMENT I	INTEREST							3	02. 2. 3.
TOTAL AMOUNT DU	Ξ							3	07.
FORM 990-T	LATE	E PAYMENT I	NTERI	EST			STA'	TEMENT	3
DESCRIPTION	DATE	AMOUNT	BAI	LANCE	RAT	Έ	DAYS	INTERE	ST
TAX DUE DATE FILED	11/15/16 12/31/16	302.		302. 304.	.04	00	46		2.
TOTAL LATE PAYMEN	NT INTEREST								2.
FORM 990-T	LATE	PAYMENT PE	NALT	Y			STA	PEMENT	4
DESCRIPTION	DATE	ATE AMOUNT		BALANCE	МО		NTHS	PENALTY	
TAX DUE DATE FILED	11/15/16 12/31/16		02.		02.		2		3.