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Solic N 3 196 2006 20								D Emp (Emp	loyer identification number ployees' trust, see
Head		B Exempt under section	Print	HANLEY CENTER FOUNDATI	ON,	INC.		_ 2	0-2871945
Addie			1	Number, street, and room or suite no. If a P.O. bo	x, see II	nstructions.			
Styles WEST PAIM BEACH, FL 33407 900099	1		Type					,	,
Describe the organization's primary unrelated business activity. TNVESTMENTS								900	099
10, 051, 670. Ig Check organization type ▶ IX 501(c) copporation 501(c) trust 401(a) trust John trust		at end of year							
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Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			ferred co	mpensation plans RECEIVED	7				
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Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				· · · · · · · · · · · · · · · · · · ·		€ 30			
line 32 2,014.								33	1,000.
			taxable	income Subtract line 33 from line 32. If line 33 is	greater	tnan line 32, enter the sma	aller of zero or	0.4	2 014
			narwork	Reduction Act Notice see instructions				/ 34	Form 990-T (2015)

Form **990-T** (2015)

Form 990-T	(2015) HANLEY CENTER FOUNDATION, INC.	20-287	71945	Page 2
Part II				
	Organizations Taxable as Corporations. See instructions for tax computation.		T	
	Controlled group members (sections 1561 and 1563) check here See instructions and:			
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	f_{i} f_{i} f_{i} f_{i} f_{i} f_{i} f_{i} f_{i} f_{i}			
	(1) \$ (2) \$ (3) \$			
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			
C	Income tax on the amount on line 34	>	35c	302.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from	om;		
	Tax rate schedule or Schedule D (Form 1041)	•	36	
97	Proxy tax. See instructions		37	
	·			
	Alternative minimum tax		38	
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39	302.
Part I\	V Tax and Payments		·	
40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a]	
b	Other credits (see instructions) 40b]	
	General business credit. Attach Form 3800 40c]	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		1	
	· · · · · · · · · · · · · · · · · · ·		1,00	
	Total credits Add lines 40a through 40d		40e	202
	Subtract line 40e from line 39		41	302.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Oth	IEF (attach schedule)	42	
43	Total tax. Add lines 41 and 42		43	302.
44 a	Payments: A 2014 overpayment credited to 2015		<u>}</u>	
b	2015 estimated tax payments 44b		7	
	Tax deposited with Form 8868 44c		1	
			1	
	,		-{	
	Backup withholding (see instructions) 44e		-	
f	Credit for small employer health insurance premiums (Attach Form 8941)	 	4	
g	Other credits and payments: Form 2439			
	☐ Form 4136 ☐ Other ☐ Total ► 44g]	
45	Total payments. Add lines 44a through 44g		45	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		46	<u> </u>
	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed STATEMENT	2	47	302.
	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount overpaid		48	302.
		Defended .		· · · · · · · · · · · · · · · · · · ·
	Enter the amount of line 48 you want: Credited to 2016 estimated tax Statements Regarding Certain Activities and Other Information (see ins	Refunded >	49	· · · · · · · · · · · · · · · · · · ·
Part V				
	ny time during the 2015 calendar year, did the organization have an interest in or a signature or other authority			Yes No
secu	urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of For	eign Bank and Fina	ıncıal	
Acco	ounts. If YES, enter the name of the foreign country here 🕨			_
2 Durir	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see instructions for other forms the organization may have to file	• •	•	X
	er the amount of tax-exempt interest received or accrued during the tax year > \$			
	lule A - Cost of Goods Sold. Enter method of inventory valuation N/A			
				
1 Inve	entory at beginning of year 1 6 Inventory at end of year		6	
2 Puro	chases 2 7 Cost of goods sold. Subtract line 6			
3 Cos	st of labor 3 from line 5. Enter here and in Part I	, line 2	7	
4a Addi	itional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with	respect to		Yes No
	er costs (attach schedule) 4b property produced or acquired for	resale) apply to		
	al. Add lines 1 through 4b 5 the organization?	, , , , ,		
5 Tota	Linder conclude of partiry. I declare that I have examined this return, including accompanying schedules and statements are	to the best of my kno	wledge and belief	f, it is true.
Sign	correct, and complete Declaration of preparer (other than axpayer) is based on all information of which preparer has any kno	wledge		
-			lay the IRS discus	
Here	CHAIRMAN CHAIRMAN		ne preparer shown	- — I
	Signature of officer Date Title	ır	structions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check	If PTIN	
De: d	000	self- employed		
Paid	MARC A. GRACE		I	86649
Prepa	THE COLUMN NEEDER MOCHILIONOUS CO. LID. C.D.A.	S Firm's EIN ►		363792
Use C		I IIIII S EIN	J J - 1	JUJ134
	6550 N FEDERAL HIGHWAY, SUITE 410) E A 17 17 14	0000
	Firm's address ► FT. LAUDERDALE, FL 33308	Phone no.	<u> 954-771</u>	
			Eorn	n 990-T (2015)

	edule C - Rent Inco						Propert	y Leas	ed With Real P		
1. Des	cription of property										
(1)											
(2)											<u>-</u>
(3)											
(4)											
		2.	Rent receiv	ed or accrue				•	0/0)		
	(a) From personal property (if rent for personal property 10% but not more th	is more than	age of	(b) F	frent for pe	nd personal propert ersonal property exc t is based on profit	ceeds 50% (entage or if	columns 2(a	a) and 2(1	nected with the income in b) (attach schedule)
(1)	_										
(2)											
(3)	_										
(4)											
Total			0.	Total				0.	 /b) Total deductions		
here a	al income. Add totals of col nd on page 1, Part I, line 6, c	column (A)		•				0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)	1, .	0.
Sche	edule E - Unrelated	Debt-I	rinanced	Incom	e (see i	instructions)			0 0 1 1 1 1 1 1		
						2. Gross inc			 Deductions directly to debt-fir 		
	1. Description of	debt-finance	ed property			or allocable financed p		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)											
(2)											
(3)			. '			7					
(4)	_										
de	Amount of average acquisition but on or allocable to debt-finance property (attach schedule)	ed	of or a debt-fina	adjusted ba allocable to nced proper n schedule)		6 Column 4 by colum			7. Gross income reportable (column 2 x column 6)		8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)							9	6			
(2)							9	6			· · · · · · · · · · · · · · · · · · ·
(3)	·				_			6			
(4)						<u> </u>	9	6			
									nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Total			ta di sa salawa	- 0				▶		0.	<u> </u>
Sch	<u>dividends-received deduct</u> edule F - Interest, <i>F</i>	ions includ	ed in columi	tios ar	od Ber	te From Co	ontrolle	d Orga	nizations (see)	netrue	
3011	caule i - iliterest, A	- Till Gitte	-3, 110ya	ties, ai		t Controlled O			THEORIGING (See II	13000	110/13/
	1. Name of controlled organizat	ion	Employer id	entification	Net ur	3. nrelated income see instructions)	Total	4. of specified tents made	5 Part of column included in the conorganization's gross	strolling	6 Deductions directly connected with income in column 5
(1)			 			·					
(2)	-				-	-	-				
(3)											
(4)											
	xempt Controlled Organiz	zations									
	7 Taxable Income		unrelated incon see instructions		9 . To	otal of specified paye made	ments	in the cor	column 9 that is included atrolling organization's gross income		Deductions directly connected with income in column 10
(1)											
(2)										$oxedsymbol{oxedsymbol{oxedsymbol{eta}}}$	
(3)											
(4)										<u> </u>	
								Enter here	columns 5 and 10 e and on page 1, Part I, e 8, column (A)	Ente	Add columns 6 and 11 er here and on page 1, Part I, line 8, column (B)
Totala	,								0.		0.
<u>Totals</u>											Form 000 T (0015)

Form 990-T (2015) HANLE	Y CEI	NTER FO	UNDATI	ON,	INC.		2	0-287194	5 Page
Schedule G - Investm	ent Ind	come of a				ganizat			
(see ins	structions	s)				3. Ded	uctions		5. Total deductions
1 Des	scription of	income		ļ	2. Amount of income	directly o	onnected schedule)	 Set-asides (attach schedule) 	and set-asides (col 3 plus col 4)
(1)					-	(=:::2::::			(cor o pias cor 4)
(2)			 						
(3)						 -	- 1	·	
(4)					* '				
					Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1
					Parti, iiile 9, coldinii (A)				Part I, line 9, column (B)
Totals				▶	0.				0.
Schedule I - Exploited (see inst	d Exemiructions)	-	Income,	Other	Than Advertisi	ng Inco	me		
Description of exploited activity	unrel	2 Gross ated business come from e or business	3. Expendirectly confusion with production of unrelations in the second confusion of the second confus	nected iction ted	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross from act is not ui business	vity that hrelated	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		-							
(2)	-	-							
(2)	+								1
(4)	*	-			-				
	pa pa	er here and on age 1, Part I, o 10, col (A)	Enter here a page 1, P line 10, co	art I,					Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.		0.					0.
Schedule J - Advertis									
Part I Income From	Perio	dicals Rep	orted on	a Con	solidated Basis				
						,			
1 Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)						<u> </u>		<u></u>	
Totals (carry to Part II, line (5))			0.	n				:	0.
Part II Income From	Perio	dicals Rep	orted on	a Sep	arate Basis (For e	ach perio	dical listed i	n Part II, fill in	
columns 2 throug									
1. Name of periodical		2. Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		rculation come	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)						<u> </u>			
Totals from Part I	>		0.		•				0.
		Enter here and a page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, 1, col (B)				į	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) Schedule K - Compe	▶		0.	Ors a		instructio	ne)		0.
Scriedule K - Compe	เเอสแบ	ii oi Oilice	is, Direct	.UIS, al	ilu ilustees (see	matructio	3. Percent	of 4 or	annation attributes.
1.	Name				2. Title		time devoted business	* - 4. Comp	ensation attributable related business
(1)				ļ				%	
(2)				ļ				%	
(3)								%	

523731 01-06-16

Form **990-T** (2015)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	INCOME (LOSS) FR AND S CORP		HIPS		STA	TEMENT	
DESCRIPTION					i	AMOUNT	
	DISTRESSED OPPORT SMALL COMPANY BUY) 1, LP					-1,4 5,1 -7	
TOTAL TO FORM 990	-T, PAGE 1, LINE	5				3,0	14.
FORM 990-T	INTEREST	AND PENALT	IES		STA'	TEMENT	2
TAX FROM FORM 99 LATE PAYMENT I LATE PAYMENT F	INTEREST					3	02. 2. 3.
TOTAL AMOUNT DUE	6					3	07.
				· 			
FORM 990-T	LATE	PAYMENT IN	TEREST		STA	TEMENT	3
		PAYMENT IN	TEREST BALANCE	RATE		TEMENT INTERE	
DESCRIPTION TAX DUE					DAYS	INTERE	
DESCRIPTION TAX DUE DATE FILED	DATE 11/15/16 12/31/16	AMOUNT	BALANCE 302.		DAYS	INTERE	ST
DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMEN	DATE 11/15/16 12/31/16 NT INTEREST	AMOUNT	302. 304.		DAYS 46	INTERE	ST 2.
DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMEN FORM 990-T	DATE 11/15/16 12/31/16 NT INTEREST	AMOUNT 302.	302. 304.	.0400	DAYS 46	INTERE	2. 2.
FORM 990-T DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMEN FORM 990-T DESCRIPTION TAX DUE DATE FILED	DATE 11/15/16 12/31/16 NT INTEREST LATE	AMOUNT 302. PAYMENT PEN AMOUNT 30	BALANCE 302. 304. ALTY BALANCE	.0400	DAYS 46	INTERE	2. 2.