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Form 990-T	E	Exempt Organization (and proxy tax	Bus c unde	ine er se	ss Income Ta	ax Return		-			
	For ca	lendar year 2019 or other tax year beginning JUI				30, 2020	o   <b>2019</b>	^			
Department of the Treasury Internal Revenue Sor໌vໂce		Go to www.irs.gov/Form990 Do not enter SSN numbers on this form as	T for ins	truction	ons and the latest informa	tion	Open to Public Inspection for 501(c)(3) Organizations Only	or V			
A Check box if address changed					and see instructions.)		Employer identification number (Employees' trust, see instructions)	e			
B Exempt under section  Sol(cj)3 )	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions.    E Unrelated business activity code (See instructions)									
408(e) 220(e) 408A 530(a) 529(a)		City or town, state or province, country, an WEST PALM BEACH, FI	d ZIP or		n postal code		900099	-			
C Book value of all assets at end of year		F Group exemption number (See instruction		<u> </u>				<u> </u>			
<u> 13,156,1</u>		G Check organization type ► X 501		-		401(a) t		_4:			
		ation's unrelated trades or businesses.		1	<del>·                                      </del>	ie only (or first) unr		(			
trade or business here						omplete Parts I-V. I					
describe the first in the b	lank spa	ace at the end of the previous sentence, com	plete Par	rts I ar	id II, complete a Schedule I	M for each additions	al trade or				
	the corp	poration a subsidiary in an affiliated group or		t-subs	idiary controlled group?	▶ □	Yes X No	_			
		tifying number of the parent corporation.			Telephor	ne number 🕨 5	61-268-2356	_			
J The books are in care of Part I Unrelate		de or Business Income			(A) Income	(B) Expenses	(C) Net	_			
l		de or Busiliess income	T		(A) IIICOIIIC	(b) Expenses		<b>&gt;</b>			
1a Gross receipts or sale		- Polono		1.							
b Less returns and allo		c Balance		1c 2			<del></del>	_			
2 Cost of goods sold (S			ŀ	3			<del></del>	_			
3 Gross profit. Subtrac			<u> </u>		5,905.		5,905	_			
4a Capital gain net incor			ŀ	4a 4b	3,303.		7 3,703	•			
Net gain (loss) (Form		Part II, line 17) (attach Form 4797)	H		1		<del></del>	_			
c Capital loss deduction			F	4c 5	-3,919.	STMT 1	-3,919	_			
3 Income (1033) nom a	•	ship or an S corporation (attach statement)	F		-3,313.	SPM1 1	<u> </u>	<u>•</u>			
Rent income (Scried)		(Cabadula E)	ŀ	6			<del></del>	_			
> / Unrelated debt-finance			}	7				_			
Interest, annuities, ro		and rents from a controlled organization (Scho	· · · · ·	8				_			
		on 501(c)(7), (9), or (17) organization (Sche	auie G)	9			·	_			
10 Exploited exempt act			ŀ	10				_			
11 Advertising income (		•	}	11_							
12 Other income (See in			ŀ	12	1 006		1 006	_			
Part II Deduction	3 throu	igh 12 <b>ot Taken Elsewhere</b> (See instruct		13	1,986.		1,986	<u>•</u>			
Part II Deduction (Deductions	must	be directly connected with the unrelate	d busin	ess ir	ations on deductions )			_			
14 Compensation of of	ficers, d	rectors, and trustees (Schedule K)	F			1	14	_			
15 Salaries and wages		,	ì	RE	ECEIVED	1	15	_			
15 Salaries and wages 16 Repairs and maintei	nance	.*	٦٣٦		1-1		16	_			
17 Bad debts		,	C100	AAA	R 22 2021	_	17	_			
	edule) (s	see instructions)	ပြ	1917-	IN DE COCI	-	18	_			
18 Interest (attach school 19 Taxes and licenses			-	~	TOTAL TIT	_	19	_			
20 Depreciation (attach	Form 4	562)		$\mathcal{O}($	SDEN, UJ						
•		n Schedule A and elsewhere on return			21a	_	21b	_			
22 Depletion							22	_			
	erred co	ompénsation plans					23	_			
24 Employee benefit pr		<i>*</i>					24	_			
25 Excess exempt expe							25	_			
26 Excess readership of							26	_			
27 Other deductions (3	ftach sc	hedule)					27	_			
28 Total deductions A							28 0				
		income before net operating loss deduction.	Subtract	t line 2	8 from line 13		29 1,986	<u>•</u>			
		loss arising in tax years beginning on or after									
(see instructions)	-	- · · · · · · · · · · · ·			SEE STATE	MENT 2	30 1,986	<u>.</u> /			
<b>/</b> `	taxable	income. Subtract line 30 from line 29					31 0	$\dot{a}$			
		rwork Reduction Act Notice, see instruction	18.				Form <b>990-T</b> (201	9) Ŭ			
11120223 75782	9 G1	2019.05	060	4.4 HAI	4 NLEY CENTER :	FOUNDATIC	ON, I G11236_1	137			

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	1900-T (2019) HANLEY CENTER FOUNDATION, IN	C			20-28	371945 Page 2				
Part	1				T T					
	Total of unrelated business taxable income computed from all unrelated tra	$(C_1, (V_1))$	instructions)		32	0.				
33	Amounts paid for disallowed fringes	1)WW \			33	0.				
34	Charitable contributions (see instructions for limitation rules)									
	Total unrelated business taxable income before pre-2018 NOLs and specifi			lines 32 and 33	35					
36	Deduction for net operating loss arising in tax years beginning before Janu	ary 1, 2018 (see instruc	tions)		36					
37	Total of unrelated business taxable income before specific deduction. Subt	ract line 36 from line 35			37					
38	Specific deduction (Generally \$1,000, but see line 38 instructions for excep	otions)			38<	1,000.				
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 3	38 is greater than line 37	,							
	enter the smaller of zero or line 37				39	<u> </u>				
	rt IV Tax Computation				, , , , , , , , , , , , , , , , , , ,					
	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)			<b>•</b>	40	0.				
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Incor	me tax on the amount on	line 39 from:							
	Tax rate schedule or Schedule D (Form 1041)				41					
	Proxy tax. See instructions				42					
1 .	Alternative minimum tax (trusts only)				43					
	Tax on Noncompliant Facility Income. See instructions				44					
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies				45	0.				
Part	<del></del>		, ,		<u>,                                    </u>					
46a '	a <sup>*</sup> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1110	6)	46a		<u> </u>					
b	Other credits (see instructions)		46b		1					
C	General business credit. Attach Form 3800		46c		1					
đ	d Credit for prior year minimum tax (attach Form 8801 or 8827)		46d		]					
е	e Total credits. Add lines 46a through 46d				46e					
47	Subtract line 46e from line 45				47	0.				
48	Other taxes. Check if from: Form 4255 Form 8611 Fo	rm 8697 🔲 Form 88	66 🔲 Other (	attach schedule)	48					
49	Total tax. Add lines 47 and 48 (see instructions)				49	0.				
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, col	umn (k), line 3			50	0.				
51 a	a Payments: A 2018 overpayment credited to 2019	(or	.518	1,000.	<u> </u>					
b	b 2019 estimated tax payments	· ·	51b		]					
C	c Tax deposited with Form 8868		51c							
d	d Foreign organizations: Tax paid or withheld at source (see instructions)		51d		]					
	e Backup withholding (see instructions)		51e							
f	f Credit for small employer health insurance premiums (attach Form 8941)		51f							
g	g Other credits, adjustments, and payments: Form 2439									
_	Form 4136 Other	Total ▶	51g		] .					
52	Total payments. Add lines 51a through 51g				52	1,000.				
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached				53					
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amou	nt owed		<b>&gt;</b>	54					
55 /	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter	er amount overpaid			55	1,000.				
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax			unded	5,6	0.				
Part	rt VI Statements Regarding Certain Activities and	Other Information	on (see instruc	ctions)						
57	At any time during the 2019 calendar year, did the organization have an int	erest in or a signature or	r other authority			Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If	"Yes," the organization r	nay have to file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"	enter the name of the fo	reign country							
	here					X				
58	During the tax year, did the organization receive a distribution from, or was	it the grantor of, or tran	isferor to, a foreig	n trust?		x				
	If "Yes," see instructions for other forms the organization may have to file.									
59										
	Under penelties of perjury, I declare that I have examined this return, including accorrect, and complete. Declaration of preparer (other than taxpayer) is based on a	companying schedules and s	statements, and to t	he best of my kno	wledge and beli	af, it is true,				
Sign		CHIEF	EXECUTIV	F: =	ay the IRS disci	iss this return with				
Here	e   1 / 124 Am   3/10/2	OFFICER	₹		e preparer show					
	Signature of officer Date	Title		ın	structions)?	Yes No				
	Print/Type preparer's name Preparer's signature	e Da	te	Checki	f PTIN					
Paid	id			self- employed						
	PARC A. GRACE MARC A. G	RACE 02	2/23/21			86649				
-	e Only Firm's name ► KEEFE, MCCULLOUGH & C		P.A.'S	Fırm's EIN ▶	59-1	363792				
<b>-</b> 36	6550 N FEDERAL HIGH									
	Firm's address ▶ FT. LAUDERDALE, FL			Phone no. 9	<u>54-771</u>	<u>0896</u>				
923711	1 01-27-20		·		For	m <b>990-T</b> (2019)				

Schedule A - Cost of Good	<b>s Sold.</b> Enter n	nethod of inver	tory v	aluation N/A		-		
1 Inventory at beginning of year	1		6	Inventory at end of year	ar —			
2 Purchases	2	7 Cost of goods sold. Sub				ine 6		
3 Cost of labor	3		7	from line 5. Enter here	Part I,			
4a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No
b Other costs (attach schedule)	4b	_	]	property produced or	acquired	for resale) apply to		
5 Total Add lines 1 through 4b	5		]	the organization?				
Schedule C - Rent Income (see instructions)	(From Real F	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y) 
1. Description of property								
(1)								
(2)				-				
(3)								
(4)								
	2. Rent received					0/->		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) an	conne id 2(b) (	cted with the income in attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er ▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)				
			2	. Gross income from		3 Deductions directly cont to debt-finance		
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)				· · · · · · · · · · · · · · · · · · ·				
(2)						<del>-</del>		
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or alle	djusted basis ocable to sed property schedule)	6	. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 8)		8 Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)	<del> </del>		1	%			$\top$	
(2)			1	<u></u> %				<u> </u>
(3)				%				<u> </u>
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		enter here and on page 1, Part I, line 7, column (B)
Totals				•		0		0.
Total dividends-received deductions in	cluded in column 8	3				<b>&gt;</b>		_ 0.

Form 990-T (2019)

Schedule F - Interest,	Annuities, Roya	ılties, an		From Controlled O			<u>atior</u>	1S (see ins	truction	ıs)
1. Name of controlled organiza	identii	nployer fication nber	3 Net unre	elated income instructions)	4. Tota	al of specified nents made	ınclud	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)						<u>.                                    </u>		<del></del>		
(2)										
(3)										
(4)			<del>_</del> ,		<u> </u>					
Nonexempt Controlled Organi	izations	т								
7. Taxable Income	8. Net unrelated inco- (see instruction		9. Total o	of specified pay made	ments	10 Part of colu- in the controll gross		nization's		eductions directly connected h income in column 10
(1)	<del> </del>		_							
(2)										
(3)							-			
(4)										
						Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					<b></b>			0.		0.
Schedule G - Investme (see inst	ent Income of a ructions)	Section	501(c)(7	7), (9), or	(17) Or	ganizatior	1			
1. Desc	arption of income			2. Amount of	income	3 Deduction directly connected (attach scheool)	ected	4. Set-		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
										5.1.1
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
<b>-</b>					_					
Totals Schedule I - Exploited	Exempt Activity	/ Income	e, Other	Than Ad	0.   vertisi	ng Income	•			1 0.
(see instru	uctions)									
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expidirectly converted with process of unrest	nnected duction lated	4 Net incomfrom unrelated business (cominus colum gain, comput through	trade or dumn 2 n 3) If a cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6 Exp attribut: colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Tatala	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Parti, col (B)							Enter here and on page 1, Part II, line 25
Totals ► Schedule J - Advertisi	ng Income (see	instructions	. 0.							<u> </u>
	Periodicals Rep			solidated	Basis					
1 Name of periodical	2. Gross advertising income		. Direct tising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ain, compute	5. Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(3)				4						
(4)				-		<del>                                     </del>	-			
Totals (carry to Part II, line (5))	<u> </u>	0.	0							0 . Form <b>990-T</b> (2019)

Form 990-T (2019) HANLEY CENTER FOUNDATION, INC. 20-28719

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	_▶	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)		0.	0.	-			0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	,	<b>&gt;</b>	0.

Form 990-T (2019)

FORM 990-T IN	COME (LOSS)	FROM P.	ARTNERSHIPS	STATEME	NT 1
DESCRIPTION				NET INC	
MA RESOURCES FUND 1, L.P. (LOSS)					-15.
PRIVATE ADVISORS SMALL COM BUSINESS INCOME (LOSS) PRIVATE ADVISORS SMALL COM				- 4	1,615.
REAL ESTATE INCOME PRIVATE ADVISORS SMALL COM					946.
INCOME PRIVATE ADVISORS SMALL COM PORTFOLIO INCOME (LOSS)	PANY BUYOUT	FUND -	OTHER		50. -14.
PRIVATE ADVISORS SMALL COM (LOSS)	PANY BUYOUT	FUND -	OTHER INCOME		-271.
TOTAL INCLUDED ON FORM 990	-T, PAGE 1,	LINE 5		-3	3,919.
FORM 990-T N	ET OPERATIN	IG LOSS	DEDUCTION	STATEMEN	T 2
TAX YEAR LOSS SUSTAINED	LOS PREVIC APPI	USLY	LOSS REMAINING	AVAILABI THIS YEA	
06/30/19 2,880.		0.	2,880.	2,	880.
NOL CARRYOVER AVAILABLE TH	IS YEAR		2,880.	2,	880.

## . ~, SCHEDULE D . (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

➤ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

➤ Go to www irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

HANLEY CENTER FOUN	DATION, INC.			20-	2871945
Did the corporation dispose of any investme		nity fund during the tax ve			Yes X No
If "Yes," attach Form 8949 and see its instru					, co (12) 110
Part I Short-Term Capital Ga				_	<del>-</del>
See instructions for how to figure the amounts	, , , , , , , , , , , , , , , , , , ,				
to enter on the lines below.	(d) Proceeds	(e) Cost	(0) Adjustments to gail or loss from Form(s) 894	9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	)	combine the result with column (g
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					
1b Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on		<del></del>			
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 from installment sales	from Form 6252, line 26 or 37	7	<u>,</u>	4	
5 Short-term capital gain or (loss) from like-kin	•			5	
6 Unused capital loss carryover (attach comput	ation)			6	(
7 Net short-term capital gain or (loss). Combin		h		7	
Part II Long-Term Capital Gai	ns and Losses (See	nstructions.)	<del></del>		
See instructions for how to figure the amounts to enter on the lines below.	(4)	(e)	(0) Administration		(h) Com on the on the one
This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894	Θ,	(f) Gain or (loss) Subtract column (e) from column (d) and
ound off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	,	combine the result with column (g
8a 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		_			
8b 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			<u> </u>		1,897.
11 Enter gain from Form 4797, line 7 or 9				11	4,008.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7	_	12_	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		n h		<u> 15</u>	<u>5,905</u> .
Part III   Summary of Parts I and			<del></del>		<del></del>
16 Enter excess of net short-term capital gain (lii			_	16_	
17 Net capital gain. Enter excess of net long-term			7)	_17_	5,905.
<b>18</b> Add lines 16 and 17. Enter here and on Form		oper line on other returns	L	<u> 18</u>	5,905.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		— <u> </u>	

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

HANLEY	CENTER	FOUNDATION.	INC

20-2871945

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute	e
tatement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by yo	our
proker and may even tell you which box to check	

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short term transactions,

see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	l loss if v	nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo., day, yr)	disposed of (Mo , day, yr)	(sales price)	basis See the Note below and see Column (e) in the instructions	column (f	(g), enter a code in ). See instructions. (g) Amount of adjustment	Subtract column (e) from column (d) & combine the result with column (g)
PRIVATE ADVISORS							
SMALL COMPANY				ļ			
BUYOUT FU							1,897.
		-					
			-				
			<del></del>				
					<u> </u>		
				-			
			-				-
	-		-	·-			
		· · · · · · · · · · · · · · · · · · ·		. –			
					_		
	<u> </u>						
					-	-	
				_			
				<u> </u>			
2 Totals. Add the amounts in colur negative amounts) Enter each to Schedule D, line 8b (if Box D above is checked), or line 10 (if Box D)	otal here and incl ove is checked),	ude on your Iine 9 (if Box E					1,897.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)