

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization HANLEY CENTER FOUNDATION, INC. D Employer identification number 20-2871945
E Telephone number 561-841-1027
G Gross receipts \$ 42,648,283.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.HANLEYFOUNDATION.ORG
K Form of organization: Corporation
L Year of formation: 2005
M State of legal domicile: FL

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here: ALLAN KATZ, CHIEF FINANCIAL OFFICER
Paid Preparer: TYLER JOHNSON, CITRIN COOPERMAN ADVISORS LLC
Firm's address: 6550 N. FEDERAL HIGHWAY, 4TH FLOOR FT. LAUDERDALE, FL 33308

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: HANLEY FOUNDATION IS DEDICATED TO BREAKING THE CYCLE OF ADDICTION THROUGH EVIDENCE-BASED PROGRAMS, FULFILLING OUR MISSION TO TRANSFORM THE FACE OF THIS DISEASE THROUGH PREVENTION, ADVOCACY, TREATMENT, AND RECOVERY SUPPORT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 30,246,472. including grants of \$ ) (Revenue \$ 22,499,854. ) HANLEY CENTER FOUNDATION IS A NONPROFIT CORPORATION ESTABLISHED IN APRIL 2005 WHOSE MISSION IS TO ELIMINATE ADDICTION THROUGH PREVENTION, ADVOCACY, TREATMENT, AND RECOVERY SUPPORT. IN DECEMBER 2023, THE FOUNDATION RE-ACQUIRED ORIGINS BEHAVIORAL HEALTHCARE, INCLUDING THE HANLEY CENTER IN WEST PALM BEACH. THE TWO KEY COMPONENTS OF THE BUSINESS ARE:

1. ORIGINS BEHAVIORAL HEALTHCARE (TREATMENT CENTER): ENCOMPASS PROGRAMS THAT OFFER AGE AND GENDER-SPECIFIC ADDICTION TREATMENT AS WELL AS A RESIDENTIAL PROGRAM SPECIFICALLY FOR MENTAL HEALTH TREATMENT. THE ORGANIZATION ALSO PROVIDES RESIDENTIAL AND OUTPATIENT TREATMENT AS WELL AS SPECIALIZED PROGRAMS FOR MEN, WOMEN, OLDER ADULTS, EXECUTIVES, AND

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 30,246,472.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included on line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ALLAN KATZ - 561-841-1027
933 45TH STREET, WEST PALM BEACH, FL 33407

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RACHEL DOCEKAL CHIEF EXECUTIVE OFFICER	50.00 0.00			X				423,246.	0.	55,282.
(2) RAJENDRASINH MANGROLA MEDICAL DIR./CHIEF MEDICAL OFFICER	40.00 0.00				X			321,226.	0.	18,451.
(3) TURNER BENOIT CHIEF PHILANTHROPY OFFICER	40.00 0.00			X				226,650.	0.	25,379.
(4) JENNIFER LEE CHIEF OPERATING OFFICER	40.00 0.00			X				212,179.	0.	20,153.
(5) DALE JOHN DYBEN CHIEF CLINICAL OFFICER	40.00 0.00			X				196,147.	0.	17,206.
(6) FRAN MARCONE FORMER VP OF PROFESSIONAL RELATIONS	40.00 0.00						X	178,149.	0.	16,613.
(7) BRAD FITCH VP OF PEOPLE	40.00 0.00			X				170,993.	0.	15,919.
(8) BARRY GOLDMAN VP OF INFORMATION TECHNOLOGY	40.00 0.00			X				160,175.	0.	19,253.
(9) MELISSA DISTEL FORMER NATIONAL VP OF PRO RELATIONS	40.00 0.00						X	162,112.	0.	16,420.
(10) LINDSEY WHITE CHIEF ADVANCEMENT OFFICER	40.00 0.00			X				160,362.	0.	17,467.
(11) CARA WEBSTER FORMER VP OF FINANCE	40.00 0.00						X	160,615.	0.	16,327.
(12) URSULA AVILUS DIRECTOR OF MEDICAL SERVICES	40.00 0.00				X			155,204.	0.	19,155.
(13) JOHN BRADFORD WILLIAMS FORMER EXECUTIVE DIRECTOR	40.00 0.00						X	164,474.	0.	8,511.
(14) THERESE O'CONNOR FORMER PROFESSIONAL RELATIONS OFFICE	40.00 0.00						X	159,668.	0.	9,347.
(15) HOLLY BLAZAR CORPORATE DIRECTOR OF REVENUE	40.00 0.00					X		145,647.	0.	16,132.
(16) MEGHAN BROOKS VP OF ADMISSIONS	40.00 0.00			X				139,160.	0.	15,409.
(17) STEVEN CANTERBURY CORPORATE DIR. OF FACILITY OPERATION	40.00 0.00					X		121,766.	0.	15,228.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LILLIAN DAVENPORT FORMER CHIEF FINANCIAL OFFICER	40.00 0.00						X	127,756.	0.	7,777.
(19) TIMOTHY PEARCE EXECUTIVE CHEF	40.00 0.00					X		118,533.	0.	15,604.
(20) SANDRA BETANCOURT CLINICAL DIRECTOR	40.00 0.00					X		128,591.	0.	4,434.
(21) STACY GROSSMAN SENIOR CLINICAL DIRECTOR	40.00 0.00					X		118,970.	0.	11,445.
(22) ALLISON JIMENEZ VP OF PROGRAM DEVELOPMENT	40.00 0.00			X				120,638.	0.	8,116.
(23) KAISHA THOMAS FORMER CHIEF CLINICAL OFFICER	40.00 0.00						X	111,780.	0.	7,947.
(24) MAUREEN SANDER VP OF BUSINESS DEVELOPMENT	40.00 0.00			X				106,876.	0.	8,912.
(25) ANGELO ASHEH CHIEF MEDICAL OFFICER	40.00 0.00			X				70,984.	0.	1,961.
(26) HEATHER HOWARD CHIEF OF STRATEGY	40.00 0.00			X				60,275.	0.	515.
<b>1b Subtotal</b>								4,222,176.	0.	388,963.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,222,176.	0.	388,963.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 31

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ADP LLC P.O. BOX 830272, PHILADELPHIA, PA 19182-0272	PAYROLL	20,055,008.
CAPITAL GROUP RETIREMENT PLAN SERVICES P.O. BOX 659530, SAN ANTONIO, TX 78265-9530	401K	1,308,631.
BANK UNITED P.O. BOX 2360, OMAHA, NE 38103-2360	CREDIT CARDS	1,057,585.
CHENEY ONE CHENEY WAY, RIVIERA BEACH, FL 33404	FOOD	748,511.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ALLAN KATZ CHIEF FINANCIAL OFFICER	40.00 0.00			X				0.	0.	0.
(28) CHARLES CHIP JAMES CHAIR	7.00 0.00	X		X				0.	0.	0.
(29) MICHAEL J. HANLEY VICE CHAIR	7.00 0.00	X		X				0.	0.	0.
(30) SCOTT HOLLINGSWORTH SECRETARY	7.00 0.00	X		X				0.	0.	0.
(31) GERARD A. ARSENAULT DIRECTOR	7.00 0.00	X						0.	0.	0.
(32) LYANNE AZQUETA DIRECTOR	7.00 0.00	X						0.	0.	0.
(33) NANCY CARABOOLAD DIRECTOR	7.00 0.00	X						0.	0.	0.
(34) MARGUERITE CONNELLY DIRECTOR	7.00 0.00	X						0.	0.	0.
(35) ANDREW FORSYTH DIRECTOR	7.00 0.00	X						0.	0.	0.
(36) DAVID GANEK DIRECTOR	7.00 0.00	X						0.	0.	0.
(37) ERICA GARWOOD DIRECTOR	7.00 0.00	X						0.	0.	0.
(38) GARY HARRIS DIRECTOR	7.00 0.00	X						0.	0.	0.
(39) MICHELLE MAKRIS DIRECTOR	7.00 0.00	X						0.	0.	0.
(40) WHITNEY MILLER DOUGLASS DIRECTOR	7.00 0.00	X						0.	0.	0.
(41) JAMES L. MYERS DIRECTOR	7.00 0.00	X						0.	0.	0.
(42) MARK MONTGOMERY DIRECTOR	7.00 0.00	X						0.	0.	0.
(43) KEITH PALAGYE DIRECTOR	7.00 0.00	X						0.	0.	0.
(44) GENE RINTELS DIRECTOR	7.00 0.00	X						0.	0.	0.
(45) ANNE B. STERNLICHT DIRECTOR	7.00 0.00	X						0.	0.	0.
(46) FRITZ VAN DER GRIFT DIRECTOR	7.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	437,759.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	7,519,787.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,368,351.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 158,172.				
	<b>h Total.</b> Add lines 1a-1f .....		12,325,897.				
Program Service Revenue	<b>2 a</b> CLIENT SERVICE REVENUE	<b>Business Code</b>					
		621300	22,499,854.	22499854.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		22,499,854.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		242,542.			242,542.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			694,200.				
			<b>6b</b> Less: rental expenses ...	<b>6b</b>	0.		
	<b>c</b> Rental income or (loss)	<b>6c</b>	694,200.				
	<b>d</b> Net rental income or (loss) .....		694,200.			694,200.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			6,020,958.				
			<b>7b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,935,315.		
	<b>c</b> Gain or (loss) .....	<b>7c</b>	85,643.				
	<b>d</b> Net gain or (loss) .....		85,643.			85,643.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 437,759. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		608,869.			
<b>8b</b> Less: direct expenses .....			<b>8b</b>	600,468.			
<b>c</b> Net income or (loss) from fundraising events .....		8,401.			8,401.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>9b</b> Less: direct expenses .....	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>10b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....	900099	255,963.			255,963.	
	<b>e Total.</b> Add lines 11a-11d .....		255,963.				
<b>12 Total revenue.</b> See instructions .....		36,112,500.	22499854.	0.	1286749.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	2,989,502.	2,524,191.	293,073.	172,238.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	905,533.	760,317.	98,265.	46,951.
7 Other salaries and wages .....	16,688,361.	14,095,118.	1,626,535.	966,708.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	598,345.	502,391.	64,930.	31,024.
9 Other employee benefits .....	1,802,205.	1,513,194.	195,569.	93,442.
10 Payroll taxes .....	1,489,616.	1,250,733.	161,648.	77,235.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	169,677.		169,677.	
c Accounting .....	60,813.		60,813.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	63,316.		63,316.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,971,613.	1,672,762.	85,243.	213,608.
12 Advertising and promotion .....	1,026,293.	708,556.	97,479.	220,258.
13 Office expenses .....				
14 Information technology .....	783,327.	545,072.	225,049.	13,206.
15 Royalties .....				
16 Occupancy .....	3,867,738.	2,540,646.	1,282,042.	45,050.
17 Travel .....	1,449,958.	1,205,901.	86,924.	157,133.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	176,222.	146,561.	10,564.	19,097.
20 Interest .....	1,530,399.	1,335,243.	106,368.	88,788.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	848,120.	590,158.	243,663.	14,299.
23 Insurance .....	765,556.	254,868.	510,688.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>OPERATING SUPPLIES AND</b>	652,066.	510,705.	121,146.	20,215.
b <b>FOOD, CATERING AND VENU</b>	272,279.	138.		272,141.
c <b>EQUIPMENT</b>	95,326.	89,918.	5,202.	206.
d _____				
e All other expenses _____	27,898.		27,898.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>38,234,163.</b>	<b>30,246,472.</b>	<b>5,536,092.</b>	<b>2,451,599.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,035,419.	<b>1</b>	2,264,580.
	<b>2</b> Savings and temporary cash investments .....	170,327.	<b>2</b>	2,823,613.
	<b>3</b> Pledges and grants receivable, net .....	4,284,281.	<b>3</b>	3,291,949.
	<b>4</b> Accounts receivable, net .....	2,352,932.	<b>4</b>	1,040,894.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	16,392.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges .....	1,024,122.	<b>9</b>	528,780.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 25,861,293.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,536,828.		
	<b>11</b> Investments - publicly traded securities .....	23,819,261.	<b>10c</b>	24,324,465.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	9,112,610.	<b>11</b>	5,736,061.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,459,986.	<b>12</b>	3,236,222.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	224,281.	<b>14</b>	202,180.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	44,499,611.	<b>15</b>	43,448,744.	
<b>17</b> Accounts payable and accrued expenses .....	2,941,938.	<b>16</b>	43,448,744.	
<b>18</b> Grants payable .....		<b>17</b>	3,171,819.	
<b>19</b> Deferred revenue .....		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....	2,677,908.	<b>19</b>	2,563,284.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	21,756,903.	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	21,780,460.	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	75,832.	<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	27,452,581.	<b>25</b>	286,088.	
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>	27,801,651.	
<b>28</b> Net assets without donor restrictions .....	4,871,305.			
<b>29</b> Net assets with donor restrictions .....	12,175,725.	<b>27</b>	1,206,054.	
<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>		<b>28</b>	14,441,039.	
<b>31</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
<b>33</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>34</b> Total net assets or fund balances .....	17,047,030.	<b>32</b>	15,647,093.	
<b>35</b> Total liabilities and net assets/fund balances .....	44,499,611.	<b>33</b>	43,448,744.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,112,500.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,234,163.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,121,663.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,047,030.
5	Net unrealized gains (losses) on investments	5	931,982.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-210,256.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,647,093.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2024)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5190391.	9090585.	10353791.	10911725.	12325897.	47872389.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	5190391.	9090585.	10353791.	10911725.	12325897.	47872389.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1826876.
6 <b>Public support.</b> Subtract line 5 from line 4.						46045513.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	5190391.	9090585.	10353791.	10911725.	12325897.	47872389.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	191,153.	239,878.	561,098.	267,198.	936,742.	2196069.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	168,251.	171,408.	271,805.	0.	8,401.	619,865.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,279.	2,801.	819.	9,018.	255,963.	271,880.
11 <b>Total support.</b> Add lines 7 through 10						50960203.
12 Gross receipts from related activities, etc. (see instructions)					12 35,525,048.	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	90.36 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	94.75 %
16a <b>33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**MISCELLANEOUS**

2020 AMOUNT: \$ 3,279.

2021 AMOUNT: \$ 2,801.

2022 AMOUNT: \$ 819.

2023 AMOUNT: \$ 9,018.

2024 AMOUNT: \$ 255,963.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization  <b>HANLEY CENTER FOUNDATION, INC.</b>	Employer identification number  <b>20-2871945</b>
---	---

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization  <b>HANLEY CENTER FOUNDATION, INC.</b>	Employer identification number  <b>20-2871945</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>HANLEY FAMILY FOUNDATION, INC.</u>  <u>485 WINFIELD GLEN COURT</u>  <u>ATLANTA, GA 30342-1437</u>	\$ <u>2,046,080.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>STACY AND KEITH PALAGYE FOUNDATION</u>  <u>1000 LAKESIDE AVENUE EAST</u>  <u>CLEVELAND, OH 44114-1117</u>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>THE MARY ALICE FORTIN FOUNDATION, INC.</u>  <u>201 CHILEAN AVENUE</u>  <u>PALM BEACH, FL 33480-4629</u>	\$ <u>430,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>JACK SATTER FOUNDATION</u> <u>C/O HEMENWAY &amp; BARNES, 75 STATE</u> <u>STREET, 16TH FLOOR</u>  <u>BOSTON, MA 02109-1808</u>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HANLEY CENTER FOUNDATION, INC.</b>	Employer identification number  <b>20-2871945</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>HANLEY CENTER FOUNDATION, INC.</b>	Employer identification number  <b>20-2871945</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

HANLEY CENTER FOUNDATION, INC.

Employer identification number

20-2871945

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition **d**  Loan or exchange program
- b**  Scholarly research **e**  Other \_\_\_\_\_
- c**  Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	3,451,275.	8,051,094.	8,088,980.	7,944,903.	7,263,774.
<b>b</b> Contributions .....		2,937,668.	1,840,869.	1,426,915.	774,728.
<b>c</b> Net investment earnings, gains, and losses .....	90,884.	335,205.	34,308.		751,772.
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....		1,399,192.	1,913,838.	1,282,838.	845,371.
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	3,542,159.	9,924,775.	8,050,319.	8,088,980.	7,944,903.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 24.5280 %
- b** Permanent endowment 75.4720 %
- c** Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No       |
|---|-----|----------|
| <b>(i)</b> Unrelated organizations? .....   |     | <b>X</b> |
| <b>(ii)</b> Related organizations? .....  |     | <b>X</b> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... |     |          |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		8,942,977.		8,942,977.
<b>b</b> Buildings .....		13,485,693.	1,066,325.	12,419,368.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		160,307.	95,413.	64,894.
<b>e</b> Other .....		3,272,316.	375,090.	2,897,226.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				24,324,465.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) <b>FIXED INCOME</b>	<b>3,236,222.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<b>3,236,222.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>INTEREST RATE SWAP</b>	<b>286,088.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>286,088.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	38,877,576.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	931,982.	
	b Donated services and use of facilities	2b	2,148,422.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-252,012.	
	e Add lines 2a through 2d	2e	2,828,392.	
3	Subtract line 2e from line 1		3	36,049,184.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	63,316.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	63,316.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	36,112,500.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	40,277,513.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	2,148,422.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	-41,756.	
	e Add lines 2a through 2d	2e	2,106,666.	
3	Subtract line 2e from line 1		3	38,170,847.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	63,316.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	63,316.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	38,234,163.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE BOARD DESIGNATED ENDOWMENT FUND WAS ESTABLISHED TO PROVIDE LONG-TERM FINANCIAL VIABILITY AND CONTINUING TO MEET THE NEEDS OF THE ORGANIZATION.

**PART X, LINE 2:**

THE ORGANIZATION IS REGISTERED WITH THE INTERNAL REVENUE SERVICE AS NONPROFIT CORPORATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), AND AS SUCH, IS ONLY SUBJECT TO FEDERAL INCOME TAXES ON UNRELATED BUSINESS INCOME. MANAGEMENT HAS EVALUATED THE UNRELATED BUSINESS INCOME TAX IMPLICATIONS AND BELIEVES THAT THE EFFECTS, IF ANY, ARE IMMATERIAL TO THE ORGANIZATIONS CONSOLIDATED FINANCIAL STATEMENTS DURING THE YEAR ENDED JUNE 30, 2025. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	-210,256.
FUNDRAISING EXPENSES	-41,756.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-252,012.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES	-41,756.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		PALM BEACH DINNER	BRICE BRUNCH	3	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	649,447.	208,517.	188,664.	1,046,628.
	2	Less: Contributions	244,723.	114,849.	78,187.	437,759.
	3	Gross income (line 1 minus line 2)	404,724.	93,668.	110,477.	608,869.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	314,203.	158,125.	128,140.	600,468.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				600,468.
11	Net income summary. Subtract line 10 from line 3, column (d)				8,401.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>HANLEY CENTER FOUNDATION, INC.</b>	Employer identification number <b>20-2871945</b>
---	---

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RACHEL DOCEKAL CHIEF EXECUTIVE OFFICER	(i)	411,648.	11,598.	0.	46,000.	478,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) RAJENDRASINH MANGROLA MEDICAL DIR./CHIEF MEDICAL OFFICER	(i)	321,226.	0.	0.	11,557.	339,677.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) TURNER BENOIT CHIEF PHILANTHROPY OFFICER	(i)	226,650.	0.	0.	11,789.	252,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(4) JENNIFER LEE CHIEF OPERATING OFFICER	(i)	212,179.	0.	0.	11,058.	232,332.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(5) DALE JOHN DYBEN CHIEF CLINICAL OFFICER	(i)	196,147.	0.	0.	9,498.	213,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(6) FRAN MARCONE FORMER VP OF PROFESSIONAL RELATIONS	(i)	178,149.	0.	0.	8,759.	194,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(7) BRAD FITCH VP OF PEOPLE	(i)	163,493.	7,500.	0.	8,065.	186,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(8) BARRY GOLDMAN VP OF INFORMATION TECHNOLOGY	(i)	160,175.	0.	0.	8,274.	179,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(9) MELISSA DISTEL FORMER NATIONAL VP OF PRO RELATIONS	(i)	162,112.	0.	0.	5,765.	178,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(10) LINDSEY WHITE CHIEF ADVANCEMENT OFFICER	(i)	160,362.	0.	0.	8,177.	177,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(11) CARA WEBSTER FORMER VP OF FINANCE	(i)	153,115.	7,500.	0.	7,042.	176,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(12) URSULA AVILJUS DIRECTOR OF MEDICAL SERVICES	(i)	147,704.	7,500.	0.	7,725.	174,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(13) JOHN BRADFORD WILLIAMS FORMER EXECUTIVE DIRECTOR	(i)	164,474.	0.	0.	0.	172,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(14) THERESE O'CONNOR FORMER PROFESSIONAL RELATIONS OFFICE	(i)	159,668.	0.	0.	5,422.	169,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(15) HOLLY BLAZAR CORPORATE DIRECTOR OF REVENUE	(i)	145,647.	0.	0.	7,223.	161,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(16) MEGHAN BROOKS VP OF ADMISSIONS	(i)	129,739.	9,421.	0.	6,562.	154,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:  
BEFORE ESTABLISHING AND APPROVING COMPENSATION LEVELS FOR THE CEO, THE FOUNDATION'S EXECUTIVE COMMITTEE CONDUCTS A THOROUGH MARKET COMPENSATION STUDY EVALUATING, AMONG OTHER DATA, INFORMATION REPORTED ON OTHER ORGANIZATIONS' FORM 990S.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **HANLEY CENTER FOUNDATION, INC.** Employer identification number **20-2871945**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>SPECIAL EVENTS</b> )	<b>X</b>	<b>4</b>	<b>158,172.</b>	<b>FMV</b>
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):  
THE NUMBER OF CONTRIBUTIONS ARE BASED ON THE NUMBER OF TIMES  
CONTRIBUTIONS WERE RECEIVED.

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

HANLEY CENTER FOUNDATION, INC.

Employer identification number

20-2871945

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
RECOVERY SUPPORT. HANLEY FOUNDATION ENVISIONS CREATING A WORLD FREE OF  
ADDICTION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
PROFESSIONALS.

2. PREVENTION & PROGRAMS: OFFER A VARIETY OF RESEARCH-BASED SUBSTANCE  
ABUSE PREVENTION PROGRAMS FOR PARENTS, CAREGIVERS, AND STUDENTS. ONE  
SUCH PROGRAM IS THE ALCOHOL LITERACY CHALLENGE THAT EDUCATES STUDENTS  
ABOUT THE PHYSICAL EFFECTS OF ALCOHOL. THIS PROGRAM IS INTENDED TO  
FOSTER VITAL CONVERSATIONS ABOUT ALCOHOL USE. ANOTHER PROGRAM OFFERED  
RELATES TO MARIJUANA AND VAPING PREVENTION. THIS IS DESIGNED AS A  
SINGLE-SESSION ILLUSTRATION OF THE HARMS OF MARIJUANA AND E-CIGARETTES.  
THE PROGRAM IS INTENDED TO CORRECT COMMON MISCONCEPTIONS WHILE  
PROMOTING HEALTHY BEHAVIOR IN YOUTH.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:  
THE TWO KEY OF THE BUSINESS ARE:

1. ORIGINS BEHAVIORAL HEALTHCARE (TREATMENT CENTER): ENCOMPASS PROGRAMS  
THAT OFFER AGE AND GENDER-SPECIFIC ADDICTION TREATMENT AS WELL AS A  
RESIDENTIAL PROGRAM SPECIFICALLY FOR MENTAL HEALTH TREATMENT. THE  
ORGANIZATION ALSO PROVIDES RESIDENTIAL AND OUTPATIENT TREATMENT AS WELL  
AS SPECIALIZED PROGRAMS FOR MEN, WOMEN, OLDER ADULTS, EXECUTIVES, AND  
PROFESSIONALS.

2. PREVENTION & PROGRAMS: OFFER A VARIETY OF RESEARCH-BASED SUBSTANCE  
ABUSE PREVENTION PROGRAMS FOR PARENTS, CAREGIVERS, AND STUDENTS. ONE  
SUCH PROGRAM IS THE ALCOHOL LITERACY CHALLENGE THAT EDUCATES STUDENTS  
ABOUT THE PHYSICAL EFFECTS OF ALCOHOL. THIS PROGRAM IS INTENDED TO  
FOSTER VITAL CONVERSATIONS ABOUT ALCOHOL USE. ANOTHER PROGRAM OFFERED  
RELATES TO MARIJUANA AND VAPING PREVENTION. THIS IS DESIGNED AS A  
SINGLE-SESSION ILLUSTRATION OF THE HARMS OF MARIJUANA AND E-CIGARETTES.  
THE PROGRAM IS INTENDED TO CORRECT COMMON MISCONCEPTIONS WHILE  
PROMOTING HEALTHY BEHAVIOR IN YOUTH.

FORM 990, PART VI, SECTION B, LINE 11B:  
BEFORE FILING, FORM 990 IS SUBMITTED TO THE BOARD TREASURER AND MEMBERS OF  
THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:  
THE FOUNDATION'S 'CONFLICT OF INTEREST' POLICY IS DOCUMENTED IN THE  
'EMPLOYEE HANDBOOK' AND BOARD GOVERNANCE DOCUMENTS. THE POLICY IS REVIEWED  
AND REAFFIRMED ANNUALLY, AND STRONG INTERNAL CONTROLS ARE IN PLACE TO  
ACTIVELY ENFORCE COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:  
COMPENSATION PROCESS FOR TOP OFFICIAL - CEO COMPENSATION IS REVIEWED BASED  
ON COMPARABLE MARKET COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25





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

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

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 an 501(c)(3).

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

Form header section containing organization name (HANLEY CENTER FOUNDATION, INC.), address (933 45TH STREET, WEST PALM BEACH, FL 33407), and EIN (20-2871945).

Form section containing organization type (501(c) corporation), filing status, and other organizational details.

Table for Part I: Total Unrelated Business Taxable Income. Rows include total income, deductions, and final taxable income of 0.

Table for Part II: Tax Computation. Rows include tax on corporations, proxy tax, and other taxes, resulting in a total tax of 0.

Table for Part III: Tax and Payments. Rows include foreign tax credit, other credits, and total tax payments, resulting in a total tax of 0.

<b>Part III Tax and Payments</b> <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year .....	6a	77.
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	6b	
c	Tax deposited with Form 8868 .....	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	6d	
e	Backup withholding (see instructions) .....	6e	
f	Credit for small employer health insurance premiums (attach Form 8941) .....	6f	
g	Elective payment election amount from Form 3800 .....	6g	
h	Payment from Form 2439 .....	6h	
i	Credit from Form 4136 .....	6i	
j	Other (see instructions) .....	6j	
7	<b>Total payments.</b> Add lines 6a through 6j .....	7	77.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	9	
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	10	77.
11	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> 77. <b>Refunded</b> .....	11	0.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
4	Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use .....		
b	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TYLER JOHNSON	TYLER JOHNSON	04/27/26		P01959117
	Firm's name	Firm's EIN			87-2525370
Firm's address				Phone no.	
CITRIN COOPERMAN ADVISORS LLC 6550 N. FEDERAL HIGHWAY, 4TH FLOOR FT. LAUDERDALE, FL 33308				954-771-0896	