

EXTENDED TO MAY 16, 2022

## Return of Private Foundation

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or tax year beginning

JUL 1, 2020

, and ending

JUN 30, 2021

Name of foundation

HARRY L. BRADLEY JR. CHARITABLE FUND  
C/O MHL

A Employer identification number

04-2747025

Number and street (or P.O. box number if mail is not delivered to street address)

ONE INTERNATIONAL PLACE, 32ND FL

Room/suite

B Telephone number

617-345-4500

City or town, state or province, country, and ZIP or foreign postal code

BOSTON, MA 02110

C If exemption application is pending, check here ☐

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeD 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)

\$ 186,129,612.

J Accounting method:

☒ Cash☐ Accrual☐ Other (specify)

(Part I, column (d), must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

## Part I

## Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received				
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	62.	62.		STATEMENT 1
4 Dividends and interest from securities	2,497,135.	2,497,135.		STATEMENT 2
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	4,858,338.			
b Gross sales price for all assets on line 6a	20,799,359.			
7 Capital gain net income (from Part IV, line 2)		4,858,338.		
8 Net short-term capital gain			N/A	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss)				
11 Other income	-233,592.	-237,635.	0.	STATEMENT 3
12 Total. Add lines 1 through 11	7,121,943.	7,117,900.	0.	
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees	80,884.	80,884.	0.	0.
b Accounting fees	72,265.	72,265.	0.	0.
c Other professional fees	1,275,000.	1,275,000.	0.	0.
17 Interest				
18 Taxes	94,480.	39,480.	0.	0.
19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses	634,306.	634,306.	0.	0.
24 Total operating and administrative expenses. Add lines 13 through 23	2,156,935.	2,101,935.	0.	0.
25 Contributions, gifts, grants paid	3,728,550.			3,728,550.
26 Total expenses and disbursements. Add lines 24 and 25	5,885,485.	2,101,935.	0.	3,728,550.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	1,236,458.			
b Net investment income (if negative, enter -0-)		5,015,965.		
c Adjusted net income (if negative, enter -0-)			0.	

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<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....			
	2 Savings and temporary cash investments .....	5,721,979.	4,989,477.	4,989,477.
	3 Accounts receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	4 Pledges receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....			
	10a Investments - U.S. and state government obligations <b>STMT 9</b> .....	618,044.	397,553.	454,447.
	b Investments - corporate stock <b>STMT 10</b> .....	54,267,777.	57,935,987.	146,550,593.
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis ▶ .....			
Less: accumulated depreciation ▶ .....				
12 Investments - mortgage loans .....				
13 Investments - other <b>STMT 11</b> .....	19,585,275.	18,053,559.	34,135,095.	
14 Land, buildings, and equipment: basis ▶ .....				
Less: accumulated depreciation ▶ .....				
15 Other assets (describe ▶ .....				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	80,193,075.	81,376,576.	186,129,612.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....			
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ .....			
23 <b>Total liabilities</b> (add lines 17 through 22) .....	0.	0.		
<b>Net Assets or Fund Balances</b>	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions .....			
	25 Net assets with donor restrictions .....			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds .....	80,193,075.	81,376,576.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds .....	0.	0.	
	29 <b>Total net assets or fund balances</b> .....	80,193,075.	81,376,576.	
30 <b>Total liabilities and net assets/fund balances</b> .....	80,193,075.	81,376,576.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) .....	1	80,193,075.
2 Enter amount from Part I, line 27a .....	2	1,236,458.
3 Other increases not included in line 2 (itemize) ▶ .....	3	0.
4 Add lines 1, 2, and 3 .....	4	81,429,533.
5 Decreases not included in line 2 (itemize) ▶ <b>ADJUSTMENT TO BASIS OF INVESTMENTS</b> .....	5	52,957.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	81,376,576.

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**Part IV Capital Gains and Losses for Tax on Investment Income****SEE ATTACHED STATEMENTS**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e	20,799,359.	15,941,021.	4,858,338.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			4,858,338.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	4,858,338.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	190,403.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			
2 Reserved		2	
3 Reserved		3	
4 Reserved		4	
5 Reserved		5	
6 Reserved		6	
7 Reserved		7	
8 Reserved		8	

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	69,722.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	69,722.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	69,722.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a	113,568.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	113,568.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	43,846.	
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax 43,846. Refunded	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2	X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5	X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X
8a Enter the states to which the foundation reports or with which it is registered. See instructions. FL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

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**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.HLBJRFUND.ORG</u>	X	
14 The books are in care of ► <u>ROBERT J. MORRISSEY</u> Telephone no. ► <u>617-345-4500</u> Located at ► <u>ONE INTERNATIONAL PLACE, 32ND FL, BOSTON, MA</u> ZIP+4 ► <u>02110</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A
Organizations relying on a current notice regarding disaster assistance, check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?		X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
If "Yes" to 6b, file Form 8870.		
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERT J. MORRISSEY	TRUSTEE			
ONE INTERNATIONAL PLACE, 32ND FL				
BOSTON, MA 02110	0.00	0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

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**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MORRISSEY, HAWKINS, AND LYNCH - ONE INTERNATIONAL PLACE, 32ND FL, BOSTON, MA	TRUSTEES FEES	1275000.
MORRISSEY, HAWKINS, AND LYNCH - ONE INTERNATIONAL PLACE, 32ND FL, BOSTON, MA	LEGAL FEES	80,884.
DICICCO, GULMAN AND COMPANY LP - 150 PRESIDENTIAL WAY, SUITE 510, WOBURN, MA 02451	ACCOUNTING FEES	72,265.

Total number of others receiving over \$50,000 for professional services ..... 0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	129,591,508.
b	Average of monthly cash balances	1b	5,419,039.
c	Fair market value of all other assets	1c	30,799,131.
d	<b>Total</b> (add lines 1a, b, and c)	1d	165,809,678.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	165,809,678.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,487,145.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	163,322,533.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	8,166,127.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	8,166,127.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	69,722.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	69,722.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,096,405.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,096,405.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,096,405.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	3,728,550.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	3,728,550.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	3,728,550.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7 .....				8,096,405.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only .....			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015 ..... 4,536,410.				
<b>b</b> From 2016 ..... 4,378,700.				
<b>c</b> From 2017 ..... 3,766,800.				
<b>d</b> From 2018 .....				
<b>e</b> From 2019 .....				
<b>f</b> Total of lines 3a through e .....	12,681,910.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 3,728,550.				
<b>a</b> Applied to 2019, but not more than line 2a ...			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2020 distributable amount .....				3,728,550.
<b>e</b> Remaining amount distributed out of corpus .....	0.			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	4,367,855.			4,367,855.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	8,314,055.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 .....				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	0.			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 .....	168,555.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a .....	8,145,500.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016 ... 4,378,700.				
<b>b</b> Excess from 2017 ... 3,766,800.				
<b>c</b> Excess from 2018 ...				
<b>d</b> Excess from 2019 ...				
<b>e</b> Excess from 2020 ...				

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**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operatingfoundation, and the ruling is effective for 2020, enter the date of the ruling  **b** Check box to indicate whether the foundation is a private operating foundation described in section   4942(j)(3) or   4942(j)(5)**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed**b** 85% of line 2a**c** Qualifying distributions from Part XII, line 4, for each year listed**d** Amounts included in line 2c not used directly for active conduct of exempt activities**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c**3** Complete 3a, b, or c for the alternative test relied upon:**a** "Assets" alternative test - enter:**(1)** Value of all assets**(2)** Value of assets qualifying under section 4942(j)(3)(B)(i)**b** "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed**c** "Support" alternative test - enter:**(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)**(2)** Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)**(3)** Largest amount of support from an exempt organization**(4)** Gross investment income

Tax year

**(a)** 2020**(b)** 2019

Prior 3 years

**(c)** 2018**(d)** 2017**(e)** Total**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**1 Information Regarding Foundation Managers:****a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:**b** The form in which applications should be submitted and information and materials they should include:**c** Any submission deadlines:**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
BELMONT FOOD PANTRY PO BOX 291 BELMONT, MA 02478	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	2,000.
BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	2,700,000.
CAHOON MUSEUM 4676 FALMOUTH RD COTUIT, MA 02635	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	500.
CAPE COD HEALTHCARE FOUNDATION 32 MAIN STREET HYANNIS, MA 02601	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	5,000.
CLERGY HEALTH AND RETIREMENT TRUST 66 BROOKS DRIVE BRAINTREE, MA 02184	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	10,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3,728,550.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>

Form 990-PF (2020)





**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a RAYMOND JAMES ALEX BROWN	P		
b BIRCH HILL ADVISORS	P		
c GAMCO INVESTORS	P		
d UBS	P		
e GAMCO INVESTORS - KINNEVIK AB	P		
f SATURN PARTNERS LP II	P		
g KNOPP BIOSCIENCES LLC	P		
h PLAINS ALL AMERICAN PIPELINE LP	P		
i WEATHERBIE GROWTH FUND, L.P.	P		
j WEATHERBIE GROWTH FUND, L.P.	P		
k AMERICAN STEADFAST	P		
l AMERICAN STEADFAST	P		
m DISPOSITION OF PANOPTO STOCK	P		
n EXPRESS KCS	P		
o SATURN PARTNERS LP II - QSBS 50% EXCLUSION	P		

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 3,223,713.		2,086,654.	1,137,059.
b 9,583,708.		6,596,806.	2,986,902.
c 5,699,759.		2,693,316.	3,006,443.
d 365,778.		442,322.	-76,544.
e		20,240.	-20,240.
f 324,329.			324,329.
g 2.			2.
h 467.			467.
i 28,535.			28,535.
j 584,271.			584,271.
k 161,868.			161,868.
l 694,846.			694,846.
m 131,207.			131,207.
n 876.			876.
o		144,833.	-144,833.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			1,137,059.
b			2,986,902.
c			3,006,443.
d			-76,544.
e			-20,240.
f			324,329.
g			2.
h			467.
i			** 28,535.
j			584,271.
k			** 161,868.
l			694,846.
m			131,207.
n			876.
o			-144,833.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	SATURN PARTNERS LP II - QSBS 75% EXCLUSION	P		
b	SATURN PARTNERS LP II - QSBS 100% EXCLUSION	P		
c	WORTHLESS NOTE - ONLINE CONVERGENCE	P		
d	GAMCO INVESTORS - KINNEVIK AB	P		
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a		29,123.	-29,123.
b		58,244.	-58,244.
c		3,685,629.	-3,685,629.
d		183,854.	-183,854.
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-29,123.
b			-58,244.
c			-3,685,629.
d			-183,854.
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) ..... { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	4,858,338.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	190,403.

HARRY L. BRADLEY JR. CHARITABLE FUND  
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**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FOUNDATION TO ADVANCE CATHOLIC EDUCATION 47 UNDERWOOD STREET FALL RIVER, MA 02720	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	100,000.
FRIENDS OF THE BENTON LIBRARY 75 OAKLEY RD BELMONT, MA 02478	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	1,000.
HERITAGE MUSEUMS AND GARDENS 67 GROVE STREET SANDWICH, MA 02563	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	12,500.
IMMACULATE CONCEPTION PARISH 600 PLEASANT STREET MALDEN, MA 02148	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	5,000.
JUPITER MEDICAL CENTER FOUNDATION 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	10,000.
MARYKNOLL FATHERS 55 RYDER ROAD OSSINING, NY 10562	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	50,000.
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	50,000.
ORDER OF MALTA 1011 FIRST AVENUE, SUITE 1350 NEW YORK, NY 10022	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	1,750.
OSTERVILLE VILLAGE LIBRARY 43 WIANNO AVE #2028 OSTERVILLE, MA 02655	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	500.
OUR LADY OF THE ASSUMPTION PARISH 17 GROVE ST LYNNFIELD, MA 01940	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	5,000.
<b>Total from continuation sheets</b>				<b>1,011,050.</b>



HARRY L. BRADLEY JR. CHARITABLE FUND  
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**Part XV**   **Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PHILANTHROPY ROUNDTABLE 1120 20TH STREET NW, SUITE 550 SOUTH WASHINGTON, DC 20036	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	1,000.
ROMAN CATHOLIC ARCHBISHOP OF BOSTON 66 BROOKS DRIVE BRAINTREE, MA 02184	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	500,000.
SAINT JOSEPH'S PARISH 68 WILLIAM CARDINAL O'CONNEL WAY BOSTON, MA 02114	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	7,500.
SPAULDING REHABILITATION HOSPITAL 300 1ST AVE CHARLESTOWN, MA 02129	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	5,000.
ST. SEBASTIAN SCHOOL 1191 GREENDALE AVENUE NEEDHAM, MA 02492	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	50,000.
THE INNER CITY SCHOLARSHIP FUND 1011 FIRST AVENUE, SUITE 1800 NEW YORK, NY 10022	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	200,000.
THE SOCIETY OF THE FOUR ARTS 2 FOUR ARTS PLAZA PALM BEACH, FL 33480	NONE	PUBLIC	GENERAL SUPPORT OF RECIPIENT	11,800.
Total from continuation sheets .....				

Form **2220**Department of the Treasury  
Internal Revenue Service**Underpayment of Estimated Tax by Corporations**

▶ Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

**2020**▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.Name **HARRY L. BRADLEY JR. CHARITABLE FUND**  
**C/O MHL**Employer identification number  
**04-2747025**

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

**Part I Required Annual Payment**

1	Total tax (see instructions)	1	69,722.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty	3	69,722.
4	Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	65,464.
5	Required annual payment. Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	65,464.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☒ The corporation is using the annualized income installment method.
- 8 ☒ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b>	9	11/15/20	12/15/20	03/15/21	06/15/21
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	16,366.	18,495.		27,145.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions	11	62,568.			51,000.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column	12		46,202.	27,707.	27,707.
13 Add lines 11 and 12	13		46,202.	27,707.	78,707.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	62,568.	46,202.	27,707.	78,707.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.		
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	46,202.	27,707.	27,707.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2020)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b>	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>	\$		0.

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

**Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method**

See instructions.

**Form 1120-S filers:** For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.**Part I Adjusted Seasonal Installment Method****Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%.  
See instructions.

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
<b>1</b> Enter taxable income for the following periods.					
<b>a</b> Tax year beginning in 2017 .....	<b>1a</b>				
<b>b</b> Tax year beginning in 2018 .....	<b>1b</b>				
<b>c</b> Tax year beginning in 2019 .....	<b>1c</b>				
<b>2</b> Enter taxable income for each period for the tax year beginning in 2020. See the instructions for the treatment of extraordinary items	<b>2</b>				
<b>3</b> Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
<b>a</b> Tax year beginning in 2017 .....	<b>3a</b>				
<b>b</b> Tax year beginning in 2018 .....	<b>3b</b>				
<b>c</b> Tax year beginning in 2019 .....	<b>3c</b>				
<b>4</b> Divide the amount in each column on line 1a by the amount in column (d) on line 3a .....	<b>4</b>				
<b>5</b> Divide the amount in each column on line 1b by the amount in column (d) on line 3b .....	<b>5</b>				
<b>6</b> Divide the amount in each column on line 1c by the amount in column (d) on line 3c .....	<b>6</b>				
<b>7</b> Add lines 4 through 6 .....	<b>7</b>				
<b>8</b> Divide line 7 by 3.0 .....	<b>8</b>				
<b>9a</b> Divide line 2 by line 8 .....	<b>9a</b>				
<b>b</b> Extraordinary items (see instructions) .....	<b>9b</b>				
<b>c</b> Add lines 9a and 9b .....	<b>9c</b>				
<b>10</b> Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2, or comparable line of corp's return ..	<b>10</b>				
<b>11a</b> Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a .....	<b>11a</b>				
<b>b</b> Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b .....	<b>11b</b>				
<b>c</b> Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c .....	<b>11c</b>				
<b>12</b> Add lines 11a through 11c .....	<b>12</b>				
<b>13</b> Divide line 12 by 3.0 .....	<b>13</b>				
<b>14</b> Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d) .....	<b>14</b>				
<b>15</b> Enter any alternative minimum tax (trusts only) for each payment period. See instructions .....	<b>15</b>				
<b>16</b> Enter any other taxes for each payment period. See instr.	<b>16</b>				
<b>17</b> Add lines 14 through 16 .....	<b>17</b>				
<b>18</b> For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....	<b>18</b>				
<b>19</b> Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0- .....	<b>19</b>				

**Part II** **Annualized Income Installment Method**

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20 Annualization periods (see instructions) .....	20				
21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items .....	21	1,250,537.	1,874,297.	1,021,483.	3,345,630.
22 Annualization amounts (see instructions) .....	22	6.000000	4.000000	2.000000	1.333330
23a Annualized taxable income. Multiply line 21 by line 22 .....	23a	7,503,222.	7,497,188.	2,042,966.	4,460,829.
b Extraordinary items (see instructions) .....	23b				
c Add lines 23a and 23b .....	23c	7,503,222.	7,497,188.	2,042,966.	4,460,829.
24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return .....	24	104,295.	104,211.	28,397.	62,006.
25 Enter any alternative minimum tax (trusts only) for each payment period (see instructions) .....	25				
26 Enter any other taxes for each payment period. See instr. ....	26				
27 Total tax. Add lines 24 through 26 .....	27	104,295.	104,211.	28,397.	62,006.
28 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....	28				
29 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- .....	29	104,295.	104,211.	28,397.	62,006.
30 Applicable percentage .....	30	25%	50%	75%	100%
31 Multiply line 29 by line 30 .....	31	26,074.	52,106.	21,298.	62,006.

**Part III** **Required Installments**

		1st installment	2nd installment	3rd installment	4th installment
<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.					
32 If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31 .....	32	26,074.	52,106.	21,298.	62,006.
33 Add the amounts in all preceding columns of line 32. See instructions .....	33		16,366.	34,861.	34,861.
34 <b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- .....	34	26,074.	35,740.	0.	27,145.
35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter .....	35	16,366.	18,495.	17,431.	17,430.
36 Subtract line 38 of the preceding column from line 37 of the preceding column .....	36				17,431.
37 Add lines 35 and 36 .....	37	16,366.	18,495.	17,431.	34,861.
38 <b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions .....	38	16,366.	18,495.	0.	27,145.

Form 2220 (2020)

**\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION**

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
DEPARTMENT OF THE TREASURY	29.	29.	0.
PEOPLE'S UNITED BANK	33.	33.	0.
TOTAL TO PART I, LINE 3	62.	62.	0.

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ALEX BROWN (RAYMOND JAMES)	206,093.	0.	206,093.	206,093.	0.
AMERICAN STEADFAST, LP	34,255.	0.	34,255.	34,255.	0.
BIRCH HILL	436,631.	0.	436,631.	436,631.	0.
FLARE CAPITAL PARNTERS I, L.P.	2,148.	0.	2,148.	2,148.	0.
GAMCO INVESTMENTS, INC	980,335.	0.	980,335.	980,335.	0.
GAMCO INVESTMENTS, INC - KINNEVIK AB SHARE AK B	345,060.	0.	345,060.	345,060.	0.
GAMCO INVESTMENTS, INC - ROLLS ROYCE HOLDINGS RTS	3,018.	0.	3,018.	3,018.	0.
MORGAN STANLEY	247,287.	0.	247,287.	247,287.	0.
PLAINS ALL AMERICAN PIPELINE LP	38.	0.	38.	38.	0.
SATURN PARTNERS	164.	0.	164.	164.	0.
UBS FINANCIAL SERVICES, INC	231,013.	0.	231,013.	231,013.	0.
WEATHERBIE GROWTH FUND, LP	11,093.	0.	11,093.	11,093.	0.
TO PART I, LINE 4	2,497,135.	0.	2,497,135.	2,497,135.	0.

FORM 990-PF	OTHER INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
AMERICAN STEADFAST LP	-206,386.	-206,386.	0.
SECURITY LITIGATION SETTLEMENT	2,111.	2,111.	0.
PLAINS ALL AMERICAN PIPELINE LP	-29,904.	-29,904.	0.
SATURN PARTNERS LP II	-3,716.	-3,716.	0.
OTHER INCOME	260.	260.	0.
US TREASURY REFUND	4,043.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	-233,592.	-237,635.	0.

FORM 990-PF	LEGAL FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	80,884.	80,884.	0.	0.
TO FM 990-PF, PG 1, LN 16A	80,884.	80,884.	0.	0.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	72,265.	72,265.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	72,265.	72,265.	0.	0.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MORRISSEY, HAWKINS & LYNCH	1,275,000.	1,275,000.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	1,275,000.	1,275,000.	0.	0.

## FORM 990-PF

## TAXES

## STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES WEATHERBIE GROWTH FUND. LP	395.	395.	0.	0.
FOREIGN TAXES AMERICAN STEADFAST, LP	572.	572.	0.	0.
FOREIGN TAXES SATURN PARTNERS LP II	463.	463.	0.	0.
FOREIGN TAXES PLAINS ALL AMERICAN PIPELINE LP	1,143.	1,143.	0.	0.
FOREIGN TAXES RAYMOND JAMES	7,148.	7,148.	0.	0.
FOREIGN TAXES BICH HILL	5,424.	5,424.	0.	0.
FOREIGN TAXES GAMCO	20,163.	20,163.	0.	0.
FOREIGN TAXES UBS	4,172.	4,172.	0.	0.
US TREASURY	55,000.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	94,480.	39,480.	0.	0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT FEES	438,145.	438,145.	0.	0.
BANK FEES	1,227.	1,227.	0.	0.
CAPITAL Z PARTNERS III, LP	523.	523.	0.	0.
CAPITAL Z PARTNERS III AIV, LP	204.	204.	0.	0.
SATURN PARTNERS	11,192.	11,192.	0.	0.
SPLP III OPPORTUNITIES, LP	39.	39.	0.	0.
WEATHERBIE GROWTH FUND, LP	47,409.	47,409.	0.	0.
AMERICAN STEADFAST, LP	89,770.	89,770.	0.	0.
KNOPP BIOSCIENCES, LLC	64.	64.	0.	0.
FLARE CAPITAL PARTNERS I, LP	43,676.	43,676.	0.	0.
PLAINS ALL AMERICAN PIPELINE LP	658.	658.	0.	0.
AMEX ANNUAL FEE	175.	175.	0.	0.
INTEREST EXPENSE	170.	170.	0.	0.
ADR FEE	1,054.	1,054.	0.	0.
TO FORM 990-PF, PG 1, LN 23	634,306.	634,306.	0.	0.



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FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS	STATEMENT 9
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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US OBLIGATIONS	X		397,553.	454,447.
TOTAL U.S. GOVERNMENT OBLIGATIONS			397,553.	454,447.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			397,553.	454,447.

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FORM 990-PF	CORPORATE STOCK	STATEMENT 10
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	57,935,987.	146,550,593.
TOTAL TO FORM 990-PF, PART II, LINE 10B	57,935,987.	146,550,593.

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FORM 990-PF	OTHER INVESTMENTS	STATEMENT 11
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PARTNERSHIPS	COST	18,053,559.	34,135,095.
TOTAL TO FORM 990-PF, PART II, LINE 13		18,053,559.	34,135,095.

## GENERAL EXPLANATION

## STATEMENT 12

## FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, LINE 6A - WORTHLESS NOTE - ONLINE CONVERGENCE

## EXPLANATION:

NAME OF DEBTOR: ONLINE CONVERGENCE

DESCRIPTION OF THE DEBT: PROMISSORY NOTE

ANY BUSINESS OR FAMILY RELATIONSHIP BETWEEN TAXPAYER AND DEBTOR: NONE

SUMMARY OF EFFORTS MADE TO COLLECT THE DEBT: VARIOUS OUTREACH

WHY IT IS NOW CONSIDERED WORTHLESS: NOTE THAT THE DEBT IS TO A COMPANY THAT IS NO LONGER IN EXISTENCE. AS OF 12/31/20, IT WAS DETERMINED THERE WOULD BE NO PAYMENTS ON THE NOTE AND THE TAXPAYER WAS NOT GOING TO PURSUE ANY FURTHER LEGAL ACTION FOR PAYMENTS.

## CARRYOVER DATA TO 2021

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**2020**

Name of exempt organization or person subject to tax

**HARRY L. BRADLEY JR. CHARITABLE FUND  
C/O MHL**

Taxpayer identification number

**04-2747025**

Name and title of officer or person subject to tax

**ROBERT J. MORRISSEY  
TRUSTEE****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	_____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) .....	5b	_____
6a Form 990-T check here ▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) .....	6b	<b>0.</b>
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) .....	7b	_____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **DGC, A DIVISION OF PKF O'CONNOR DAVIES** to enter my PIN **47025**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**26242396226**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **DIPESH SHRESTHA**Date ▶ **04/27/22**

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

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

OMB No. 1545-0047

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HARRY L. BRADLEY JR. CHARITABLE FUND C/O MHL</b>	Taxpayer identification number (TIN) <b>04-2747025</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>ONE INTERNATIONAL PLACE, 32ND FL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02110</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	6
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ROBERT J. MORRISSEY**

- The books are in the care of ► **ONE INTERNATIONAL PLACE, 32ND FL - BOSTON, MA 02110**

Telephone No. ► **617-345-4500**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or► ☒ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

EXTENDED TO MAY 16, 2022

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021.**2020**Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>HARRY L. BRADLEY JR. CHARITABLE FUND</b>	<b>D</b> Employer identification number  <b>04-2747025</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S		Number, street, and room or suite no. If a P.O. box, see instructions. <b>ONE INTERNATIONAL PLACE, 32ND FL</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02110</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... <b>81,376,576.</b>	
<b>G</b> Check organization type ▶ <input type="checkbox"/> 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
<b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶ <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶			
<b>L</b> The books are in care of ▶ <b>ROBERT J. MORRISSEY</b> Telephone number ▶ <b>617-345-4500</b>			

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	<b>0.</b>
<b>2</b> Reserved .....	<b>2</b>	
<b>3</b> Add lines 1 and 2 .....	<b>3</b>	
<b>4</b> Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	<b>0.</b>
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	
<b>6</b> Deduction for net operating loss. See instructions ..... <b>STATEMENT 13</b>	<b>6</b>	<b>0.</b>
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	<b>1,000.</b>
<b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b> <b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	<b>1,000.</b>
<b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	<b>0.</b>

**Part II Tax Computation**

<b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	
<b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	<b>2</b>	<b>0.</b>
<b>3</b> <b>Proxy tax.</b> See instructions .....	<b>3</b>	
<b>4</b> Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b> Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b> <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
<b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>0.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		0.
<b>3</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		0.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>		
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <b>Refunded</b>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2020 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	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other 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.			
	Signature of officer	Date	<b>TRUSTEE</b> Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	SARAH A. GUILMETTE	SARAH A. GUILMETTE	04/27/22	P00849673
	Firm's name	DGC, A DIVISION OF PKF O'CONNOR DAVIES		Firm's EIN
	150 PRESIDENTIAL WAY, SUITE 510	27-1728945		
	Firm's address	WOBURN, MA 01801		Phone no. 781-937-5300

Form 990-T (2020)

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FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 13
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PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	535,478.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	58,623.

SCHEDULE A PORTION OF PRE-2018 NOL	
SCHEDULE A ENTITY	SCHEDULE A SHARE
<hr/>	<hr/>
1	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	58,623.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	476,855.



**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>HARRY L. BRADLEY JR. CHARITABLE FUND</b> <b>C/O MHL</b>	<b>B</b> Employer identification number <b>04-2747025</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>900000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **INVESTMENT IN PARTNERSHIP**


<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c Balance ▶</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0.</b>	

**Part II** Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement)	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		<b>0.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		<b>0.</b>
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**Enter method of inventory valuation 

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....	0.			
Deductions directly connected with the income				
4 in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
11 <b>Total dividends-received deductions</b> included in line 10 .....	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b>			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A ☐  
B ☐  
C ☐  
D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income .....  
Add columns A through D. Enter here and on Part I, line 11, column (A) ..... 0.

a  
3 Direct advertising costs by periodical .....  
a Add columns A through D. Enter here and on Part I, line 11, column (B) ..... 0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....  
5 Readership costs .....  
6 Circulation income .....  
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....  
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....  
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ..... 0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

**Part XI Supplemental Information** (see instructions)

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

HARRY L. BRADLEY JR. CHARITABLE FUND  
C/O MHL

Your social security number

04-2747025

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II** **Income or Loss From Partnerships and S Corporations** - **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	AMERICAN STEADFAST LP	P				
B	CAPITAL Z PARTNERS III AIV	P				
C	PLAINS ALL AMERICAN	P				
D	SATURN PARTNERS LP II	P				

Passive Income and Loss		Nonpassive Income and Loss			
A	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
		65,924.			
B	0.				
C			0.		
D	7,301.				
29a	Totals	65,924.			
b	Totals	7,301.			
30	Add columns (h) and (k) of line 29a			30	65,924.
31	Add columns (g), (i), and (j) of line 29b			31	( 7,301. )
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	58,623.

**Part III** **Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss		
A	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a	Totals			
b	Totals			
35	Add columns (d) and (f) of line 34a		35	
36	Add columns (c) and (e) of line 34b		36	( )
37	Total estate and trust income or (loss). Combine lines 35 and 36		37	

**Part IV** **Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V** **Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	58,623.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**Passive Activity Loss Limitations**

► See separate instructions.  
 ► Attach to Form 1040, 1040-SR, or 1041.  
 ► Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

**HARRY L. BRADLEY JR. CHARITABLE FUND****C/O MHL**

Identifying number

**04-2747025****Part I 2020 Passive Activity Loss****Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)**1a** Activities with net income (enter the amount from Worksheet 1, column (a)) .....**1a****b** Activities with net loss (enter the amount from Worksheet 1, column (b)) .....**1b** (**c** Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) .....**1c** (**d** Combine lines 1a, 1b, and 1c .....**1d****Commercial Revitalization Deductions From Rental Real Estate Activities****2a** Commercial revitalization deductions from Worksheet 2, column (a) .....**2a** (**b** Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) .....**2b** (**c** Add lines 2a and 2b .....**2c** (**All Other Passive Activities****3a** Activities with net income (enter the amount from Worksheet 3, column (a)) .....**3a****65,924.****b** Activities with net loss (enter the amount from Worksheet 3, column (b)) .....**3b** (**7,301.)****c** Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) .....**3c** (**d** Combine lines 3a, 3b, and 3c .....**3d****58,623.****4** Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used .....**4****58,623.**

If line 4 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.

• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.**5** Enter the **smaller** of the loss on line 1d or the loss on line 4 .....**5****6** Enter \$150,000. If married filing separately, see instructions .....**6****7** Enter modified adjusted gross income, but not less than zero. See instructions .....**7****Note:** If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.**8** Subtract line 7 from line 6 .....**8****9** Multiply line 8 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions .....**9****10** Enter the **smaller** of line 5 or line 9 .....**10**

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities****Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.**11** Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions .....**11****12** Enter the loss from line 4 .....**12****13** Reduce line 12 by the amount on line 10 .....**13****14** Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13 .....**14****Part IV Total Losses Allowed****15** Add the income, if any, on lines 1a and 3a and enter the total .....**15****16** **Total losses allowed from all passive activities for 2020.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return .....**16**

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (see instructions)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c					

## Worksheet 2 - For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total.</b> Enter on Form 8582, lines 2a and 2b			

## Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	<b>SEE ATTACHED STATEMENT FOR WORKSHEET 3</b>				
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c .....	65,924.	-7,301.			

**Worksheet 4 - Use This Worksheet if an Amount is Shown on Form 8582, Line 10 or 14. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>Total</b> .....					

## Worksheet 5 - Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b> .....				

**Worksheet 6 - Allowed Losses** (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b> .....				

**Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules** (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions): .....					
1a Net loss plus prior year unallowed loss from form or schedule .....					
b Net income from form or schedule .....					
c Subtract line 1b from line 1a. If zero or less, enter -0- .....					
Form or schedule and line number to be reported on (see instructions): .....					
1a Net loss plus prior year unallowed loss from form or schedule .....					
b Net income from form or schedule .....					
c Subtract line 1b from line 1a. If zero or less, enter -0- .....					
Form or schedule and line number to be reported on (see instructions): .....					
1a Net loss plus prior year unallowed loss from form or schedule .....					
b Net income from form or schedule .....					
c Subtract line 1b from line 1a. If zero or less, enter -0- .....					
<b>Total</b> .....					



FORM 8582

OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 14

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
AMERICAN STEADFAST LP	65,924.	0.		65,924.	
SATURN PARTNERS LP II	0.	-7,301.			-7,301.
TOTALS	65,924.	-7,301.		65,924.	-7,301.

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 15

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
AMERICAN STEADFAST LP	SCH E	65,924.		65,924.		
SATURN PARTNERS LP II	SCH E	-7,301.		-7,301.		7,301.
TOTALS		58,623.		58,623.		7,301.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL						7,301.