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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.

OMB No 1545-0052

Department of the Treasury

ECANINED NOV 2 6 2014

Int	emal R	evenue Service Information about For	m 990-	er and its separai	te instructions	IS at WWW.II	s.gov/ionnissopi.	pento r done mapection
		lendar year 2013 or tax year beginning			, 2013	, and endir	. 	, 20
	Name	of foundation					A Employer identif	fication number
	THE	HEALEY FOUNDATION		- -			65-066149	96
	Numb	er and street (or P O box number if mail is not deliver	ed to stre	eet address)		Room/suite	B Telephone numb	per (see instructions)
						(50	51) 369-0537	
	102	86 ST. ANDREWS ROAD						
	City o	r town, state or province, country, and ZIP or foreign p	ostal coo	le				
							C If exemption applic	ation is
	BOY	NTON BEACH, FL 33436					pending, check her	e
_		eck all that apply. Initial return		Initial return	of a former r	uhlic chari	tv -	
G	One	Final return	ľ	Amended re	•	Jubile Charl) D I roreign againza	·
			ŀ	→			2 Foreign organiz 85% test, check	
_	<u> </u>	Address change	(=)(2)	Name chang			computation .	▶ ∟ .
H	_	eck type of organization: X Section 501						on status was terminated
\perp		Section 4947(a)(1) nonexempt charitable trust		Other taxable pr			under section 507(b)(1)(A), check here . P
ı		1		g method 🔀 C	ash Acc	crual	F If the foundation is	s in a 60-month termination
	end	· · · · · · · · · · · · · · · · · · ·		specify)			under section 507(I	b)(1)(B), check here
_				nn (d) must be on	cash basis)	7		
E	art	Analysis of Revenue and Expenses (The) (a) Revenue and	(b) Net inve	netmont	(c) Adjusted net	(d) Disbursements for chantable
		total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in	1	expenses per	(b) Net invo		income	purposes
_		column (a) (see instructions))		books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)						
	2	Check X if the foundation is not required to attach Sch. B			-	,		
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities						
	-	Gross rents						
						`		
		Net rental income or (loss)	<u> </u>	136,943.				
ž		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 773, 203	<u> </u>	,				
Revenue		assets on line ba			12	6,943.		<u> </u>
8	7	Capital gain net income (from Part IV, line 2) .	<u> </u>	,		0,543.		
	8	Net short-term capital gain	<u> </u>		,			·
	9	Income modifications · · · · · · · · ·			<u>, </u>	1		
	10 a	Gross sales less returns and allowances • • • • •	 			<u>-</u>		ļ
	b	Less Cost of goods sold .	 				<u> </u>	
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	<u> </u>					
	12	Total. Add lines 1 through 11		136,943.	13	6,943.		
	13	Compensation of officers, directors, trustees, etc		0				
ຜ	14	Other employee salanes and wages	<u></u>					
156	15	Pension plans, employee benefits						
8	16 a	Legal fees (attach schedule)						
Ä		Accounting fees (attach schedule)ATCH 1		5,547.				5,547
		Other professional fees (attach schedule) .*		5,000.				5,000
Administrative								
st	18-	Taxes (attach schedule) (see instructions)		•				
in	1	Depreciation (attach schedule) and depletion						
É	19	NIIIV II IN 2014 E 😅 E						
ΑÀ	20		 					
and	21	Travel, conferences, and rectings	-		<u> </u>			
ΒC	22(Printing and publications.	-	365.				265
atii	-23=	-Other_expenses (attach_schedule) ATCH .3.	-	303.	ļ			365
Operating	24	Total operating and administrative expenses		10 012				10 010
		Add lines 13 through 23		10,912.	_			10,912
	25	Contributions, gifts, grants paid		80,000.				80,000
_	26	Total expenses and disbursements Add lines 24 and 25	1	90,912.		0		90,912
	27	Subtract line 26 from line 12			, .		•	
i	а	Excess of revenue over expenses and disbursements	<u></u>	46,031.	,			
	þ	Net investment income (if negative, enter -0-)	<u></u>			6,943.		` .
	С	Adjusted net income (if negative, enter -0-)		`	t .			1

*ATCH 2

Dort I	Attached schedules and amounts in the description column should be for end-of-year		Beginning of year	End o	of year	
Part I	Dalance Sneets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-bear	ing	60,410.	742,701.	742,701.	
2		cash investments				
3			-		,	
		ibtful accounts ▶				
4					h .	
-	Less allowance for dou	ıbtful accounts ▶		· · ·	`	
5		bital accounts P				
1		officers, directors, trustees, and other				
6						
_		tach schedule) (see instructions)				
7		receivable (attach schedule)		٠.	•	
		ıbtful accounts ▶	1			
ssets 6 &		se	1			
		deferred charges				
- 1		te government obligations (attach schedule), .				
b	Investments - corporate	e stock (attach schedule)				
	Investments - corporate	e bonds (attach schedule)				
11	investments - land, building and equipment basis		, , ,			
	Less accumulated deprecal (attach schedule)					
12	Investments - mortgage	loans				
13	Investments - other (att	ach schedule) ATCH 4	636,260.			
14	Land, buildings, and	•	:	,		
1	Less accumulated depreca	ation		·		
15	(attach schedule)	>)			-	
16	Total assets (to be	completed by all filers - see the				
'"		page 1, item I)	696,670.	742,701.	742,701	
1-			330, 3731		112,702	
17		accrued expenses			,	
18					\ \ \\	
19 20 21					*,	
를 20		ors, trustees, and other disqualified persons			•	
# 21		otes payable (attach schedule)	1 000	1 000	•	
22	Other liabilities (describ	e ►ATCH_5)	1,022.	1,022.		
23		es 17 through 22)	1,022.	1,022.		
	Foundations that fol	llow SFAS 117, check here . ▶ 📖 │				
တ္က	and complete lines	24 through 26 and lines 30 and 31.				
24	Unrestricted					
Ē 25	Temporarily restricted					
<u>m</u> 26	Permanently restricted				•	
= =		not follow SFAS 117, ▶ 🗓				
됴		pplete lines 27 through 31.				
or Fund Balan 52 52 54		cipal, or current funds				
27 28 28	•	r land, bldg , and equipment fund				
88 29	• • •	ulated income, endowment, or other funds	695,648.	741,679.		
# 30	•	d balances (see instructions)	695,648.	741,679.		
2		net assets/fund balances (see	033,010.	, 11, 0, 3.		
31		· l	606 670	742 701	1	
	Instructions)		696,670.	742,701.		
		anges in Net Assets or Fund I		 		
		balances at beginning of year - Part		L.		
		ed on prior year's return)			695,648	
2 Ent	ter amount from Part I	, line 27a		2	46,031	
3 Oth	ner increases not inclu					
4 Add	d lines 1, 2, and 3				741,679	
	creases not included in	n line 2 (itemize) ►		5		
		palances at end of year (line 4 minus	line 5) - Part II, column (b), line 30 6	741,679.	

Form 990-PF (2013) Part IV Capital Gains	and Losses for Tax on Inve	estment Income			Page 3
	describe the kind(s) of property sold ((b) How acquired	(c) Date acquired	(d) Date sold
	rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo, day, yr)	(mo, day, yr)
1a SEE PART IV SCHEI	DULE				
_b				<u> </u>	
<u>c</u> d				l	
e					
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	uss)
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) mini	
a					
b					
<u>c</u>					
<u>d</u>					
<u>e</u>		L			
Complete only for assets	showing gain in column (h) and owner	· · · · · · · · · · · · · · · · · · ·		Gains (Col (h) g (k), but not less	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(kt) Excess of col (i) over col (j), if any	COI	Losses (from co	
a			ļ	 	
b			<u> </u>		
<u>c</u>					
_d				· · · - · · · · · · · · · · · · · · · ·	
<u>e</u>	, 16	gain, also enter in Part I, line 7	 		
2 Capital gain net income or		(loss), enter -0- in Part I, line 7	2		136,943.
3. Net short-term capital gain	'') or (loss) as defined in sections 12				130,313.
If gain, also enter in Par	t I, line 8, column (c) (see ınsti	ructions) If (loss), enter -0- in			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	3		0
		duced Tax on Net Investment In e section 4940(a) tax on net investi		· -	
		outable amount of any year in the b Do not complete this part.	ase peno	d?	Yes X No
1 Enter the appropriate amo	ount in each column for each year	, see the instructions before making	any entr	es.	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution re (col (b) divided by	
2012	30,000.	809,542.			0.037058
2011	3,500.	812,491.			0.004308
2010	55,000.	745,802.			0.073746
2009	55,800.	836,315.			0.066721
2008	23,500.	952,787.	 		0.024664
2 Fotal of line 1, column (d)	for the 5-year base period - divide	Abo total on long O by E. as by the	2		0.206497
_	for the 5-year base period - divide dation has been in existence if less	•			0 041200
number of years the found	dation has been in existence il less	stilair 5 years	3	 .	0.041299
4 Enter the net value of non	charitable-use assets for 2013 fro	m Part X, line 5	4		781,043.
5 Multiply line 4 by line 3			5		32,256.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		1,369.
7 Add lines 5 and 6			7		33,625.
8 Enter qualifying distribution If line 8 is equal to or gree Part VI instructions	ns from Part XII, line 4	n Part VI, line 1b, and complete t	8 hat part	using a 1% ta	90,912. x rate. See the

D a	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	inetri	etion	<u>~1</u>
	· · · · · · · · · · · · · · · · · · ·	IISUU	Cuois)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			·
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check		1 2	369.
U				,,,,
_	here $\blacktriangleright X$ and enter 1% of Part I, line 27b. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	•		
C	Part I, line 12, col (b)			
•	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
2			1.3	69.
3	Add lines 1 and 2			0
-	Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-		1.3	69.
6	Credits/Payments			
-				
a				
b				
c d				
7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			30.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ATCH 6		1.4	197.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2014 estimated tax		_	
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
-	or intervene in any political campaign?		100	Х
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	1 1		
_	definition)?	1b		x
	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			
	Did the foundation file Form 1120-POL for this year?	1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
•	(1) On the foundation (in any) or tax on positional experioritaries (section 4555) imposed during the year], ,		
P	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
٠	foundation managers > \$	1: 1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
•	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,] !	,	
٠	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
A a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	_	Х
h	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
J	If "Yes," attach the statement required by General Instruction T		Ι,	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			ŀ
٠	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	х	
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		Х	
	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	DE,	-		
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)	1 1	Ψ,	•
_	of each state as required by General Instruction G? If "No," attach explanation		Х	
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete	1 3		
	Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			х
	addresses	1 10 '	ı	

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 2013?

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

Form 990-PF (2013) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation N/A Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments. See instructions Total. Add lines 1 through 3

Form 9	990-PF (2013)		Page 8
Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	391,381.
b	Average of monthly cash balances	1b	401,556.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	792,937.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)1e	1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	792,937.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	4	11,894.
5		5	781,043.
6	Minimum investment return. Enter 5% of line 5	6	_39,052.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	39,052.
2a		, T	
	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,369.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	37,683.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	37,683.
6		6	
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	 	-
-	line 1	7	37,683.
Des		<u></u>	
Far ——	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	90,912.
b	Program-related investments - total from Part IX-B	1b	
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:	, ,	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	90,912.
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 (see instructions)	5	1,369.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	89,543.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculati	ng whether the foundation

	(====				
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
'			,		37,683.
	line 7	· · · · · · · · · · · · · · · · · · ·	4,		37,003.
2	Undistributed income, if any, as of the end of 2013	, ,	§	40 477	
	Enter amount for 2012 only	,	750.	40,477.	
Þ	Total for pnor years 20 11 ,20 10 ,20 09		/50.		
3	Excess distributions carryover, if any, to 2013	, i	*		
a	From 2008	,			
b	From 2009			۰,	
	From 2010		, , ,		
d	From 2011				
e	From 2012	, , , , , , , , , , , , , , , , , , , ,	' '		
	Total of lines 3a through e	o	` ,	,	
4	Qualifying distributions for 2013 from Part XII,	, , , , , ,	,	`	
•	line 4. ► \$90,912	* , , ,		5	,
а	Applied to 2012, but not more than line 2a	,		40,477.	
	Applied to undistributed income of prior years				1
D	(Election required - see instructions)	5-1-5	750.	,	
	Treated as distributions out of corpus (Election				
C	required - see instructions)		3		
a	Applied to 2013 distributable amount	,	. ,		37,683.
		12,002.			
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2013	22,002.	_	,	
5	(If an amount appears in column (d), the same			,	
	amount must be shown in column (a))	, -			
6	Enter the net total of each column as	`			
	indicated below:	12 002	, ,		
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,002.			
b	Prior years' undistributed income Subtract				`
_	line 4b from line 2b Enter the amount of prior years' undistributed	· · · · · · · · · · · · · · · · · · ·			,
٠	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)	N .			,
	tax has been previously assessed	` · · - · · · · · · · · · · · · · ·			
d	Subtract line 6c from line 6b Taxable	,		,,	,
	amount - see instructions	, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·	-
е	Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see	1			
	instructions				
	Undistributed income for 2013 Subtract lines	(
1	4d and 5 from line 1. This amount must be	,	,		
	distributed in 2014				
7	Amounts treated as distributions out of corpus		,		
•	to satisfy requirements imposed by section		1		:
	170(b)(1)(F) or 4942(g)(3) (see instructions)			i	
8	Excess distributions carryover from 2008 not				
۰	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2014.		· ·		. ,
•	Subtract lines 7 and 8 from line 6a	12,002.			
10	Analysis of line 9		, ,		
a	Excess from 2009				
ь	Excess from 2010	1		,	,
	Excess from 2011	1 ·	`		
۲ C		1	1		
d	Excess from 2012	 			
е	Excess from 2013	1	I .	i	l

Pa	rt XIV Private Op	erating Foundations	s (see instructions ar	nd Part VII-A, question	on 9)	NOT APPLICABLE			
1 a	If the foundation has	-		•	iting				
	foundation, and the ruling is effective for 2013, enter the date of the ruling								
þ	Check box to indicate wh	ether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total			
	justed net income from Part	(a) 2013	(b) 2012	(c) 2011	(d) 2010				
	I or the minimum investment return from Part X for each								
	year listed								
Ь	85% of line 2a								
С	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								
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line								
3	2d from line 2c Complete 3a, b, or c for the								
а	"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 invest-								
	ment return shown in Part X, line 8 for each year listed								
С	"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								
	(3) (B)(iii)								
	port from an exempt								
	organization (4) Gross investment income .			-					
Da		ntary Information (Complete this part	only if the found	ation had \$5 000	or more in assets			
	at any time	e during the year -s	ee instructions.)	. only it the round					
1	List any managers of			e than 2% of the tota	al contributions recei	ved by the foundation			
a	before the close of any	tax year (but only if the	ney have contributed n	nore than \$5,000). (Se	e section 507(d)(2))	ved by the roundation			
	MATTHEW HEA		100/	f the steel of a seri	aration (as an associati	v lagge and an of the			
D	List any managers of ownership of a partner					y large portion of the			
	NONE								
2		=		· ·					
	Check here ► X if t unsolicited requests for other conditions, comp	or funds If the found	ation makes gifts, gra	to preselected char- ants, etc (see instruct	table organizations tions) to individuals of	and does not accept or organizations under			
	The name, address, a			ha narean ta uham ==	plications should be an	draccod			
						aressea			
b	The form in which app	lications should be sul	bmitted and information	on and materials they	should include				
С	Any submission deadle	nes							
d	Any restrictions or li factors	mitations on awards,	such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other			

Part XV Supplementary Information (
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ATCH 8				
Total				80,000
b Approved for future payment	<u> </u>			
.,				
		1		
	:			
				,
.,	<u> </u>	,		
Total				

er gross amounts unless otherwise indicated		Attes ated business income	Excluded b	y section 512, 513, or 514	(e)
er gross amounts umess otherwise indicated	(a)	(b)	(c)	(d)	Related or exempt function income
Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b					
d					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			<u> </u>		
Dividends and interest from securities		. ,	ļ		
Net rental income or (loss) from real estate		, ,			, ,
a Debt-financed property			ļ		
b Not debt-financed property			 		
Net rental income or (loss) from personal property . Other investment income					
Gain or (loss) from sales of assets other than inventory	900001	136,943.			
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory.					
Other revenue a					
b					
С			<u> </u>		
d					
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculated.	ulations)				136,943
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to t
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to t
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to t
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to t
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to t
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to t
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to t
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to t
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to t
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to t

Part XV		Information Re Exempt Organ		ansfers To and	d Transacti	ions a	nd Relations	ships With Nor	chari	itable	;
1 Did	the or	ganization direct	ly or indirectly	engage in any of	f the following	g with a	any other orga	nization described		Yes	No
								elating to political			,
orga	anızatıc	ons?							١.	١. ا	`-
a Trai	nsfers	from the reportin	g foundation to	a noncharitable	exempt organ	nization	of				
(1)	(1) Cash										Х
(2)	Other a	assets							1a(2)		Х
b Oth	er tran	sactions									1
(1)	Sales	of assets to a no	ncharitable exe	mpt organization					1b(1)		X
									1b(2)		Х
									1b(3)		X
											Х
										<u> </u>	X
											X
										<u></u>	Х
								hould always sho			
								ation received less			
	Т.	<u> </u>	-	<u> </u>		T .		, other assets, or			
(a) Line no) Amount involved	(c) Name of r	nonchantable exempt of	organization	(d) D	escription of transf	ers, transactions, and sha	anng arra	ngeme	nts
	N	I/A				N/A					
		· · · · · · · · · · · · · · · · · · ·									
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						ļ					
2a Is th	he fou	ndation directly	or indirectly af	filiated with, or r	elated to, on	e or m	ore tax-exempt	torganizations			
des	cribed	in section 501(c)	of the Code (o	ther than section	501(c)(3)) or	ın secti	on 527?		Y	es 🛚 X	No
b If "Y	es," c	omplete the follow	wing schedule								
) Name of organization		(b) Type o	of organization		(c) Description of relation	iship		
N/A											
			·								
								,			
Ū	inder pen	alties of pengry, I decla	are that I have exami	ned this return, including	g accompanying s	chedules a	nd statements, and t	o the best of my knowled	dge and I	belief, it	is true,
Sign	oneci, an	o complete relector of	pueparer (ourer trial)			prepare //	as any kitowieuge				
		Mm	1 <i> W</i>	0 / 11	<i>15/11</i>	P 3(prevy		RS discus prepare <u>r</u>		retum below
Here	Signatu	re of officer or trustee	1	Date	/ / 1	Title	/	(see instruction	ns)? X	Yes	No
Deid	Pr	int/Type preparer's nai	me	Preparer's signat	ture` 🗸 📗		Date	Check If	PTIN		
Paid		VID J YOO		1 1	2		11/3/1	self-employed	P004	1773	1
Prepare	er Fir	m's name ► SQ	UAR MILNER	PETERSON ET	r. AL. LLE	?		Firm's EIN ▶33-0		_	
Use On	_			PLACE DRIVE	•	300					
	-		WPORT BEAC				2660	Phone no 949-2	22-2	999	

THE HEALEY FOUNDATION

65-0661496

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		NS AND LOSSES FOR TAX ON INVEST					Property		Description			Date acquired	Date sold
Gross sale	Depreciation	Cost or	FMV	Adı basıs	Excess of	or D	Gain						
price less	allowed/	other	as of	Adj basis as of	FMV over	$ \ $	or (loss)						
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	H	(loss)						
		202 0022 011	TIADUEU CM	TDGAD OFFICIA	NDD DINI	Ц	TAN DE CATA	2 /21 /221					
772 002		392.8923 SHS	HARVEY SM.	LDCAP OFFSHO	RE FUN		VARIOUS	3/31/2013					
773,203.		636,260.				П	136,943.						
						Н							
						П							
TAL GAIN(LO	ss)				• • • • • •	П	<u>136,943.</u>						
						$\ \ $							
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FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	5,547.	5,547.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	5,547.	5,547.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT

65-0661496

PART I - OTHER PROFESSIONAL FEES FORM 990PF,

DESCRIPTION

CONSULTING FEES

REVENUE AND EXPENSES PER BOOKS

5,000.

5,000.

TOTALS

CHARITABLE PURPOSES

5,000.

5,000.

V 13-7.1F

1593CE N337 10/28/2014 8:42:33 PM V 13-7.1F

ATTACHMENT

65-0661496

PART I - OTHER EXPENSES FORM 990PF,

DESCRIPTION FILING FEES

REVENUE AND EXPENSES PER BOOKS 365.

TOTALS

365.

CHARITABLE <u>PURPOSES</u> 365.

365,

ATTACHMENT 4

ATTACHMENT 4

- OTHER INVESTMENTS PART II FORM 990PF,

DESCRIPTION

HARVEY SMIDCAP OFFSHORE FUND

TOTALS

ENDING BOOK VALUE

ENDING FMV

V 13-7.1F

THE HEALEY FOUNDATION

65-0661496

ATTACHMENT 5

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

OTHER LIABILITY

1,022.

TOTALS

1,022.

THE HEALEY FOUNDATION

65-0661496

98.

ATTACHMENT 6 FORM 990PF - COMPUTATION OF PENALTIES AND INTEREST

END OF FISCAL/CALENDAR YEAR	12/31/2013
DATE RETURN IS DUE IF ON EXTENSION	05/15/2014
DATE RETURN WILL BE RECEIVED BY THE IRS	11/15/2014
NUMBER OF DAYS RETURN IS LATE	
NUMBER OF MONTHS RETURN IS LATE	7
LATE FILING PENALTY	
LATE PAYMENT PENALTY	
INTEREST	57.

TOTAL PENALTIES AND INTEREST

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

GRAND TOTALS NAME AN MATTHE 10286 BOYNTOI DARRAH 116 REI BAKERS SAMUEL 215 FR/ MAMARON MATTHEV 188 WIN BROOKL TIMOTH 21 WHI'NEWPOR'

AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION COM	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
HEW HEALEY 6 ST. ANDREWS ROAD TON BEACH, FL 33436	DIRECTOR 1.00	0	0	0	
THY LEEHEALEY HITESAND DRIVE ORT COAST, CA 92657	DIRECTOR 1.00	0	0	0	
AH NOBLE REKLAW ROAD RSVILLE, NC 28705	VICE PRESIDENT 1.00	0	0	0	
EL HEALEY FRANK AVENUE RONECK, NY 10543	DIRECTOR 1.00	0	0	0	
HEW R HEALEY WINCHESTER ST. KLINE, MA 02446	PRESIDENT 2.00	0	0	0	

DATION
EY FOUN
E HEALI
TH

65-0661496

FORM 990PF, DART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

TOTAL CONTRIBUTIONS PAID 80,000.

ATTACHMENT 8

V 13-7.1F

SCHEDULE D (Form 1041)

Denartment of the Treasury

Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Employer identification number

2013

THE HEALEY FOUNDATION 65-0661496 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments (h) Gain or (loss) Subtract column (e) the lines below to gain or loss from Form(s) 8949, Part I, from column (d) and This form may be easier to complete if you round off cents (sales price) (or other basis) combine the result with line 2, column (g) column (g) to whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2012 Capital Loss Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (h) Gain or (loss) Adjustments (d) Proceeds the lines below Subtract column (e) to gain or loss from Form(s) 8949, Part II. from column (d) and This form may be easier to complete if you round off cents (sales price) (or other basis) combine the result with line 2, column (g) column (g) to whole dollars Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 773,203. 636,260. 136,943. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 12 13 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2012 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on 136,943.

ched	ule D (Form 1041) 2013					Page 2
Par	Summary of Parts I and II		(1) Beneficiaries'	(2) Est	ate's	/3\ Total
	Caution: Read the instructions before completing this pa	ert	(see instr)	or tru	st's	(3) Total
7	Net short-term gain or (loss)	17				
8	Net long-term gain or (loss):					
а	Total for year	18a				136,943.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht).	18b				
	28% rate gain	18c				
	Total net gain or (loss). Combine lines 17 and 18a ▶	19				136,943.
lote	: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 go to Part V, and do not complete Part IV If line 19, column (3), is a n	(or Fo	orm 990-T, Part I, line o	4a) If lines of the Capit	18a a. al Los	nd 19, column (2), are net
eces		CI 103.	s, complete rait iv all	o the capit	u, 200	S carryover violisheed as
Par	V Capital Loss Limitation					
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F					
a	The loss on line 19, column (3) or b \$3,000		4 (00 (5 00	 0 T too 04	20	()
oss (this if the loss on line 19, column (3), is more than \$3,000, or if Form 1041, carryover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22 (or ⊢orm 99	0-1, line 34,), is a	ioss, complete the Capital
Par		s	-			
_	1041 filers. Complete this part only if both lines 18a and 19 in col		(2) are gains, or an a	mount is e	ntere	ed in Part I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor		• •			
	ion: Skip this part and complete the Schedule D Tax Worksheet in the i					
Eit	her line 18b, col (2) or line 18c, col (2) is more than zero, or					
	th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					
	990-T trusts. Complete this part only if both lines 18a and 19 a					
	rm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and c	complete the Schedu	ile D Tax V	Vorks	sheet in the instructions
eitr	er line 18b, col (2) or line 18c, col (2) is more than zero				, .	
1	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4)	. 21			
2	Enter the smaller of line 18a or 19 in column (2)				,	
	but not less than zero					
3	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified				ĺ	
	dividends included in income in Part I of Form 990-T)					
4	Add lines 22 and 23					
5	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 25					
6	Subtract line 25 from line 24 If zero or less, enter -0		. 26			
7	Subtract line 26 from line 21 If zero or less, enter -0		. 27]	
8	Enter the smaller of the amount on line 21 or \$2,450		. 28]	
9	Enter the smaller of the amount on line 27 or line 28		. 29			
0	Subtract line 29 from line 28 If zero or less, enter -0- This amount is	taxed	l at 0%	▶	30	
1	Enter the smaller of line 21 or line 26		. 31			
2	Subtract line 30 from line 26					
3	Enter the smaller of line 21 or \$11,950				١.	
4	Add lines 27 and 30					
5	Subtract line 34 from line 33. If zero or less, enter -0]	
6	Enter the smaller of line 32 or line 35		36]	
7	Multiply line 36 by 15%			▶	37	
8	Enter the amount from line 31		. 38			
9	Add lines 30 and 36					
0	Subtract line 39 from line 38 If zero or less, enter -0]	
1	Multiply line 40 by 20%			▶	41	
2	Figure the tax on the amount on line 27 Use the 2013 Tax Rate Schedule for	Estate	s			
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		. 42			
3	Add lines 37, 41, and 42				1	
4	Figure the tax on the amount on line 21 Use the 2013 Tax Rate Schedule for				1	
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		1 1		1	
5	Tax on all taxable income. Enter the smaller of line 43 or line 44			Schedule	1	
	G, line 1a (or Form 990-T, line 36)				45	

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)

Social security number or taxpayer identification number

THE HEALEY FOUNDATION

65-0661496

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

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

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

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

ŀ	(D) Long-term transactions	•		_	•	,	,	
ļ	(E) Long-term transactions i				was not report	ted to the IRS		
Ţ	X (F) Long-term transactions	not reported t	o you on For	m 1099-B	,			
•	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed	(d) Proceeds (sales pnce)	(e) Cost or other basis See the Note below and	Adjustment, if a If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
	(Example 100 SIT X12 GG)	(we , day, yi)	(Mo,dany,yr)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
3	92.8923 SHS HARVEY							
	SMIDCAP OFFSHORE FU	VARIOUS	3/31/2013	773,203.	636,260.			136,943
_	· · · · · · · · · · · · · · · · · · ·				·			
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2	Totals. Add the amounts in colu (subtract negative amounts) E include on your Schedule D, lin- checked), line 9 (if Box E above (if Box F above is checked) ▶	nter each tota e 8b (if Box D	I here and above is	773,203.	636,260.			136,943.

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

	(Rev 1-2014)				Page 2					
-	are filing for an Additional (Not Automatic) 3-M									
	nly complete Part II if you have already been gra			on on a previously filed Form 886	8					
	are filing for an Automatic 3-Month Extension,									
Part II	Additional (Not Automatic) 3-Month E	xtension o	f Time. Only file the or	iginal (no copies needed).						
	Name of exempt organization or other filer, see in			Enter filer's identifying number, se						
	Employer identification number (EIN) or								
Type or	•									
print	THE HEALEY FOUNDATION		<u></u>	65-0661496						
File by the	Number, street, and room or suite no If a P O bo	ox, see instruc	tions	Social security number (SSN)						
due date fo	10286 ST. ANDREWS ROAD		,							
filing your return See	City, town or post office, state, and ZIP code Fo	r a foreign ad	dress, see instructions							
n struction:	BOYNTON BEACH, FL 33436									
	e Return code for the return that this application	is for (file a		each return)	. 04					
Applica	ition	Return	Application		Return					
ls For		Code	ls For		Code					
Form 9	90 or Form 990-EZ	01		《数据》,通过"等则可以数据"						
Form 9	90-BL	02	Form 1041-A		08					
Form 4	720 (individual)	03	Form 4720 (other than	ındividual)	09					
Form 9	90-PF	04	Form 5227		10					
Form 9	90-T (sec 401(a) or 408(a) trust)	05	Form 6069		11					
Form 9	90-T (trust other than above)	06	Form 8870		12					
STOPLE	o not complete Part II if you were not already	granted ar	n automatic 3-month ext	ension on a previously filed Fo	rm 8868.					
• The b	ooks are in the care of > TIMOTHY S. LEE	HEALEY								
	hone No. ► 949 706-1347		Fax No. ▶							
	organization does not have an office or place of	business ir	the United States, check	this box	▶ 🗀					
	is for a Group Return, enter the organization's for				this is					
	vhole group, check this box ▶				ttach a					
	the names and EINs of all members the extension		5 (1, 1							
	equest an additional 3-month extension of time t			11/17 , 20 14 .						
	r calendar year 2013, or other tax year beginn		, 20 ,	and ending	, 20					
	he tax year entered in line 5 is for less than 12 r			return Final return	, 20					
Ŭ ,;;	Change in accounting period	montaio, Gile	ar 1000011 1111001	iotaini inalifetam						
7 91	ate in detail why you need the extension ADDI:	TTONAL T	י משקדווסק אי אוד	O ORTAIN THE						
	CUMENTATION NECESSARY TO FILE A (
20	COMENTATION RECEDERATION TO THE A C		AND ACCORDING REI	0144.						
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On If	this application is for Forms 990-BL, 990-PF,	0000 472	0 or 6060 enter the t	entative tax less any						
	nrefundable credits. See instructions	2000	o, or occa, enter the t	* 1 1	_					
	this application is for Forms 990-PF, 990-7	5/4720 0	r 6069 ontor any rot	8a \$	0					
	timated tax payments made include any p									
		illot year t	overpayment anowed a	——————————————————————————————————————						
	nount paid previously with Form 8868.			8b \$	0					
	lance Due. Subtract line 8b from line:8a Include		ient with this form, if req							
(E	ctronic Federal Tax Payment System) See instructions 8c \$ 0 Signature and Verification must be completed for Part II only.									
			•	•						
	enalties of perjury, I declare that I have examined			hedules and statements, and to the	ne best of my					
knowled	ge and belief, it is true, correct, and complete, and that	i am aumoni	zeo to prepare this form.							
			Title > CPA	. 7/2	1/14					
Signature			Title > CFH	Date ► 1/3	TIV					
	\			Form 886	8 (Rev 1-2014)					