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## Form **99.0-PF**

#### **Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 2014

Departifient of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For cal	enda	year 2014, or tax year beginning	<u> </u>	, 2014	, and ending			
Name of fe		<del></del>				Α	Employer identification num	nber
THE I	IARI	YEY FOUNDATION, INC.	-4		Room/suite	_	66-0271454	
		et (or P O box number if mail is not delivered to	street a	aaress)		В	Telephone number (see instru	=
		EDERAL BUILDING or province, country, and ZIP or foreign postal	code	<del></del>	1507		(787) 725-181	.4
SAN			***	PR	00909	С	If exemption application is	pending, check here. >
				Initial return of a forme			, , , ,	
G Che	ck all	that apply. Initial return	-	Amended return	er public charity	D	1 Foreign organizations, che	ck here
							2 Foreign organizations mee	ting the 85% test, check
		Address change		Name change	· · · ·		here and attach computation	on ►
H Che				(c)(3) exempt private fou		l _		
		ction 4947(a)(1) nonexempt charitab		<del></del>		E	If private foundation status under section 507(b)(1)(A),	
		value of all assets at end of year		ounting method XC	ash Accrual		under Section 507(b)(1)(A),	CHECK Here
	n Part i	II, column (c), line 16)		Other (specify)		F	If the foundation is in a 60-	
<u> </u>			Part I,	column (d) must be on c	ash basıs.)	<u> </u>	under section 507(b)(1)(B),	check here L
Part I	A	nalysis of Revenue and	}	(a) Revenue and	(b) Net investmen	t	(c) Adjusted net	(d) Disbursements
	_ E	kpenses (The total of amounts in		expenses per books	`´ income		income	for charitable
		lumns (b), (c), and (d) may not nece rily equal the amounts in column (a)						purposes (cash basıs only)
		ee instructions) )						(Gasir Dasis Offiy)
	1	Contributions, gifts, grants, etc. received (attach schedul	le)					
	2	Ck ► if the foundn is not required to attach So						
Ę	3	Interest on savings and temporary cash investments •		38.		8.		
2012	4	Dividends and interest from securities		74,490.	74,49	υ.		
Le		Net rental income	• • •					<u> </u>
		or (loss) • • • •						
R		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	• • •	···········	<u> </u>			
35	<u> </u>	assets on line 6a						· · · · · · · · · · · · · · · · · · ·
SCANNED AVE A	7	Capital gain net income (from Part IV, line 2)				0.		
$\mathbb{Q}^{N}$	8	Net short-term capital gain					0.	
₩E		Gross sales less						
\$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10 a	returns and allowances	i					
₹	t	Less Cost of						<del></del>
<u></u>	١.	goods sold L			· · <u>-</u>		1	
D		Other income (attach schedule)						· · · · · · · · · · · · · · · · · · ·
	''	·		22,849.	22,84	α		
	42	See Line 11 Stmt  Total. Add lines 1 through 11		97,377.	97,37	7	0.	
	13	Compensation of officers, directors, trustees, e		7,500.	31731	<del></del>	† <del></del>	7,500.
	14	Other employee salaries and wages		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
•	15	Pension plans, employee benefits						<del></del>
	1	Legal fees (attach schedule)						
. A		Accounting fees (attach sch)		2,257.	ļ.	ر ~	~~	2,257.
, M		Other prof fees (attach sch)		2,251.	<u> </u>	<del>(</del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,231.
Ň	17	Interest					$\ddot{g}$	
PS	18	Taxes (attach schedule)(see instrs) TAXES . P.		2,023.	<u> </u>	11	$\sim$	<del> </del>
RR	19	Depreciation (attach	ĺ	2,023.	<del></del>		2 200 %	
. A A		sch) and depletion · · · · · · · ·					;;	Y Air , "
N V	20	Occupancy				0		
GÉ	21	Travel, conferences, and meetings		1,106.	haan	$\stackrel{\smile}{=}$		1,106.
A E N X	22	Printing and publications	• • •					
DР	23	Other expenses (attach schedule)						
E N	_							·-·
S E S	24	Total operating and administrative expenses. Add lines 13 through 23 · · · ·		12 000				10 062
S	25	Contributions, gifts, grants paid		12,886. 98,000.				10,863. 98,000.
		· ·		30,000.				30,000.
	26	Total expenses and disbursements. Add lines 24 and 25 · · · · · · · · · ·		110, 886.				108,863.
	27	Subtract line 26 from line 12.		110,000.				174.5
		Excess of revenue over expenses						
		and disbursements	• • •	-13,509.	· · · · · · · · · · · · · · · · · · ·			Trans like
	t	Net Investment Income (if negative, enter -0-	-)		97,37	7.		大型1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	_ (	Adjusted net income (if negative, enter -0-)					0.	\$7. Shabite 1



Dar	6 H	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
Fai		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	79,748.	81,680.	81,680.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			<del></del>
	5	Grants receivable			<del> </del>
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)		_	
	7	Other notes and loans receivable (attach sch)			
A	l	Less: allowance for doubtful accounts			
Š	8	Inventories for sale or use	_		
A S E T	9	Prepaid expenses and deferred charges	-		
Ġ	10	a Investments — U.S. and state government obligations (attach schedule)			
		<b>b</b> Investments — corporate stock (attach schedule) [			
		c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis · · · · · · · · · · · ▶			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)	2,201,126.	2,291,144.	2,291,144.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	2,280,874.	2,372,824.	2,372,824.
Ļ	17	Accounts payable and accrued expenses			
I A	18	Grants payable			
A B	19	Deferred revenue			
L	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here			<b>-</b>
		and complete lines 24 through 26 and lines 30 and 31.			
N F E U T N	24				-
ΤŇ	25				-
A D	26	Permanently restricted		<del></del>	-
A B S A E T A		and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds			
S N	28	, ,			
O E	29	Retained earnings, accumulated income, endowment, or other funds	2,280,874.	2,372,824.	
RS	30	Total net assets or fund balances (see instructions)	2,280,874.	2,372,824.	
	31	Total liabilities and net assets/fund balances (see instructions)	2,280,874.	2,372,824.	
Par	i III	Analysis of Changes in Net Assets or Fund Balance		2/3/2/021	
	Tota	I net assets or fund balances at heginning of year - Part II, column (a	a), line 30 (must agree w	rith	T
	end-	-of-year figure reported on prior year's return)		1	2,280,874.
2	Ente	er amount from Part I, line 27a		2	-13,509.
3	Othe	r increases not included in line 2 (itemize) • <u>UNREALIZED</u> <u>GAI</u>	<u>N</u>	3	105,459.
4		lines 1, 2, and 3		<b>├</b>	2,372,824.
5	Decre	eases not included in line 2 (itemize)		5	2 272 224
6	rota	inet assets or fund palarices at end of year (line 4 minus line 5) — Pa	arcii, column (b), line 30	6	2,372,824.

Page 3

	(a) List and describe 2-story brick warehouse	the kind(s) of property sold (e.g , rea s; or common stock, 200 shares MLC	ll estate, C Company)	(b) How acqu P — Purcha D — Donati	se (month, day, year)	(d) Date sold (month, day, year)
1 a	CHARLES SCHWAB			P	Various	Various
	<del></del>					
<u> </u>	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other bas	ie T	(h) Gain or	(loss)
	(e) Gloss sales place	(or allowable)	plus expense of sale		(e) plus (f) m	
	113,740.		12:	3,301.		-9,561.
Ł	•					
	;					
	<u> </u>				· · · · · · · · · · · · · · · · · · ·	·
		g gain in column (h) and owned by t	he foundation on 12/31/69	+	Ø 0 - /0-	1 (1.)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an	(I)	(I) Gains (Co gain minus column (I than -0-) <b>or</b> Losses (fi	(), but not less
	3					-9,561.
k						
	:					····
				<del>-</del>	<del></del>	
		Г.,	<u> </u>			
2	, ,	<b>_</b>	enter in Part I, line 7 ter -0- in Part I, line 7	• • • •	2	-9,561.
3		ss) as defined in sections 1222(5) ar				
		, column (c) (see instructions). If (los			3	-9,561.
Pai	twV編 Qualification Under	Section 4940(e) for Reduc	ed Tax on Net Investm	ent Inco	me	
Was	es,' the foundation does not qualify	on 4942 tax on the distributable amo under section 4940(e). Do not com	plete this part		Yes	X No
	Enter the appropriate amount in	each column for each year; see the	instructions before making an	y entries.		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ets	<b>(d)</b> Distributior (column (b) divided l	
	2013	106,328.	2,164	1,348.		0.049127
	2012	95,299.	1	2,675.		0.047115
	2011	96,747.		1,433.		0.049577
	2010	92,187.	+	5,141.		0.050482
	2009	67,827.	<del>                                     </del>	2,802.		0.042055
	2000	077027.	1,01.	70021		0.012000
2	• • • • • • • • • • • • • • • • • • • •				2	0.238356
3	Average distribution ratio for the number of years the foundation to	5-year base period — divide the tota has been in existence if less than 5 y	ol on line 2 by 5, or by the years		3	0.047671
4	Enter the net value of noncharita	able-use assets for 2014 from Part X	, line 5		4	2,312,132.
5	Multiply line 4 by line 3				5	110,222.
6	Enter 1% of net investment incom	me (1% of Part I, line 27b)			6	974.
7	Add lines 5 and 6				7	111,196.
_				1	I	
8	Enter qualifying distributions from	m Part XII, line 4		[	8	108,863.

Par	VI ` Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions	}		
1 a	xempt operating foundations described in section 4940(d)(2), check here   and enter 'N/A' on line 1			
	ate of ruling or determination letter (attach copy of letter if necessary — see Instrs)			
b	omestic foundations that meet the section 4940(e) requirements in Part V,		1,9	948.
	heck here ► and enter 1% of Part I, line 27b			
c	Il other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	ax under section 511 (domestic section 4947(a)(1) trusts and taxable pundations only. Others enter -0-)			0.
3	dd lines 1 and 2		1,9	948.
4	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	ax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0	_	1,9	948.
6	redits/Payments:			
а	0. D14 estimated tax pmts and 2013 overpayment credited to 2014 6 a			
b	xempt foreign organizations — tax withheld at source 6 b			
c	ax paid with application for extension of time to file (Form 8868) 6 c			
	ackup withholding erroneously withheld			
7	otal credits and payments Add lines 6a through 6d			0.
8	nter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			41.
9	ax due If the total of lines 5 and 8 is more than line 7, enter amount owed		1,9	89.
10	verpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	nter the amount of line 10 to be Credited to 2015 estimated tax			
Par	VII-A Statements Regarding Activities			
1 9	ouring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	articipate or intervene in any political campaign?	1 a		Х
t	old it spend more than \$100 during the year (either directly or indirectly) for political purposes see Instructions for the definition)?	1 b		х
	the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published r distributed by the foundation in connection with the activities			
	old the foundation file Form 1120-POL for this year?	1 c		Х
c	inter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	$\neg$		
	1) On the foundation > \$ (2) On foundation managers > \$			
6	inter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	oundation managers ▶ \$las the foundation engaged in any activities that have not previously been reported to the IRS?	2		
2		-		X
	'Yes,' attach a detailed description of the activities.			
3	las the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3		<u> </u>
	f incorporation, or bylaws, or other similar instruments? If Yes,' attach a conformed copy of the changes	3 4 a		X
	old the foundation have unrelated business gross income of \$1,000 or more during the year?			X
_		4 b		
5	Vas there a liquidation, termination, dissolution, or substantial contraction during the year?	<del>-  </del>		X
	Tyes,' attach the statement required by General Instruction T			
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	tid the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8 8	inter the states to which the foundation reports or with which it is registered (see instructions)	′	ļ	
	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 <sup>2</sup> If 'No,' attach explanation	8 b	Х	
0	s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)			
9	or calendar year 2014 or the taxable year beginning in 2014 (see 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			
10		10		х
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Form	990-PF (2014) THE HARVEY FOUNDATION, INC. 66-02714	54	F	age 5
	t VII-A Statements Regarding Activities (continued)			
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)	. 11		_ 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)	. 12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13	Х	
	Website address · · · · · · · · · · · · · · · · · ·			
14	The books are in care of MR. CHARLES HITT Telephone no. (787)  Located at FIRST FEDERAL BLDG, SUITE 507 SAN JUAN PR ZIP + 4 00909  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	_/25	-181	<del>4</del> – -
4-	Located at FIRST FEDERAL BLDG, SUITE 507 SAN JUAN PR ZIP+4 00909			
15	and enter the amount of tax-exempt interest received or accrued during the year		•	Ш
			Yes	No
16	At any time during calendar year 2014, 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?	. 16	103	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If 'Yes,' enter the name of the foreign country			
Par	t 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
1 a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			!
	(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)?			
	(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.)			]
b	o If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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)?	. 1b	<u> </u>	
	Organizations relying on a current notice regarding disaster assistance check here		<del>                                     </del>	
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 2014?	. 1 c		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))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d		1	
	and 6e, Part XIII) for tax year(s) beginning before 2014?			
	o Are there any years listed in 2a for which the foundation is <b>not</b> 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.)	2 b		X
c	to If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			<del>                                     </del>
	► 20 _ , 20 _ , 20		,	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
t	b if 'Yes,' did it have excess business holdings in 2014 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)			
		3 b	<u>' </u>	<del> </del>
4 2	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. 4 a	<u> </u>	x
t	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 2014?	. 4 b		
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Form 990-PF (2014) THE HARVEY FOUNDAT			66-027	1454	Page 6
Part VII-B Statements Regarding Activiti		n 4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or incur a	•				
`(1) Carry on propaganda, or otherwise attempt to	o influence legislation (se	ection 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	n drive?		Yes X	No	
(3) Provide a grant to an individual for travel, stu			Yes X	No	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).	a charitable, etc, organi	zation described	Yes X	No	
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	charitable, scientific, lite of cruelty to children or ai	erary, or nimals?	Yes X	No	
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of the described in Regulations section 53.4945 or in a (see instructions)?	current notice regarding	disaster assistance		5 b	
Organizations relying on a current notice regarding					
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsible.	foundation claim exempt	tion from the	Yes	No	
If 'Yes,' attach the statement required by Regulat	tions section 53.4945-5(d	d).			
6 a Did the foundation, during the year, receive any f on a personal benefit contract?				No	
<b>b</b> Did the foundation, during the year, pay premium If 'Yes' to 6b, file Form 8870	is, directly or indirectly, o	on a personal benefit con	tract?	· · ·   6 b	X
7 a At any time during the tax year, was the foundation	on a party to a prohibited	tax shelter transaction?	Yes   X	No	
b If 'Yes,' did the foundation receive any proceeds					
Part VIII Information About Officers, D					
and Contractors					
1 List all officers, directors, trustees, foundatio		, · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
(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 other allo	
CHARLES M. HITT FIRST FEDERAL BLDG. STE 507 SAN JUAN PR 00909	PRESIDENT	750.	0.		0.
MARILYN HITT FIRST FEDERAL BLDG. STE 507	TREASURER				
SAN JUAN PR 00909		1,500.	0.		0.
	SECRETARY	1 500			0
SAN JUAN PR 00909  See Information about Officers, Directors, Trustees, Etc		1,500.	0.		0.
		3,750.	0.		0.
2 Compensation of five highest-paid employee	s (other than those inc		<del></del>	nter '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 other allo	
NONE			,		<del></del>
Total number of other employees paid over \$50,000 .	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		None

Form 990-PF (2014)

Form 990-PF (2014) THE HARVEY FOUNDATION, INC.	66-027	1454 Page <b>7</b>
Partivilla Information About Officers, Directors, Trustees, Foundand Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see in	structions). If none. enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		ı
		<del> </del>
		1
T. I. I. C. II.		
Total number of others receiving over \$50,000 for professional services		<u>No</u> ne
Partix-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical ir organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1 N/A		
· N/A		
		0.
2		
3		·
<b>"</b>		
4		
RactixaB Summary of Program-Related Investments (see instruc	tions)	
Describe the two largest program-related investments made by the foundation during t	ne tax year on lines 1 and 2.	Amount
1 N/A		
2		0.
All other program-related investments See instructions.		
3		

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None

Form 990-PF (2014)

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Form **990-PF** (2014)

Pa	see instructions.)	jii lou	nuations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes.		
- 1	A Average monthly fair market value of securities	1 a	2,321,487.
	Average of monthly cash balances	1 b	25,855.
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	2,347,342.
•	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,347,342.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	35,210.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,312,132.
6	Minimum investment return. Enter 5% of line 5	6	115,607.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		lations
	and certain foreign organizations check here  and do not complete this part.)	100110	
1		1	115,607.
2 :	a Tax on investment income for 2014 from Part VI, line 5	7 3	
ı	Income tax for 2014. (This does not include the tax from Part VI.)		
•	Add lines 2a and 2b	2 c	1,948.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	113,659.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	113,659.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	113,659.
Pai	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes  Expenses, contributions, gifts, etc — total from Part I, column (d), line 26		100 050
		1 a	108,863.
_	Program-related investments — total from Part IX-B	1 b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
á	Amounts set aside for specific charitable projects that satisfy the  Suitability test (prior IRS approval required)	3 a	
ŀ	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	108,863.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	108,863.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years.	ındatıo	n

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	<b>(c)</b> 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7				113,659.
2 Undistributed income, if any, as of the end of 2014.				
a Enter amount for 2013 only		_		
<b>b</b> Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2014				
a From 2009				
<b>b</b> From 2010			-	
<b>c</b> From 2011				
d From 2012				,
e From 2013	<del>*************************************</del>			
f Total of lines 3a through e				
4 Qualifying distributions for 2014 from Part				
XII, line 4: \$ 108,863.				
a Applied to 2013, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)				· · · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus (Election required — see instructions)				1
d Applied to 2014 distributable amount				
e Remaining amount distributed out of corpus	108,863.			
5 Excess distributions carryover applied to 2014				
(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				ı
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	108,863.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		1
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has				1
been issued, or on which the section 4942(a) tax has been previously assessed				!
		•		
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2013 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2015				113,659.
7 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)				
8 Excess distributions carryover from 2009 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	108,863.			
10 Analysis of line 9:				
<b>a</b> Excess from 20100 .				
<b>b</b> Excess from 2011 0 .				
<b>c</b> Excess from 2012 0 .				1
<b>d</b> Excess from 2013 0 .				,
e Excess from 2014 108, 863.				
				F

	990-PF (2014) THE HARVEY FOUND			···	66-0271454	Page <b>10</b>			
PartXIVE Private Operating Foundations (see instructions and Part VII-A, question 9)									
1 a	1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling								
Ŀ	Check box to indicate whether the foundation	n is a private operatir	ng foundation describ	ed in section	4942(J)(3) or	4942(j)(5)			
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years					
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total			
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:								
а	'Assets' alternative test - enter.								
	(1) Value of all assets								
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
ŧ	'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed			<del>-</del> ,	1				
_	'Support' alternative test — enter:		- · · · · · · · · · · · · · · · · ·	<del></del>					
	(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		·			<del></del>			
Pai	Supplementary Information	(Complete this	nart only if the t	foundation had	\$5,000 or more	in			
1	assets at any time during the Information Regarding Foundation Manag List any managers of the foundation who have close of any tax year (but only if they have contained to the state of th	e year — see in: ers: e contributed more t	structions.)	ontributions receive					
			, ,						
t	List any managers of the foundation who owr a partnership or other entity) of which the fou			on (or an equally larg	ge portion of the owner	ership of			
2	Information Regarding Contribution, Gran Check here ☐ if the foundation only ma requests for funds. If the foundation makes gromplete items 2a, b, c, and d.	kes contributions to	preselected charitable	e organizations and					
a	The name, address, and telephone number of	r e-mail address of t	he person to whom a	pplications should b	e addressed:				
	MR. CHARLES HITT								
	1519 PONCE DE LEON AVE, FIR		•						
<del></del>	SAN JUAN	PR 00909	<u>```</u>			<del></del>			
r	The form in which applications should be sub WRITTEN EXPLANATION OF THE OF				BE USED TO M	EET THE NEED			
	: Any submission deadlines			<del></del>					
	JANUARY 31								
	Any restrictions or limitations on awards, sucl	as by geographical	areas charitable fiel	lds kinds of institutu	one or other feature:	<del></del>			
•	NO RESTRICTIONS. EDUCATIONAL					GANIZATIONS.			

Form 990-PF (2014) THE HARVEY FOUNDATION, INC.

Range Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future 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)	substantial contributor	recipient	33	
a Paid during the year		{		
GLORIMAR RAMOS MEDINA		GENERAL	SCHOLARSHIP	
		PUBLIC		
ANA M. DALLEM		CENEDAL	CCUOL ADCULD	1,500.
ANA M. BALLET		PUBLIC	SCHOLARSHIP	
		LOPLIC		3,500.
ANAIS GONZALEZ		GENERAL	SCHOLARSHIP	3,000
		PUBLIC		
				5,000.
EDWIN CARRERAS		GENERAL	SCHOLARSHIP	
		PUBLIC		
				3,500.
JAIME GARRATON		GENERAL	SCHOLARSHIP	
		PUBLIC		
			aguar a paur p	2,000.
YUL CASTRO			SCHOLARSHIP	
		PUBLIC		1,500.
KAMIL ASSAD		GENERAL	SCHOLARSHIP	1,500.
KANIL ASSAU		PUBLIC	Senodimon11	
		LOBBIO		4,000.
MAGGIE HOLDEMAN		GENERAL	SCHOLARSHIP	,
		PUBLIC		
				5,000.
IMAGINE SCHOOL AT TOWN CENTER		CHARITABLE	DONATION	
		PUBLIC	GENERAL FUNDS	
				3,500.
See Line 3a statement		Ì		
				CO FOO
				68 <b>,</b> 500.
Total			3a	98,000.
<b>b</b> Approved for future payment				
	I	1		

### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		Unrelate	ed business income	Excluded by	section 512, 513, or 51	4
,		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions.)
	gram service revenue.			code		
.a						<del>                                     </del>
b		·		<del>                                     </del>		
°.—						
d					<del></del>	<del></del>
e			<del></del>	<del>  </del>	<del></del>	
T					<del></del>	
	es and contracts from government agencies				<del> </del>	<del> </del>
	mbership dues and assessments					<u> </u>
	rest on savings and temporary cash investments idends and interest from securities					
				<del></del>		
	rental income or (loss) from real estate:			<del></del>		
	ot-financed property			<del>                                     </del>		<del> </del>
	debt-financed property			+ +		<del>                                     </del>
	rental income or (loss) from personal property		·			<del> </del>
	n or (loss) from sales of assets other than inventory			+	<del></del>	-
	income or (loss) from special events			+ +		
	oss profit or (loss) from sales of inventory			+ +	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>
	er revenue.			+	<u> </u>	<del>                                     </del>
				+		
						<del>- </del>
		_				<del>-  </del>
d				<del>- </del>		
40 = -	(1) (1)					
	ototal. Add columns (b), (d), and (e)		<u> </u>			<u> </u>
	tal. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations				13	<del></del>
-						
Part X	VI-B Relationship of Activities to the	Accomp	lishment of Exen	npt Purpos	ses	
Line No	Explain below how each activity for which inco	ome is report	ed in column (e) of Par	rt XVI-A contr	ibuted importantly to	o the
•	<del></del>		or triair by providing rai			
	N/A					
			<u> </u>			
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		<u>-</u>				
			<del></del>		<del></del>	·
					<del></del>	<del></del>

# Form 990-PF (2014) THE HARVEY FOUNDATION, INC. 66-0271454 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

•														Yes	l No	
(	describe	organization direc d in section 501( o political organi	c) of the	Code (oth	gage in a er than s	ny of the ection 50	following w 1(c)(3) org	ith any anization	other or ons) or ir	ganization section 527,					-	
а	Transfer	s from the report	ing foun	dation to a	nonchar	itable exe	mpt organ	zation	of:							
(	(1) Cash	1			<i>.</i>								. 1 a (1)		X	
(	( <b>2</b> ) Othe	er assets											. 1 a (2)		Х	
b	Other tra	nsactions:														
(	(1) Sale	s of assets to a r	nonchari	table exem	pt organ	izatıon.							. 1 b (1)		Х	
(	(2) Purc	hases of assets	from a n	noncharitab	le exemp	ot organiz	ation						. 1 b (2)		X	
(	( <b>3)</b> Rent	tal of facilities, ed	quipmen	t, or other a	assets .		· · · · · ·						. 1 b (3)		X	
(	(4) Rem	nbursement arrai	ngemen	ts									. 1 b (4)		X	
(	( <b>5)</b> Loar	ns or Ioan guarar	ntees .										. 1 b (5)		_ X	
(	(6) Perf	ormance of servi	ces or m	nembership	or fundr	aising so	licitations.						. 1 b (6)		X	
C	Sharing o	of facilities, equip	pment, n	nailing lists,	, other as	ssets, or p	paid emplo	yees.					1 c		X	
- 1	the good any trans	swer to any of the s, other assets, of saction or sharing (b) Amount involve	or servic g arrang	es given by ement, sho	y the repo w in colu	orting fou imn (d) th	ndation If	the fou the go	ndation rods, othe	eceived less th	an fair ma	arket valu eived.	e in	gements		
_										. <u>-</u> .:						
													-			
			_													
				•												
								_					•			
												<del></del> -				
•	describe	undation directly of the section 501(complete the following the followin	c) of the	Code (oth	ed with, o er than s	r related ection 50	to, one or r 1(c)(3)) or	nore ta ın secti	x-exemp on 527?	ot organizations			Yes	×	No	
	(a)	Name of organiz	zation		<u> </u>	(b) Type	of organiz	ation		(c	) Descrip	tion of rel	ationship			
					ļ											
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Sign Here	correct,	enalties of perjury, I de and complete Declara	MhL	parer (other the	an taxpayer	) is based or	all informatio	n of which	n preparer h	TRUSS	UR C	ewiedge and	May the I this return preparer (see instr	n with the shown be	elow	
	<del></del>	Pnnt/Type preparer's				Preparer's s	ignature	_/		Date /	Check	C Inf	PTIN	163		
בוה		JOSE LUIS		107 N	İ		4.1	9		7/13/15	· I	mployed		ano		
Paid		Firm's name					1			11:1/10	Firm's EIN	<del>``</del>	P01424	200		
•	arer	Firm's address		& CO.							CHIHS CIN	_00-	0479116			
JSE (	Only	, ama addiesa		BOX 190	J4/6_			D1	B 000	110-0476	Phone no	/70	71 764	5365		
BAA		<u> </u>	SAN	JUAN_			<u>-</u>	P	K 005	919-0476	THOIR NO	(78			2044	
,~A													Form 99	J-PF (2	2014)	

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990, Form 990-EZ, or Form 990-PF

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.lrs.gov/form990.

Employer Identification number Name of the organization THE HARVEY FOUNDATION, INC 66-0271454 Organization type (check one): Section: Filers of: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation X 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Form 990-PF,	Page 1, Part I, Line 1	11
Line 11 Stmt		

Other income: Energy LLPs distributions	Rev/Exp Book 14,286.	Net Inv Inc 14,286.	Adj Net Inc
CAPITAL GAIN DISTRIBUTION   Total	22,849.	22,849.	

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

(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
Person. X Business . VINCENT A. MABERT FIRST FEDERAL BLDG. STE 507 SAN JUAN PR 00909		1,500.	0.	0.
Person. X Business . JOSE A. MIRANDA FIRST FEDERAL BLDG. STE 507				
Person. X Business TROY W. FIELDS		1,500.	0.	0.
		750.	0.	0.

Total

3,750.	0.	0.
	<del></del>	

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient  Name and address	If recipient is an individual, show any	Foun- dation status	Purpose of grant or contribution	Person or Business Checkbox
(home or business)	relationship to any foundation manager or substantial contributor	of re- cipient		Amount
a Paid during the year UNA-USA PR CHAPTER		CHARITABLE ORGANIZATION	DONATION GENERAL FUNDS	Person or Business X
HOGAR NUESTRA SENORA DE LA PROVIDENCIA		CHARITABLE ORGANIZATION	DONATION GENERAL FUNDS	Person or Business X

## `Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

Name and address	If recipient is an individual, show any	Foun- dation status	Purpose of grant or contribution	Person or Business Checkbox
(home or business)	relationship to any foundation manager or substantial contributor	of re- cipient		Amount
a Paid during the year	 			
CALVARY EVANGELICAL		CHARITABLE	DONATION	Person or
		ORGANIZATION	GENERAL FUNDS	Business X 2,000.
SALVATION ARMY		CHARITABLE	DONATION	Person or
		ORGANIZATON	GENERAL FUNDS	Business X 2,000.
MONROE COUNTY MINISTRIES UNITED		CHARITABLE	DONATION	Person or
		ORGANIZATION	GENERAL FUNDS	Business X
		QUID TO TO	DOMA TO TO	2,500.
HABITAT FOR HUMANITY		CHARITABLE	DONATION CENERAL FUNDS	Person or
		ORGANIZATION	GENERAL FUNDS_	Business X 2,000.
INDIANA UNIVERSITY FOUNDATION		CHARITABLE	DONATION	Person or
		ORGANIZATION	GENERAL FUNDS	Business X 3,000.
SAN JUAN COMMUNITY LIBRARY		CHARITABLE	DONATION	Person or
AT BUCAPLAA		ORGANIZATION	GENERAL FUNDS	Business X 4,000.
ESCAPE		CHARITABLE	DONATION	Person or
		ORGANIZATION	GENERAL FUNDS	Business X 2,500.
VNM FOUNDATION		CHARITABLE	DONATION	Person or
	<b></b>	ORGANIZATION	GENERAL FUNDS	Business X
JOSE HECTOR "TUTO" VIVAS		CHARTITABLE	DONATION	Person or
FOUNDATION		ORGANIZATION	GENERAL FUNDS	Business X 2,500.
ST. VINCENT DE PAUL SOCIETY		CHARITABLE	DONATION	Person or
BLOOMINGTON		ORGANIZATION	GENERAL FUNDS	Business X 2,000.
ROBINSON SCHOOL		CHARITABLE	DONATION	Person or
		PUBLIC	GENERAL FUNDS	Business X
INTON CHIPCH OF CAN THAN		CHADIMADID	DONA CITON	12,000.
UNION CHURCH OF SAN JUAN		CHARITABLE ORGANIZATION	DONATION	Person or Business X
		0		5,000.
FUNDACION DR. GARCIA RICARDI		CHARITABLE	DONATION	Person or
		ORGANIZATION	GENERAL FUNDS_	Business X 10,000.
BILL'S KITCHEN		CHARITABLE	DONATION	Person or
		ORGANIZATION	GENERAL FUNDS	Business X
				2,000.
NATIONAL COUNCIL -		CHARITABLE	DONATION	Person or
MAT AUDITIONS	- <b></b>	ORGANIZATION	GENERAL FUNDS	Business <u>X</u> 1,000.

`Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

Recipient  Name and address	If recipient is an individual, show any	Foun- dation status	Purpose of grant or contribution	Person or Business Checkbox
(home or business)	relationship to any foundation manager or substantial contributor	of re- cipient		Amount
a Paid during the year INSTITUTO PSICOPEDAGOGICO		CHARITABLE ORGANIZATION	DONATION GENERAL FUNDS	Person or Business X

Total

68,500.

COPY

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

	iling for an Automatic 3-Month Extension, c						▶ 🗸
	iling for an <b>Additional (Not Automatic) 3-Mo</b> <i>plete Part II unles</i> s you have already been g						1 8868
•	•			•	-		
a corporation 8868 to requ Return for 1	iling (e-file). You can electronically file Form n required to file Form 990-T), or an additiona uest an extension of time to file any of the f Transfers Associated With Certain Personal . For more details on the electronic filing of th	ai (not auto orms listed Benefit C	matic) 3-month extend in Part I or Part II contracts, which mu	ension of time. You ca with the exception of ust be sent to the IF	in ele Forn S in	ctronica n 8870, paper	Illy file Form Information format (see
Part I	<b>Automatic 3-Month Extension of Time</b>	. Only sub	omit original (no co	pies needed).		-	
A corporation	on required to file Form 990-T and reques	_					
	porations (including 1120-C filers), partnershi						
	e tax returns.			Enter filer's Identifying			
<del></del>	Name of exempt organization or other filer, see in	structions.		Employer identification		-	
Type or print	THE HARVEY FOUNDATION			66-0	2714	54	
•	Number, street, and room or suite no. If a P.O. bo	x, see instr	uctions.	Social security number			
File by the due date for	1519 AVE PONCE DE LEON STE 507						
filing your	City, town or post office, state, and ZIP code. For	r a foreign a	ddress, see Instruction	S.			
retum. See instructions.	SAN JUAN, PR, 00909-1732						
Enter the Re	eturn code for the return that this application i	s for (file a	separate application	n for each return) .			. 04
Applicatio	n	Return	Application				Return
Is For		Code	Is For				Code
Form 990 c	or Form 990-EZ	01	Form 990-T (corpo	oration)			07
Form 990-	BL	02	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other t	han individual)			09
Form 990-	PF	04	Form 5227				10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870				12
Telephone	s are in the care of ► THE HARVEY FOUNDAT  9 No. ► 787-725-1814  Initiation does not have an office or place of b	F	ax No. ▶	787-725-1859			▶☑
• If this is fo	or a Group Return, enter the organization's fou	ır digit Gro	up Exemption Numb	oer (GEN) N/A	١		
for the who	le group, check this box ▶ 🔲 . If	it is for par	t of the group, chec	k this box	▶ [	and at	ttach
	ne names and EINs of all members the extens						
1 I req	uest an automatic 3-month (6 months for a co	orporation	required to file Form	990-T) extension of ti	me		
until for t	715 , 20 15 , to file the exer	mpt organi	zation return for the	organization named a	bove.	. The ext	tension is
	] calendar year 20 14 or						
▶□	tax year beginning 1/01	. 20	14 . and ending	12/31		. 20	14 .
2 If the	e tax year entered in line 1 is for less than 12 r	months, ch	eck reason: Initia	al return 🔲 Final retur	m	'	
	change in accounting period Is application is for Forms 990-BL, 990-PF, 99	O T 4720	or 6060, enter the t	entative tax loss any	1	Γ	
non	refundable credits. See instructions.					\$	
	ils application is for Forms 990-PF, 990-T, mated tax payments made. Include any prior y				3b	\$	
c Bala	ance due. Subtract line 3b from line 3a. Include PS (Electronic Federal Tax Payment System).	le your pay	ment with this form,		3с	\$	
Caution. If y	ou are going to make an electronic funds withdrawa			l, see Form 8453-EO and			) for payment
instructions.							_



Enter filer's Identifying number, see instructions.    Employer identifying number (EIN) or print	Enter filer elentifying number, see instructions.    Social security number (EIN) or right to date for line year.	Part II	Additional (Not Automatic) 3-Monti	h Extension	of Time. Only file	the original (no copi	es needed).	
Number, street, and room or sulte no. If a P.O. box, see instructions.    Number, street, and room or sulte no. If a P.O. box, see instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)  Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)  Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)  Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Social security number (SSN)  Defining your control of the return that this application is for (file a separate application for each return)  Application  Porm 990 or Form 990 or Form 990-EZ  O1  Social security number (SSN)  Application  Return Code  Return Application  Form 990 or Form 990-EZ  O1  Social security number (SSN)  Porm 990 or Form 990 or Form 990-EZ  O1  Social security number (SSN)  Porm 990 or Form 990 or Form 990-EZ  O1  Social security number (SSN)  Application for each return)  Return Code  Return Application for each return)  Porm 990 or Form 990-EZ  O1  Social security number (SSN)  Application for each return)  Return Application for each return)  Porm 990 or Form 990-EZ  O1  Social security number (SSN)  Porm 990 or Form 990 or Form 990-EZ  O1  Social security number (SSN)  Application for each return)  Porm 990 or Form 990 or Form 990-EZ  O1  Social security number (SSN)  Porm 1990 or Form 990-EZ  O1  Social security number (SSN)  Porm 1990 or Form 990 or Form 104-A  O2  Form 1990 or Form 990-EZ  O1  Social security number search return  Porm 990 or Form 990 or Form 990-EZ  O1  Social security number (SSN)  Populary In Porm 990 or Form 990-EZ  O1  Social security number (SSN)  Populary In Pop							instructions
Number, street, and room or suite no. If a P.O. box, see instructions.   Social security number (SSN)	Number, street, and room or suite no. If a P.O. box, see instructions.   Social security number (SSN)		Name of exempt organization or other filer, so	ee instructions.		Employer identification	number (EIN) o	r
Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is Form Sode Form 990 or Form 990-EZ  O1  Form 990-BL  O2  Form 1041-A  O8  Form 4720 (individual)  O3  Form 4720 (individual)  O3  Form 4720 (individual)  O3  Form 4720 (individual)  O3  Form 990-FP  O4  Form 5227  10  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (rust other than above)  O6  Form 8870  12  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888.  The books are in the care of ▶  Felt this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is twith the names and EINs of all members the extension is for.  4 I request an additional 3-month extension of time until  5 For calendar year or other tax year beginning 20 and ending 20  6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  7 State in detail why you need the extension  Ba If this application is for Forms 990-BL, 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 and any amount paid previously with Form 8868.  C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.	Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For  Return Code Porm 990-EZ  01  Form 990-BL  02  Form 1041-A  08  Form 990-PF  04  Form 5227  10  Form 990-T (fice. 401(a) or 408(a) trust)  05  Form 990-T (frust other than above)  06  Form 690-9  11  The books are in the care of  Telephone No.  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  Is the whole group, check this box  1st with the names and ElNs of all members the extension is for.  4 I request an additional 3-month extension of time until  5 For calendar year  or other thax year entered in line 5 is for less than 12 months, check reason:   Initial return   Final return    Chapter   Chapter   Chapter   Chapter    Ba 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.  Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any amount paid previously with Form 8868.  Balance due. Subtract line 8b from line 8a. Include any prior year overpayment with this form, if required, by using EFTPS    BC Balance due. Subtract line 8b from line 8a. Include any prior year overpayment with this form, if required, by using EFTPS    BC Signature and Verification must be completed for Part II only.  Under penalties of Part II only.  Under penalties of Part II have examined this form, including accompanying schedules and statements, and to the best of no knowledge and byflet, it is true, correct, and completed for Part III only.	ile by the	Number, street, and room or suite no. If a P.C	D. box, see instr	uctions.	Social security number	(SSN)	
Application Is For Code Service	Application Is For Code Sort Port Sort Code Sort Port Pop Or Form 990-EZ O1 Sort Pop Pop Or Form 990-EZ Form 990-BL O2 Form 1041-A O8 Form 4720 (individual) O3 Form 4720 (individual) O3 Form 4720 (individual) O3 Form 990-PF O4 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 990-T (sec. 401(a) or 408(a) trust) O6 Form 8870 O1 12 STOPI Do not complete Part III if you were not already granted an automatic 3-month extension on a previously filed Form 8888.  The books are in the care of Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 8870 OF Telephone No. Form 8870 OF Telephone No. Form 8870 OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) or 408(a) trust) OF Telephone No. Form 990-T (sec. 401(a) trust) OF Telepho	turn. See	City, town or post office, state, and ZIP code	. For a foreign a	ddress, see instruction	s.		
Section   Sec	Seror   Scode   Sco	nter the R	leturn code for the return that this applicati	on is for (file a	separate application	n for each return) .		
Form 990-BL Form 4720 (Individual) Form 990-PF O4 Form 5227 10 Form 990-F O4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 11 Form 990-T (trust other than above) O6 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888.  The books are in the care of ▶ Telephone 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 with the names and EINs of all members the extension is for.  4 I request an additional 3-month extension of time until	Form 990-BL		on					1
Form 990-BL	Form 990-BL	Form 990	or Form 990-EZ	01		275 F 17 19 2 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18		500
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Form 990-PF	Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (rust other than above)  06 Form 870 12  3TOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888.  The books are in the care of  Telephone No.  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 this is for part of the group, check this box  If this application and attach a ist with the names and ElNs of all members the extension is for.  4 I request an additional 3-month extension of time until  For calendar year or other tax year beginning  For calendar year and ending  For calendar year or other tax year beginning  For calenda	Form 4720	0 (Individual)	03		han individual)		
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The books are in the care of ▶ Telephone No. ▶ Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box	The books are in the care of  Telephone No.  Fax No.  Telephone (GEN) .  Telephone (G	Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
The books are in the care of  Telephone No.  Fax No.  If the organization does not have an office or place of business in the United States, check this box	Telephone No. > Fax No. > If the organization does not have an office or place of business in the United States, check this box	Form 990-	-T (trust other than above)	06	Form 8870			12
8a 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 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 and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  8b \$  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of manufacture.	Ba 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 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 and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of microwledge and byfilef, it is true, correct, and complete, and that I am authorized to prepare this form.	relephone If the org If this is for the who ist with the	ne No.   panization does not have an office or place for a Group Return, enter the organization's ple group, check this box   names and EINs of all members the external contents.	of business in s four digit Gro l. If it is for par nsion is for.	the United States, coup Exemption Number of the group, chec	heck this box per (GEN) k this box		is is
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