

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

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.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

D	enar	tment	of the Treasury	_	▶ Do n	ot enter s	ocial s	curity numbers	on this form as	s it may be m	ade publi	C.			
			of the Treasury					F and its separat					17.	Open to Public	Inspection
_	_		dar year 2014	or tax year	beginning	DEC		2014	, and (enaing	NOV		15		
	Nan	ne of	foundation								A Empl	oyer identific	ation r	number	
				m-01-							١ ,,	60700	1 = 1		
_			FOUNDA									<u>-68702</u>			
			nd street (or PO b				· ·			Room/suite		hone number		2000	
_			B ROSE							3600	(2	<u>15) 75</u>	<u> 1 - 2</u>	2080	
			own, state or pro LADELPH				ostal co	de			C If exen	nption applicatio	×n is per	nding, check here	
_			all that apply:		Initial return	<u>. </u>		Initial return of a	former nublic	charity	n 1 Fo	reign organiza	ations	check here	
G		HOUR	an marappiy.	=	Final return			Amended return	-	onanty		roigir organiza	,	0110011110110	_
				=	Address change	2		Name change			2. For	reign organization	ns meet	ting the 85% test,	
_		hack	type of organiz				emnt nr	ivate foundation			7				
	_		ction 4947(a)(1			· · ·		xable private foun	dation					ıs was termınat A), check here	.eu
	Ea		rket value of all			Accountii				crual	7	•		•	
•			Part II, col (c),		ila or your		her (spe							0-month termir B), check here	ialion —
	•		-ant ii, coi (c),	868	9.4.9 (Pa	rt I. colui	mn (d)	must be on casi	n basis.)		l dilde	1 30001011 301 (.UX 1X1	b), oncok nore	
Γ		rt I	Analysis of R						1	nvestment	(c)	Adjusted net		(d) Disburse	ements
L	<u>. a</u>	. I	(The total of amo	ounts in colum	j Expenses nns (b), (c), and (d) s in column (a))	may not) Revenue and enses per books		come	(6)	Adjusted net income		for charitable p	ourposes
-	П	1	Contributions,				<u> </u>	731,725				N/A	$\overline{}$	153511 54010	
			•		is not required to attac	h Sch R		191,125	•		1	11/21			·
		2	Interest on saving	as and tempor				7		7.				STATEME	NT 2
		3	cash investments Dividends and		m coourition			9,733		9,733				STATEME	_
		4	_	interest iroi	iii securilles			9,133	•	3,133	-			JIMIHME	111 5
			Gross rents	, ,											
			Net rental income	· · · ·				79,815	 					STATEME	NT 1
	ne	ba	Net gain or (loss) Gross sales price assets on line 6a	from sale of a for all	ssets not on line 1 3,00,			79,013	•		1			JIMLEME	T/1 T
	Revenue	-0				97.			7.	78,194	 		-		
		7	Capital gain net i						 	10,134	•	•	-		
		8	Net short-term		ı						 				
		9	Income modifi Gross sales less						 		-				
		10a									 		$\neg \uparrow$		-
			Gross profit or	_		-	 				 		\neg		
		11	Other income	(1055)					-		 				
		12	Total. Add line	no 1 through	11		\vdash	821,280	75	37,934					
-		13			ctors, trustees, etc			0		0.					0.
10		14	Other employe						•					· <u>-</u>	
20		15	Pension plans		•							··-	\neg		
4	S		Legal fees	, employee	STMI	г Д		6,750	1	2,025	_		$\overline{}$	4	,725.
	ŠL	l	Accounting fe	00	QIM			0,730		2,020	<u>-</u>		$\overline{}$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Expenses	l	Other professi		STMI	r 5		647		647			$\neg \uparrow$		0.
JAN		17	Interest	Oliai 1665	QIII				* 	047					
	₹i	18	Taxes		STMI	r 6		<3,613		0	#	RECE	11/1	7	0.
ĭ	Administrative	19	Depreciation a	nd deniation	**	. 0			' 				 	D	
Z	Ē	20	Occupancy	iiiu uepietioi					 		180	D=-		781	
5	퉏	21	Travel, confere	nness and r	mootings				 		101	DEC 28	3 28	<u>15 9 </u>	
CANNED	and /	22	Printing and p		nocuings.				<u> </u>		1 -			18	
Ŋ	ä	23	Other expense				-		_		il C	GDFN	1 1	17	
	Operating	24	Total operatir		inietrativa				-i		-		4, 0	,	
	era	24	expenses. Ad	-			ŀ	3,784		2,672			T	4	,725.
	ဝီ	25	Contributions,					785,000		<u> </u>				785	,000.
			Total expense	-									\neg	<u> </u>	
		20	Add lines 24 a		v ii. G .			788,784		2,672				789	,725.
-		27	Subtract line 2		12:								\neg		
		l	Excess of revenu			nente		32,496							
		1	Net investme						7	85,262					
		t	Adjusted net			•			1	<u>/ - V</u>		N/A			

For	m 99	0-PF (2014) HFO FOUNDATION	Beginning of year	End of y	O / UZ DI Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	64,993.	80,814.	80,814.
		Savings and temporary cash investments	04,993.	00,014.	00,014.
	3	Accounts receivable ►			
	١,	Pledges receivable			
	*	Less: allowance for doubtful accounts			
	5	Grants receivable			
	1 -	Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons			
	7	Other notes and loans receivable			
	•	Less: allowance for doubtful accounts			
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 7	554,467.	571,139.	788,135.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other	_ ,		,
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	610 460	651,953.	060 040
_		instructions. Also, see page 1, item I)	619,460.	651,953.	868,949.
		Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19 20	Loans from officers, directors, trustees, and other disqualified persons			
ΪĘ	21	Mortgages and other notes payable			
<u>:</u>	1	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
' 0		and complete lines 24 through 26 and lines 30 and 31.			
čě	24	Unrestricted			
alan	25	Temporarily restricted			
Ä	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31.	619,460.	651,953.	
ste	27	Capital stock, trust principal, or current funds	0.0	0.	
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds	0.	0.	
et A	29	Total net assets or fund balances	619,460.	651,953.	
Ž	30	Total liet assets of fully balances .	023/2001	002/0001	
	31	Total liabilities and net assets/fund balances	619,460.	651,953.	
F	art		alances		
		I net assets or fund balances at beginning of year - Part II, column (a), line	30		······································
1		r net assets of folio balances at beginning of year * rath, column (a), into the same with end-of-year figure reported on prior year's return)		1	619,460.
2		r amount from Part I, line 27a		2	32,496.
		er increases not included in line 2 (itemize)		3	0.
_		lines 1, 2, and 3		4	651,956.
		eases not included in line 2 (itemize) ADJUSTMENT FOR	ROUNDING	5	3.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	651,953.
					Form 990-PF (2014)

Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Enter 1% of net investment income (1% of Part I, line 27b)

Form 990-PF (2014)

See the Part VI instructions.

7 Add lines 5 and 6

423521 11-24-14

<u>1a</u>

b C d

а

C d

b

d

7,853.

305,383.

789<u>,725</u>.

6

7

8

	990-PF (2014) HFO FOUNDATION 23-68 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s			ction	Page 4 1 S)
1a	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)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			7,8	<u>53.</u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part 1, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2			7,8	<u>53.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			7,8	53.
6	Credits/Payments:				
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 2,160.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments. Add lines 6a through 6d			2,1	60.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			5,6	93.
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 2015 estimated tax				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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.				
C	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. ► \$ 0 . (2) On foundation managers. ► \$ 0 .	{	- 1	ĺ	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$ 0.	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, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	L	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	a [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.		\neg		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or		ļ		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		- 1		
	remain in the governing instrument?	L	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	[.	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	_			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	year 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 and addresses STMT		10	Х	
		Form	990-	·PF (2014)

	990-PF (2014) HFO FOUNDATION	23-6870	251	F	Page 5
	rt VII-A Statements Regarding Activities (continued)				
11	At any time disring 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 If "Yes," attach statement (see instructions)	privileges?	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
14	Website address ► N/A The books are in care of ► BRUCE A. ROSENFIELD, ESQUIRE Telephone no	▶ (215)	751	-20	80
	Located at ► 1600 MARKET STREET, SUITE 3600, PHILADELPHIA, PA	ZIP+4 ▶ <u>19</u>	103		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	- 15	NT	/A	Ш
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	. [15]		Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name	ne of the			
<u> </u>	foreign country				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			165	NO
12	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?	res X No		- 1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			İ	
		res X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	res 🗓 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∕es 🔀 No		ĺ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
		res X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	If the foundation agreed to make a grant to or to employ the official for a period after	res X No	1	ı	
		es LA No			
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N / A	 1b		
	Organizations relying on a current notice regarding disaster assistance check here	N/A ►□			
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?		10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	l			
	defined in section 4942(j)(3) or 4942(j)(5)):				
8	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn	ing Yes X No	1 1		
		es Lal No			
h	If "Yes," list the years >,,	ct		İ	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack				
	statement - see instructions.)	N/A	2ь		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
)				
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	. 🖼		j	
		Yes X No	1 1	ĺ	
t	o If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons a				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
	Form 4720, to determine if the foundation had excess business holdings in 2014)	N/A	3b		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	,	4a	- 	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that		$\neg \uparrow$	
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4b		X
		For	m 990	-PF (2014)

orm	990-PF (2014) HFO FOUNDATION			23-68702	51 Page 6
Pa	rt VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
58	During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es X No	
	(2) Influence the outcome of any specific public election (see section 4955); o any voter registration drive?	r to carry on, directly or indire		es X No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	1 1
	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
	4945(d)(4)(A)? (see instructions)			es X No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?		Y6	es X No	
þ	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc		n Regulations	37/3	.
	section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A 5	<u>ib </u>
^	Organizations relying on a current notice regarding disaster assistance check half the answer is "Yes" to question 5a(4), does the foundation claim exemption from the companion of the companion		ined		
·	expenditure responsibility for the grant?	N	//A Ye	s 🗀 No	
62	If "Yes," attach the statement required by Regulations section 53.4945 Did the foundation, during the year, receive any funds, directly or indirectly, to j			İ	
υa	a personal benefit contract?	ouy promiumo on		s X No	
ь	Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	۱۰ ســـ	1	sb X
-	If "Yes" to 6b, file Form 8870.				
7a	At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	
b	If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A 7	b
	Information About Officers, Directors, Truston Paid Employees, and Contractors		nagers, Highly	/	
L	ist all officers, directors, trustees, foundation managers and their		1	(4) 6	
	(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
	<u> </u>	TRUSTEE			
	O BRUCE ROSENFIELD ESQ, 1600 MARKET				_
	ILADELPHIA, PA 19103	2.00	0.	0.	0.
		TRUSTEE			
	O BRUCE ROSENFIELD ESQ, 1600 MARKET	2.00	0.	0.	0
	ILADELPHIA, PA 19103 BRA HARMON	TRUSTEE	0,	0.	
	O BRUCE ROSENFIELD ESQ, 1600 MARKET	INUSTEE			
	ILADELPHIA, PA 19103	1.00	٥.	0.	0.
		TRUSTEE			
	O BRUCE ROSENFIELD ESQ, 1600 MARKET				
	ILADELPHIA, PA 19103	1.00	0.	0.	0.
2 C	compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) 0	
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	NONE			T	
			 		
					
-					
Γota	number of other employees paid over \$50,000				0

Form **990-PF** (2014)

Form 990-PF (2014) HFO FOUNDATION	23-(5870251 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Raid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1 N/A		
2		
3		
4		
Dat IV BIG		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
1 N/A		
2		<u> </u>
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3		0 . Form 990-PF (2014)
		rorm 990-PF (2014)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 843,640. 1a a Average monthly fair market value of securities 42,992. Average of monthly cash balances 1b c Fair market value of all other assets 1c 886,632. 1d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 886 3 Subtract line 2 from line 1d 13,299 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 873,333. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 6 Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 43,667. Minimum investment return from Part X, line 6 7,853 2a 2a Tax on investment income for 2014 from Part VI, line 5 b Income tax for 2014. (This does not include the tax from Part VI.) 7,853. c Add lines 2a and 2b 35.814. 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 35,814. 5 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 35,814. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 789,725. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 16 b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3Ь **b** Cash distribution test (attach the required schedule) 789,725. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 7,853 income. Enter 1% of Part I, line 27b 781,872. 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2014)

Part XIII	Undistributed	Income	(see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,		<u> </u>		
line 7				35,814.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 256,886.				
b From 2010 344,088.				
c From 2011 425,312.				
dFrom 2012 305,575.				
e From 2013 350, 485.				
f Total of lines 3a through e	1,682,346.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 789,725.				}
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			25 014
d Applied to 2014 distributable amount	550 011			35,814.
e Remaining amount distributed out of corpus	753,911.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		-	0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,436,257.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
assessed		<u>U.</u>		
d Subtract line 6c from line 6b. Taxable		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
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)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	256,886.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	2,179,371.			
10 Analysis of line 9:				
a Excess from 2010 344,088.				
b Excess from 2011 425, 312.				
c Excess from 2012 305,575.				
d Excess from 2013 350, 485.				
e Excess from 2014 753,911.		<u> </u>	<u> </u>	
11-24-14				Form 990-PF (2014)

orm 990-PF (2014) HFO FOU					870251 Page 10
Part XIV Private Operating Fo			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			▶		
b Check box to indicate whether the found	ation is a private operatii	ng foundation described		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	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					Ì
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of			1		
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			<u> </u>		
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets			-		-
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed				 -	
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)				<u> </u>	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		1 11		: l CF 000	
Part XV Supplementary Info			if the foundat	ion nad \$5,000 or n	nore in assets
at any time during t	-	ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh year (but only if they have contributed n			itributions received by	the foundation before the c	close of any tax
	iore man wo,000). (Occ	3000001 307 (4)(2).)			
SEE STATEMENT 9	100/ of t	he stack of a paragratus	/or on aqually large r	action of the ownership of	nartnarchin ar
b List any managers of the foundation wh other entity) of which the foundation ha	o own 10% or more of t s a 10% or greater intere	ne stock of a corporation	i (or an equally large p	fortion of the ownership of a	partitership of
• •	ou 1070 or grouter intere	,,,,,			
NONE		Cabalanahin ata I			
2 Information Regarding Contribute Check here ► X if the foundation of				nae not accent uncollected re	aquaete for funde. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
a The name, address, and telephone num	Del OI e-Manaduress Or	the person to whom app	meanons should be at	Jui esseu.	
b The form in which applications should be	a cubmitted and inform	ation and materials they	should include.		
b The form in which applications should t	oc Submitted and inform	ation and materials troy	onodia malado.		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable field	s, kinds of institutions	, or other factors:	
(1000) 11 04 14			·		Form 990-PF (2014)

423611

Total

▶ 3b

 	Deaduaina	
 At INAAma		A ativities

HFO FOUNDATION

Enter group amounts uplace otherwise indicated	Unrelated b	pusiness income	Excluded	by section 512, 513, or 514	(0)
Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a	Code		1000		
b					
C					
d					
e			<u> </u>		
f					
g Fees and contracts from government agencies					···
2 Membership dues and assessments			 -		
3 Interest on savings and temporary cash				_	
investments			14	7.	
4 Dividends and interest from securities			14	9,733.	
5 Net rental income or (loss) from real estate:			 		
a Debt-financed property			 		
b Not debt-financed property	 				
6 Net rental income or (loss) from personal					
property			 - -		
7 Other investment income					
8 Gain or (loss) from sales of assets other			10	70 015	
than inventory			18	79,815.	
9 Net income or (loss) from special events			+		
10 Gross profit or (loss) from sales of inventory 11 Other revenue:					
8			 		· · · · · · · · · · · · · · · · · · ·
b			 -		
d			 		
e	-				
12 Subtotal. Add columns (b), (d), and (e)	- 	0.		89,555.	0.
13 Total Add line 12, columns (b), (d), and (e)			<u> </u>	13	
(See worksheet in line 13 instructions to verify calculations.))				
Part XVI-B Relationship of Activities	to the Accom	plishment of E	xempt F	Purposes	
					-1
Line No. Explain below how each activity for which in the foundation's exempt purposes (other that			A CONTINUE	ed importantly to the accomp	DIISHIMEHE OI
The foundation of exempt purposes (earler are	arroy providing lands	7 tor oddir purpoddoji			
					
	·				
					
					
					- \
		-			
					
				<u> </u>	
403803		· · · · · · · · · · · · · · · · · · ·			
423621 11-24-14					Form 990-PF (2014)

	Exempt Organ	izations						_	
1 Did the	organization directly or indir	rectly engage in any o	f the following	g with any other organization	n described in sec	ction 501(c) of		Yes	No
_	de (other than section 501(c)						i		
a Transfe	ers from the reporting founda	ation to a noncharitable	le exempt org	janization of:					1
(1) Ca	sh .						1a(1)		X
(2) Oth	her assets				•		1a(2)		X
	ransactions:								
(1) Sa	les of assets to a noncharital	ble exempt organization	on				16(1)		Х
	rchases of assets from a noi				•	•	1b(2)		Х
(3) Re	ntal of facilities, equipment,	or other assets	•				1b(3)		X
	imbursement arrangements						1b(4)		Х
	ans or loan guarantees		•	·	•		1b(5)		X
	rformance of services or me	mbership or fundraisi	ing solicitatio	ns			1b(6)		X
	g of facilities, equipment, ma						1c		X
	nswer to any of the above is				ways show the fair	market value of the goods	other ass	ets,	
	ices given by the reporting fo	•	-	7 7	-	_			
	(d) the value of the goods,								
(a) Line no	(b) Amount involved	(c) Name of r	noncharitable	exempt organization	(d) Description	on of transfers, transactions, an	d sharing ar	rangeme	nts
			N/A						
								2	
			•						
						<u>-</u>			
						····			
2a Is the fe	oundation directly or indirec	tly affiliated with, or re	lated to, one	or more tax-exempt organization	zations described				
	on 501(c) of the Code (other						Yes	X] No
	complete the following sch								
	(a) Name of org			(b) Type of organization		(c) Description of relation	ship		
	N/A								
1	der penalties of perjury, I teclare d belief, it is true, correct, and cor					an transport transport and an in the N	lay the IRS	discuss t	nis
Sign /	a belief, it is due, correct, and co	iblere pecialation of blet	parer (other than	reapayor) is based on an inform	L	s	turn with th nown below	(see inst	#)?
Here	とろし	Poser		117/5	TRY	STEE	X Yes	. [No
Š	Signature of officer or trustee			Date	Title	حا			
	Print/Type preparer's na	ame	Preparer's Si	gnature	Date	Check if PTIN	ľ		
			- 12			self- employed			
Paid	THOMAS R.			- Tuy	12/9/15		1335		
Prepare	· · · · · · · · · · · · · · · · · · ·	INADER HARI	RISON	SEGAL LEWI	S, LLP	Firm's EIN ► 23-1	L3838	44	
Use On									
				T, SUITE 360	0		_		
	PH PH	IILADELPHI/	A, PA	<u> 19103-7286</u>			751		
							Form 99 0	U-PF ((2014)

HFO FOUNDATION EIN: 23-6870251 FORM 990-PF, 12/01/14 - 11/30/15

PART X, LINE 1a - AVERAGE MONTHLY FAIR MARKET VALUE OF SECURITIES

NOTE: The fair market value of securities (excluding cash) determined by averaging the fair market value of the entire securities portfolio on the first and last days of each month.

DATE	BEGINNING	ENDING	AVERAGE
	OF MONTH	OF MONTH	
12/14	887,420.73	858,072.35	872,746.54
01/15	858,072.35	838,901.98	848,487.17
02/15	838,901.98	872,656.31	855,779.15
03/15	872,656.31	871,204.27	871,930.29
04/15	871,204.27	876,736.94	873,970.61
05/15	876,736.94	873,419.76	875,078.35
06/15	873,419.76	856,542.25	864,981.01
07/15	856,542.25	874,303.92	865,423.09
08/15	874,303.92	826,867.04	850,585.48
09/15	826,867.04	741,123.51	783,995.28
10/15	741,123.51	796,070.10	768,596.81
11/15	796,070.10	788,134.22	792,102.16
TOTAL			10,123,675.91
Average Fair Ma	arket Value of Sec	urities	843,639.66

HFO FOUNDATION EIN: 23-6870251 FORM 990-PF, 12/01/14 - 11/30/15

PART X, LINE 1b - AVERAGE OF MONTHLY CASH BALANCES

NOTE: The cash balance is determined by averaging the balance on the first and last days of each month.

DATE	BEGINNING	ENDING	AVERAGE
_	OF MONTH	OF MONTH	
12/14	64,993.19	163,835.54	114,414.37
01/15	163,835.54	63,695.98	113,765.76
02/15	63,695.98	60,946.47	62,321.23
03/15	60,946.47	44,466.97	52,706.72
04/15	44,466.97	4,330.79	24,398.88
05/15	4,330.79	4,338.49	4,334.64
06/15	4,338.49	7,959.25	6,148.87
07/15	7,959.25	6,625.59	7,292.42
08/15	6,625.59	6,633.71	6,629.65
09/15	6,633.71	40,612.31	23,623.01
10/15	40,612.31	39,551.87	40,082.09
11/15	39,551.87	80,814.22	60,183.05
TOTAL			515,900.68
Average Monthl	y Cash Balances	;	42,991.72

HFO FOUNDATION EI# 23-6870251 FORM 990-PF, 12/01/14 - 11/30/15

Part XV, Line 3 a

Recipient Name and Address	Foundation <u>Status</u>	Purposes <u>of Grant</u>	<u>Amount</u>
Saint Barnabas Medical Center Foundation 94 Old Short Hills Road Livingston, NJ 07039	Public	General	\$25,000 00
Clyde F. Barker Penn Transplant House 3940 Spruce Street Philadelphia, PA 19104	Public	General	\$25,000.00
Homes for Our Troops, Inc 6 Main Street Taunton, MA 02780	Public	General	\$100,000.00
Adopt A Platoon 25089 Centerline Road San Benito, TX 78586	Public	General	\$75,000 00
Humane Society of Vera Beach & Indian River County 6230 77th Street Vero Beach, FL 32967	Public	General	\$15,000.00
Fisher House Foundation Inc 1401 Rockville Pike, Suite 600 Rockville, MD 20852	Public	General	\$50,000.00
The Independence Fund Inc. 330 Coosaw Way #1 Ridgeland, SC 29936	Public	General	\$50,000.00
Christopher & Dana Reeve Foundation 636 Morris Turnpike, Suite 3A Short Hills, NJ 07078	Public	General	\$50,000.00
Direct Relief 27 S LaPatera Lane Santa Barbara, CA 93117	Public	Contribution towards Nepal Earthquake Relief	\$50,000.00
Save the Children 501 Kings Highway E. Fairfield, CT 06825	Public	Promised Neighborhoods Initiative Kentucky 2015	\$25,000.00

HFO FOUNDATION EI# 23-6870251 FORM 990-PF, 12/01/14 - 11/30/15

Part XV, Line 3 a

Clyde F. Barker Penn Transplant House 3940 Spruce Street Philadelphia, PA 19104	Public	Maintaining Ryan's Room	\$25,000.00
Clyde F. Barker Penn Transplant House 3940 Spruce Street Philadelphia, PA 19104	Public	Satisfaction of Pledge	\$100,000.00
Humane Society of Vera Beach & Indian River County 6230 77th Street Vero Beach, FL 32967	Public	General	\$10,000.00
Special Olympics of New Jersey 1 Eunice Kennedy Shriver Way Lawrenceville, NJ 08648	Public	General	\$10,000.00
Independence Foundation Offices at the Bellevue 200 South Broad Street, Suite 1101 Philadelphia, PA 19102	Public	General	\$50,000.00
Adopt A Platoon 25089 Centerline Road San Benito, TX 78586	Public	General	\$75,000.00
Fisher House Foundation Inc. 1401 Rockville Pike, Suite 600 Rockville, MD 20852	Public	General	\$50,000.00
Total			\$785,000.00

Par	t IV Capital Gains and Los	ses for Tax on Investment Income				
	(a) List and 2-story bri	describe the kind(s) of property solo ck warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 3	3,169 SHARES UI	NITED PARCEL SER	VICE CLASS B	D		12/10/14
			ATION FUND CLASS	N P		04/28/15
c 1	1,216.545 SHAES	S AIT GLOBAL EME	RGING MARKETS OPE	OR P		09/04/15
d S	32.836 BBH COI	RE SELECT FUND C	LASS N	P	VARIOUS	09/04/15
е 6	6,855.576 BBH (CORE SELECT FUND	CLASS N	P	VARIOUS	09/15/15
		NITED PARCEL SER	VICE CLASS B	D		11/09/15
g C	CAPITAL GAINS I	DIVIDENDS				
h						
1						
_k						
_ <u>i_</u>						
m						
n						
0						<u> </u>
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		Gain or (loss)	
		(or allowable)	plus expense of sale	(e) t	olus (f) minus (g)	
а	351,435.		1,621.			349,814.
b	10,000.	 	9,981.			19.
C	10,000.		12,019.		 	<2,019.
d	20,000.		11,679.			8,321.
<u>e</u>	150,000.		85,678.			64,322.
<u>f</u>	349,724.		1,725.			347,999.
g	9,738.					9,738.
<u>h</u>						
1						
<u>k</u>			-	· -		
<u> </u>						
<u>m</u>						···· · · · · · · · · · · · · · ·
n						
0	No. 10 10 10 10 10 10 10 10 10 10 10 10 10	and a second second but	the foundation on 10/01/60			
	complete only for assets snowing	g gain in column (h) and owned by			sses (from col. (h) of col. (h) gain ove	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		not less than "-0-")	0011 (11),
		as 01 12/3 1/03	Over con (j), ii arry			240 014
<u>a</u>						349,814. 19.
<u>b</u>						<2,019.
<u>c</u>						8,321.
<u>d</u>				 	 +	64,322.
<u>e</u>						347,999.
<u>f</u>				·		9,738.
<u>g</u>						<i>J,130</i> .
<u>h</u>			 			
-						
<u> </u>						
<u>k</u>						
<u>'</u>						
m				 		
<u>n</u>						
0						
2 C	apital gain net income or (net ca	ipital loss) { If gain, also enter	r in Part I, line 7)-" in Part I, line 7	2		778,194.
	, -		, I			
3 N	et short-term capital gain or (los gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) ar	iu (o).			
	(loss), enter "-0-" in Part I, line 8		J	3	N/A	

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

Employer identification number

н	FO FOUNDATION	23-6870251
Organization type(check		
Filers of:	Section:	
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	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule X For an organizat	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to ny one contributor. Complete Parts I and II See instructions for determining a contrib	taling \$5,000 or more (in money or
Special Rules	-	
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supplies and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ator, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the a EZ, line 1. Complete Parts I and II.	, 16a, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received abutions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or of cruelty to children or animals. Complete Parts I, II, and III	
year, contributions checked, enter purpose. Do not	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions total or here the total contributions that were received during the year for an exclusively religious any of the parts unless the General Rule applies to this organization becausele, etc., contributions totaling \$5,000 or more during the year	led more than \$1,000. If this box igious, charitable, etc.,
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Sche on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Sche	dule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number

HFO FOUNDATION

23-6870251

Fait Continuations (see instructions). Ose auplicate copies of Fait if auditional space is needed	Part I	Contributors (see instruction	ns). Use duplicate copies of Part I if additional space is needed.
---	--------	-------------------------------	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN HARMON C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$ 50,084.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WENDY HARMON C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$ 50,084.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DEBRA HARMON C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$ 50,084.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ELAINE HARMON C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$199,671.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ELAINE HARMON C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MELINA ABDO C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600	\$5,000.	Person X Payroll
	PHILADELPHIA, PA 19103	Och adula D/Form	noncash contributions) 990. 990-EZ. or 990-PF) (201

Employer identification number

HFO FOUNDATION

23-6870251

Part I	Contributors	see instructions). Use duplicate copies of Part I if additional space is needed.
raiti		see instructions). Ose dupiicate copies of Part I if additional space is needed.

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NICOLE ABDO C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	T/D WENDY HARMON FBO LAURA C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	T/D WENDY HARMON FBO DANIEL C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ELAINE HARMON C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$ 200,689.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11	JOHN HARMON C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$50,224.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	DEBRA HARMON C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600	\$50,22 4 .	Person Payroll Noncash X
	PHILADELPHIA, PA 19103	Cahadula D /Farm	noncash contributions.)

Employer identification number

HFO F	OUNDATION		<u>-6870251</u>
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_13	WENDY HARMON C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$50,224.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	T/D WENDY HARMON FBO DANIEL C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	T/D WENDY HARMON FBO LAURA C/O BRUCE ROSENFIELD, 1600 MARKET ST, STE 3600 PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Ombolication (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

HFO FOUNDATION

23-6870251

art II	OUNDATION Noncash Property (see instructions). Use duplicate copies of Part II if a	dditio		-6870251
(a) No. from	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1	453 SHARES UNITED PARCEL SERVICE CLASS B			
		\$_	50,084.	12/08/14
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
2	453 SHARES UNITED PARCEL SERVICE CLASS B			
		\$_	50,084.	12/08/14
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
3	453 SHARES UNITED PARCEL SERVICE CLASS B			
		\$_	50,084.	12/08/14
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
_4	1,806 SHARES UNITED PARCEL SERVICE CLASS B			
		\$_	199,671.	12/08/14
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
5	4 SHARES UNITED PARCEL SERVICE CLASS B			
		 \$_	440.	12/09/14

423453 11-05-14

10

(a)

No.

from

Part I

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

(c)

FMV (or estimate)

(see instructions)

200,689.

CLASS B

(b)

Description of noncash property given

1,926 SHARES UNITED PARCEL SERVICE

(d)

Date received

11/06/15

Employer identification number

HFO FOUNDATION

23-6870251

(a) No. From Part I 11 B	(b) Description of noncash property given		(c)	
		1	FMV (or estimate) (see instructions)	(d) Date received
 -	82 SHARES UNITED PARCEL SERVICE CLASS			
		\$_	50,224.	11/06/15
(a) No. from	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
12 <u>4</u> <u>B</u>	82 SHARES UNITED PARCEL SERVICE CLASS			
-		\$_	50,224.	11/06/15
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
13 <u>4</u> B	82 SHARES UNITED PARCEL SERVICE CLASS			
-		\$_	50,224.	11/06/15
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
_ _				
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$		990, 990-EZ, or 990-PF) (2

Name of orga	nization		Employer identification number
UEO EO	UNDATION		23-6870251
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition	columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 or	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ft
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Tuesdaniela	(e) Transfer of gi	
	Transferee's name, address, a	IUZIF+4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	ft
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 99	0-PF· G	AIN OR (LOSS) F	ROM SALE	OF A	SSETS	STA	ATEMENT 1
DESCRIF	(A) PTION OF PROPERTY	•			ANNER QUIRED	DATE ACQUIRED	DATE SOLD
3,169 8	HARES UNITED PAR	— CEL SERVICE CLA	SS B	DO	NATED		12/10/14
	(B)	(C)	(D)		(E)		(F)
	GROSS SALES PRICE	VALUE AT TIME OF ACQ.	EXPENSE SALE	OF	DEPRE	C. GAIN	OR LOSS
	351,435.	350,363.		0.		0.	1,072.
DESCRIF	(A) PTION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOLD
971.817 CLASS N	SHARES BBH LIMI	TED DURATION FU	ND	PUR	CHASED	VARIOUS	04/28/15
	(B)	(C)	(D)		(E)		(F)
	GROSS SALES PRICE	VALUE AT TIME OF ACQ.	EXPENSE SALE	OF	DEPRE	C. GAIN	N OR LOSS
	10,000.	9,981.		0.		0.	19.
							
DESCRIE	(A) PTION OF PROPERTY				ANNER	DATE ACQUIRED	DATE SOLD
1,216.5			RKETS	AC			DATE SOLD
1,216.5	PTION OF PROPERTY 545 SHAES AIT GLO		RKETS (D) EXPENSE SALE	PUR	QUIRED	ACQUIRED WARIOUS	

DESCRIP	(A) TION OF PROPERTY				ANNER QUIRED		TE VIRED	DATE SOLD
932.836	BBH CORE SELECT	- FUND CLASS N		PUF	CHASED	VARI	CUS	09/04/15
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)			(F)
	SALES PRICE	TIME OF ACQ.	SALE		DEPRE	C.	GAIN	OR LOSS
	20,000.	11,679.		0.		0.		8,321.
DESCRIP	(A) TION OF PROPERTY				ANNER QUIRED		TE VIRED	DATE SOLD
6,855.5	76 BBH CORE SELE	 CT FUND CLASS N	т	PUF	RCHASED	VARI	ous	09/15/15
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F) I OR LOSS
,	150,000.	85,678.		0.		0.		64,322.
	(A) TION OF PROPERTY	-	aa p	A(MANNER CQUIRED		TE URED	
3,372 S	HARES UNITED PAR			DC	NATED			11/09/15
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F) IOR LOSS
	349,724.	351,362.		0.		0.		<1,638.
CAPITAL	GAINS DIVIDENDS	FROM PART IV						9,738.
TOTAL T	O FORM 990-PF, P	ART I. LINE 6A						79,815.

FORM 990-PF. INTERE	ST ON SAVIN	IGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	2
SOURCE		(A REVE PER B	NUE		(B) IVESTMENT ICOME	(C) ADJUSTED NET INCOME	3
BROWN BROTHERS ACCO	-	7.		7.			
TOTAL TO PART I, LI		7.		7.			
FORM 990-PF	DIVIDENDS	S AND INTER	EST FR	OM SECUE	RITIES	STATEMENT	3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
BROWN BROTHERS ACCOUNT #0201 - DIVIDENDS BROWN BROTHERS	9,733.		0.	9,733.	9,73	3.	
ACCOUNT #0201 - LT CAPITAL GAIN	9,738.	9,73	8.	0.		0.	
TO PART I, LINE 4	19,471.	9,73	8.	9,733.	9,73	3.	
FORM 990-PF		LEGAL	FEES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
SCHNADER HARRISON S LEWIS LLP	EGAL &	6,750.		2,025.		4,72	5.
TO FM 990-PF, PG 1,	LN 16A	6,750.		2,025.		4,72	5.

FORM 990-PF	OTHER PROFES	SIONAL FE	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
BROWN BROTHERS FEES	647.	647.				
TO FORM 990-PF, PG 1, LN 16C	647.		647.			0.
FORM 990-PF	TAX	ES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
REFUND 2013 EXCISE TAX	<3,613.	<u></u>	0.			0.
TO FORM 990-PF, PG 1, LN 18	<3,613.	>	0.			0.
FORM 990-PF	CORPORATI	E STOCK	-		STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T
DOMESTIC MUTUAL FUND - LARGE INTERNATIONAL MUTUAL FUND TOTAL US SMALL/MID CAP EQUIT TOTAL EMERGING MARKETS EQUIT TOTAL FIXED INCOME	Y			318,977. 44,527. 76,870. 125,746. 5,019.	548,3 42,8 80,8 111,2 4,9	11. 04. 36.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			571,139. 788		35.

FORM 990-PF.	LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT PART VII-A, LINE 10
NAME OF CONTRIBUTOR	ADDRESS
JOHN HARMON	C/O B ROSENFIELD, 1600 MARKET ST, SUITE 3600, PHILA, PA PHILADELPHIA, PA 19103
ELAINE HARMON	C/O B ROSENFIELD, 1600 MARKET ST, SUITE 3600 PHILADELPHIA, PA 19103
WENDY HARMON	C/O B ROSENFIELD, 1600 MARKET ST, SUITE 3600 PHILADELPHIA, PA 19103
DEBBIE HARMON	C/O B ROSENFIELD, 1600 MARKET ST, SUITE 3600 PHILADELPHIA, PA 19103

PART XV - LINE 1A

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

FORM 990-PF

ELAINE HARMON JOHN J. HARMON DEBRA HARMON WENDY HARMON STATEMENT