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Return of Private Foundation

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

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

2015

Open to Public Inspection

Form 990-PF

Department of the Treasury Internal Revenue Service

For calendar year 2015 or tax year beginning

, and ending

Name of foundation HEALEY INTERNATIONAL RELIEF FOUNDATION, INC.

A Employer identification number

22-3850041

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

P.O. BOX 506

Room/suite

B Telephone number

609-267-4104

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

LUMBERTON, NJ 08048

C If exemption application is pending, check here

D 1. Foreign organizations, check here

2 Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

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

Check all that apply: Initial return, Final return, Address change, Initial return of a former public charity, Amended return, Name change

Check type of organization: Section 501(c)(3) exempt private foundation, Section 4947(a)(1) nonexempt charitable trust, Other taxable private foundation

Fair market value of all assets at end of year (from Part II, col. (c), line 16) Accounting method: Cash, Accrual, Other (specify)

743,730. (Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses

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

(a) Revenue and expenses per books (b) Net investment income (c) Adjusted net income (d) Disbursements for charitable purposes (cash basis only)

Table with 5 columns: Description, (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Contributions, gifts, grants, etc., received; Interest on savings and temporary cash investments; Dividends and interest from securities; Gross rents; Net gain or (loss) from sale of assets; Capital gain net income; Net short-term capital gain; Income modifications; Other income; Compensation of officers, directors, trustees, etc.; Other employee salaries and wages; Pension plans, employee benefits; Legal fees; Accounting fees; Other professional fees; Interest; Taxes; Depreciation and depletion; Occupancy; Travel, conferences, and meetings; Printing and publications; Other expenses; Total operating and administrative expenses; Contributions, gifts, grants paid; Total expenses and disbursements; Subtract line 26 from line 12; Excess of revenue over expenses and disbursements; Net investment income; Adjusted net income.

ENVELOPE DATE 1 6 2016

SCANNED SEP 14 2016

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**HEALEY INTERNATIONAL RELIEF  
FOUNDATION, INC.**

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Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	170,419.	88,122.	88,122.
	2 Savings and temporary cash investments	160,757.	370,263.	370,263.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶	10,475.		
	Less: allowance for doubtful accounts ▶	0.	13,475.	10,475.
	8 Inventories for sale or use	138,343.		
	9 Prepaid expenses and deferred charges	5,845.		
	10a Investments - U.S. and state government obligations STMT 9	98,815.	77,185.	77,185.
	b Investments - corporate stock	1,092,073.		
	c Investments - corporate bonds STMT 10	53,691.	37,316.	37,316.
	11 Investments - land, buildings, and equipment basis ▶			
Less accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 11	256,359.	138,140.	138,140.	
14 Land, buildings, and equipment: basis ▶	49,841.			
Less accumulated depreciation STMT 12 ▶	27,612.	31,459.	22,229.	
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	2,021,236.	743,730.	743,730.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
22 Other liabilities (describe ▶ STATEMENT 13)	1,649.	1,952.		
23 Total liabilities (add lines 17 through 22)	1,649.	1,952.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	2,019,587.	741,778.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	0.	0.		
30 Total net assets or fund balances	2,019,587.	741,778.		
31 Total liabilities and net assets/fund balances	2,021,236.	743,730.		

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

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,019,587.
2 Enter amount from Part I, line 27a	2	-1,206,785.
3 Other increases not included in line 2 (itemize) ▶ RETURN OF CAPITAL - MH PFD STOCK	3	74,454.
4 Add lines 1, 2, and 3	4	887,256.
5 Decreases not included in line 2 (itemize) ▶ UNREALIZED LOSS ON INVESTMENTS	5	145,478.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	741,778.

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

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e	<b>132,507.</b>		<b>1,018,159.</b>	<b>-885,652.</b>

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			<b>-885,652.</b>

2	Capital gain net income or (net capital loss) <span style="font-size: 2em;">}</span> <span style="font-size: 0.8em;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>	<b>2</b>	<b>-885,652.</b>
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	<b>3</b>	<b>-7,785.</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

N/A

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014			
2013			
2012			
2011			
2010			

2	Total of line 1, column (d)	<b>2</b>
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	<b>4</b>
5	Multiply line 4 by line 3	<b>5</b>
6	Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>
7	Add lines 5 and 6	<b>7</b>
8	Enter qualifying distributions from Part XII, line 4	<b>8</b>

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. See the Part VI instructions.

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

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PRIN RETURNS - VARIOUS BONDS			01/31/15
b PRIN RETURNS - VARIOUS BONDS			02/28/15
c PRIN RETURNS - VARIOUS BONDS			03/31/15
d \$500,000 FNMA 6.0% #440534		10/19/05	03/25/15
e PRIN RETURNS - VARIOUS BONDS			04/30/15
f PRIN RETURNS - VARIOUS BONDS			05/31/15
g PRIN RETURNS - VARIOUS BONDS			06/30/15
h PRIN RETURNS - VARIOUS BONDS			07/31/15
i PRIN RETURNS - VARIOUS BONDS			08/31/15
j PRIN RETURNS - VARIOUS BONDS			09/30/15
k PRIN RETURNS - VARIOUS BONDS			10/31/15
l PRIN RETURNS - VARIOUS BONDS			11/30/15
m JPM BOND SECURITIES SETTLEMENT			11/02/15
n PRIN RETURNS - VARIOUS BONDS			12/31/15
o 550 SHS ALTRIA GROUP		12/22/14	09/01/15

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,077.		1,115.	-38.
b 1,988.		2,032.	-44.
c 2,533.		2,576.	-43.
d 5,206.		5,421.	-215.
e 2,323.		2,397.	-74.
f 1,331.		1,368.	-37.
g 1,766.		1,805.	-39.
h 2,630.		2,746.	-116.
i 1,819.		1,883.	-64.
j 878.		915.	-37.
k 1,812.		1,848.	-36.
l 1,363.		1,397.	-34.
m 2,719.			2,719.
n 1,676.		1,711.	-35.
o 28,683.		27,621.	1,062.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-38.
b			-44.
c			-43.
d			-215.
e			-74.
f			-37.
g			-39.
h			-116.
i			-64.
j			-37.
k			-36.
l			-34.
m			2,719.
n			-35.
o			** 1,062.

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

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

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 255 SHS JOHNSON & JOHNSON		12/22/14	08/24/15
b 255 SHS UNITED PARCEL SERVICE		12/22/14	09/28/15
c 585 SHS VERIZON COMMUNICATIONS		12/22/14	09/01/15
d 49,626 SHS MAGNUM HUNTER 8.0% PFD @ BANKRUPTCY		11/02/12	12/15/15
e HAIP, LP (2015 SCH K-1)		12/31/03	12/31/15
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 23,583.		27,237.	-3,654.
b 24,769.		28,532.	-3,763.
c 26,351.		27,781.	-1,430.
d		865,745.	-865,745.
e		14,029.	-14,029.
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			** -3,654.
b			** -3,763.
c			** -1,430.
d			-865,745.
e			-14,029.
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	-885,652.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	-7,785.

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

<p><b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: <u>07/28/04</u> (attach copy of letter if necessary-see instructions)</p> <p><b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b</p> <p><b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).</p>	1	N/A
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
<b>3</b> Add lines 1 and 2	3	
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
<b>6</b> Credits/Payments:		
<b>a</b> 2015 estimated tax payments and 2014 overpayment credited to 2015	<b>6a</b>	
<b>b</b> Exempt foreign organizations - tax withheld at source	<b>6b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b> Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b> Total credits and payments. Add lines 6a through 6d	7	0.
<b>8</b> Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
<b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
<b>11</b> Enter the amount of line 10 to be: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

		Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>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.</i>	1b		X
<b>c</b> Did the foundation file Form 1120-POL for this year?	1c		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input type="checkbox"/> \$ <u>0.</u>			
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ <u>0.</u>			
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		X
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i>	3		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		X
<b>6</b> 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	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	7	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> <u>NJ</u>			
<b>b</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? <i>If "No," attach explanation</i>	8b	X	
<b>9</b> 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	X	
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		X

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FOUNDATION, INC.**

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

		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>HIRF.NET</u>	13	X	
14 The books are in care of ► <u>THE FOUNDATION</u> Telephone no. ► <u>609-267-4104</u> Located at ► <u>P.O. BOX 506, LUMBERTON, NJ</u> ZIP+4 ► <u>08048</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16		X

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

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

		Yes	No
1a During the year did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(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)? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(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.) <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <span style="float:right">N/A</span>	1b		
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 2015? <span style="float:right">► <input type="checkbox"/></span>	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If "Yes," list the years ► _____, _____, _____			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <span style="float:right">N/A</span>	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
b If "Yes," did it have excess business holdings in 2015 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 2015) <span style="float:right">N/A</span>	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No  
Organizations relying on a current notice regarding disaster assistance check here  N/A

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
If "Yes," attach the statement required by Regulations section 53.4945-5(d). N/A

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		77,885.	3,894.	0.

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

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

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

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
SEE STATEMENT 15	6,216,645.
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total, Add lines 1 through 3 ▶ 0.

HEALEY INTERNATIONAL RELIEF  
FOUNDATION, INC.

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**Part X**

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	794,450.
b	Average of monthly cash balances	1b	488,351.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,282,801.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,282,801.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	19,242.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,263,559.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	63,178.

**Part XI**

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

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5	2a	
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

**Part XII**

**Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	6,216,645.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,216,645.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	6,216,645.

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

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

N/A

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only				
<b>b</b> Total for prior years:				
<b>3</b> Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010				
<b>b</b> From 2011				
<b>c</b> From 2012				
<b>d</b> From 2013				
<b>e</b> From 2014				
<b>f</b> Total of lines 3a through e				
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4: ▶ \$				
<b>a</b> Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)				
<b>d</b> Applied to 2015 distributable amount				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2015 (if an amount appears in column (d), the same amount must be shown in column (a))				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions				
<b>e</b> Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.				
<b>f</b> Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7				
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2011				
<b>b</b> Excess from 2012				
<b>c</b> Excess from 2013				
<b>d</b> Excess from 2014				
<b>e</b> Excess from 2015				

**HEALEY INTERNATIONAL RELIEF  
FOUNDATION, INC.**

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2015	(b) 2014	Prior 3 years		
			(c) 2013	(d) 2012	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	48,621.	16,059.	75,519.	35,202.	175,401.
<b>b</b> 85% of line 2a	41,328.	13,650.	64,191.	29,922.	149,091.
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed	6,216,645.	947,475.	553,765.	948,134.	8,666,019.
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	6,216,645.	947,475.	553,765.	948,134.	8,666,019.
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a "Assets" alternative test - enter:</b>					
<b>(1)</b> Value of all assets					0.
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
<b>b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed</b>	42,119.	61,437.	50,346.	23,468.	177,370.
<b>c "Support" alternative test - enter:</b>					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
<b>(3)</b> Largest amount of support from an exempt organization					0.
<b>(4)</b> Gross investment income					0.

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**ROBERT T. HEALEY**

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

**NONE**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**HEALEY INTERNATIONAL RELIEF  
FOUNDATION, INC.**

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**Part XV** Supplementary Information (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BROTHER'S BROTHER FOUNDATION 1200 GALVESTON AVE PITTSBURGH, PA 15233	NONE	501(C)(3)	EVENT DONATION	5,000.
SISTERS OF CHARITY OF ST. ELIZABETH P.O. BOX 476 CONVENT STATION, NJ 07961	NONE	501(C)(3) - RELIGIOUS	HARVEST FESTIVAL FUNDRAISER	250.
TZU CHI FOUNDATION 1100 S. VALLEY CENTER AVE SAN DIMAS, CA 91773	NONE	501(C)(3)	CHARITY CONCERT SPONSOR	5,000.
WELLBODY ALLIANCE 2 ATLANTIC AVE, 4TH FLOOR BOSTON, MA 02110	NONE	501(C)(3)	EVENT DONATION	500.
XAVERIAN MISSIONARIES C/O ARCHDIOCESAN DEVELOPMENT OFFICE - CARITAS P.O. BOX 98 FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	SIERRA LEONE PROGRAMS & GRANTS	113,791.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>5,986,693.</b>
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b>				<b>0.</b>







**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.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Name of the organization

HEALEY INTERNATIONAL RELIEF  
FOUNDATION, INC.

Employer identification number

22-3850041

Organization type (check one)

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

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>HEALEY INTERNATIONAL RELIEF FOUNDATION, INC.</b>	Employer identification number <b>22-3850041</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RILEY SCOTT 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	VITAMIN ANGELS P.O. BOX 4490 SANTA BARBARA, CA 93140	\$ 36,751.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
3	RTH, SR CHARITABLE TRUST P.O. BOX 506 LUMBERTON, NJ 08048	\$ 656,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
4	SISTERS OF ST. FRANCIS 609 S. CONVENT ROAD ASTON, PA 19014	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
5	GLOBAL AID NETWORK 1506 QUARRY ROAD MT. JOY, PA 17552	\$ 147,166.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
6	CATHOLIC MEDICAL MISSION BOARD 10 W. 17TH ST NEW YORK, NY 10011	\$ 18,238.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization <b>HEALEY INTERNATIONAL RELIEF FOUNDATION, INC.</b>	Employer identification number <b>22-3850041</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TZU CHI FOUNDATION 1100 S. VALLEY CENTER AVE SAN DIMAS, CA 91773	\$ 387,802.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
8	VARIOUS HIRF CONTRIBUTORS 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	\$ 49,856.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
9	BROTHER'S BROTHER FOUNDATION 1200 GALVESTON AVE PITTSBURGH, PA 15233	\$ 750,234.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	\$ 4,333,611.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
11	BROTHER'S BROTHER FOUNDATION 1200 GALVESTON AVE PITTSBURGH, PA 15233	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
12	TZU CHI FOUNDATION 1100 S. VALLEY CENTER AVE SAN DIMAS, CA 91773	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>HEALEY INTERNATIONAL RELIEF FOUNDATION, INC.</b>	Employer identification number <b>22-3850041</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>	<u>VARIOUS MEDICAL SUPPLIES - SEE STATEMENT 15</u>	\$ <u>36,751.</u>	<u>03/18/15</u>
<u>5</u>	<u>VARIOUS MEDICAL, FOOD &amp; CLOTHING SUPPLIES - SEE STMT 15</u>	\$ <u>147,166.</u>	<u>12/31/15</u>
<u>6</u>	<u>VARIOUS MEDICAL SUPPLIES - SEE STATEMENT 15</u>	\$ <u>18,238.</u>	<u>01/20/15</u>
<u>7</u>	<u>VARIOUS MEDICAL, FOOD &amp; CLOTHING SUPPLIES - SEE STMT 15</u>	\$ <u>387,802.</u>	<u>12/31/15</u>
<u>8</u>	<u>VARIOUS MEDICAL, FOOD &amp; CLOTHING SUPPLIES - SEE STMT 15</u>	\$ <u>49,856.</u>	<u>12/31/15</u>
<u>9</u>	<u>VARIOUS MEDICAL, FOOD &amp; CLOTHING SUPPLIES - SEE STMT 15</u>	\$ <u>750,234.</u>	<u>12/31/15</u>

Name of organization <b>HEALEY INTERNATIONAL RELIEF FOUNDATION, INC.</b>	Employer identification number <b>22-3850041</b>
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**Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	VARIOUS MEDICAL SUPPLIES - SEE STATEMENT 15 <hr/> <hr/>	\$ 4,333,611.	09/08/15
	<hr/> <hr/>	\$ _____	_____
	<hr/> <hr/>	\$ _____	_____
	<hr/> <hr/>	\$ _____	_____
	<hr/> <hr/>	\$ _____	_____
	<hr/> <hr/>	\$ _____	_____
	<hr/> <hr/>	\$ _____	_____

Name of organization <b>HEALEY INTERNATIONAL RELIEF FOUNDATION, INC.</b>	Employer identification number <b>22-3850041</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and 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 gift	
Transferee's name, address, and 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 gift	
Transferee's name, address, and 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 gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
BANK DEPOSIT SWEEP	21.	21.	21.
TOTAL TO PART I, LINE 3	21.	21.	21.

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

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CAP ACCOUNT BONDS MANAGED BOND ACCOUNT	43.	0.	43.	43.	43.
UBS STOCKS	13,592.	0.	13,592.	13,592.	13,592.
	2,657.	0.	2,657.	2,657.	2,657.
TO PART I, LINE 4	16,292.	0.	16,292.	16,292.	16,292.

## FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OPERATING FEE REIMBURSEMENTS	32,189.	0.	32,189.
OTHER INCOME	119.	0.	119.
TOTAL TO FORM 990-PF, PART I, LINE 11	32,308.	0.	32,308.

FORM 990-PF	LEGAL FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	10,250.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A	10,250.	0.	0.	0.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDIT FEES	8,500.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	8,500.	0.	0.	0.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING FEES	12,000.	0.	0.	0.
MARKETING FEES	12,970.	0.	0.	0.
ALLOCATED MGMT EXPENSES	186,944.	0.	0.	0.
INVESTMENT FEES	150.	150.	0.	0.
ADVISORY BOARD EXPENSES	4,382.	0.	0.	4,382.
TRANSPORTATION & LOGISTICS	90,401.	0.	0.	90,401.
PAYROLL PROCESSING FEES	289.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	307,136.	150.	0.	94,783.

FORM 990-PF	TAXES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	21,624.	0.	0.	6,761.	
LICENSES, TAXES & PERMITS	3,966.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	25,590.	0.	0.	6,761.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES	2,383.	0.	0.	0.	
POSTAGE & DELIVERY	2,454.	0.	0.	0.	
INFORMATION TECHNOLOGY	112.	0.	0.	0.	
OFFICE EXPENSE	4,402.	0.	0.	0.	
DUES & SUBSCRIPTIONS	4,869.	0.	0.	0.	
ADVERTISING	1,870.	0.	0.	0.	
INSURANCE	1,976.	0.	0.	0.	
TELEPHONE	2,822.	0.	0.	0.	
DEVELOPMENT EXPENSES	1,011.	0.	0.	0.	
EMPLOYMENT COSTS	825.	0.	0.	0.	
EDUCATIONAL MATERIALS	1,189.	0.	0.	0.	
CARITAS SUPPLIES	6,800.	0.	0.	6,800.	
TO FORM 990-PF, PG 1, LN 23	30,713.	0.	0.	6,800.	

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**FORM 990-PF                      U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS                      STATEMENT    9**


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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
GOVT ASSET-BACKED SECURITIES	X		75,939.	75,939.
GOVERNMENT SECURITIES - CAP ACCT	X		1,246.	1,246.
TOTAL U.S. GOVERNMENT OBLIGATIONS			77,185.	77,185.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			77,185.	77,185.

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**FORM 990-PF    CORPORATE BONDS    STATEMENT    10**


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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORP MORTGAGE ASSET-BACKED SECURITIES	37,316.	37,316.
TOTAL TO FORM 990-PF, PART II, LINE 10C	37,316.	37,316.

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**FORM 990-PF    OTHER INVESTMENTS    STATEMENT    11**


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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
HAIP, LP	FMV	138,140.	138,140.
TOTAL TO FORM 990-PF, PART II, LINE 13		138,140.	138,140.

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**FORM 990-PF    DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT                      STATEMENT    12**


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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAPTOP COMPUTER	1,539.	1,539.	0.
LAPTOP COMPUTER (RTH, JR)	2,962.	2,962.	0.
IPAD W/WI-FI & ATTACHMENTS (RTH)	893.	704.	189.
LAPTOP COMPUTER (DS)	2,068.	1,863.	205.
COMPUTER (JULIE)	1,145.	573.	572.

TOYOTA HILUX	38,000.	19,000.	19,000.
ACKLINK - TABLET (BEN)	1,864.	559.	1,305.
HP DESKTOP PRO (MEGAN)	835.	251.	584.
APPLE IPAD (MEGAN)	535.	161.	374.
<b>TOTAL TO FM 990-PF, PART II, LN 14</b>	<b>49,841.</b>	<b>27,612.</b>	<b>22,229.</b>

FORM 990-PF	OTHER LIABILITIES	STATEMENT	13
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYROLL LIABILITIES	1,649.	1,952.
<b>TOTAL TO FORM 990-PF, PART II, LINE 22</b>	<b>1,649.</b>	<b>1,952.</b>

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	14
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT T. HEALEY 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	CHAIRMAN 2.00	0.	0.	0.
ROBERT T. HEALEY, JR. 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	PRESIDENT 10.00	0.	0.	0.
ALICE FITZPATRICK 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	SECRETARY 2.00	0.	0.	0.
JEAN BRILES 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	TREASURER 2.00	0.	0.	0.
JOAN LEWIS 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	TRUSTEE 2.00	0.	0.	0.
RILEY SCOTT 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	TRUSTEE 2.00	0.	0.	0.

BENJAMIN PARRA	EXECUTIVE DIRECTOR			
573 EAYRESTOWN ROAD	40.00	77,885.	3,894.	0.
LUMBERTON, NJ 08048				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>77,885.</u>	<u>3,894.</u>	<u>0.</u>
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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 15

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ACTIVITY ONE

THE SIERRA LEONE PROGRAM BEGAN AS A RESULT OF THE CIVIL WAR IN SIERA LEONE, AFRICA WHICH ENDED IN 2004, LEAVING MANY ORPHANS AND AMPUTEES. THE FOUNDATION HAS COLLECTED AND/OR PURCHASED AND SHIPPED VARIOUS PERSONAL ITEMS AND CLOTHING, VEHICLES, EDUCATIONAL BOOKS AND SCHOOL SUPPLIES, USED FURNITURE, MEDICINES, UNIFORMS AND LITURGICAL ITEMS. IN ADDITION, THE FOUNDATION HAS ALSO CONSTRUCTED A WATER WELL AND SANITATION FACILITY, AS WELL AS SPORTS FACILITIES. PLACES AND ORGANIZATIONS BENEFITTING FROM THIS PROGRAM INCLUDE ST. MARY'S HOME FOR CHILDREN, FATIMA HOUSE OF LIGHT, ST. PAUL'S MAJOR SEMINARY, ARCHDIOCESE OF FREETOWN, AND ST. STEPHEN'S HOME FOR AMPUTEES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

6,216,645.

2015 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1 990-PF

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	<b>MACHINERY &amp; EQUIPMENT</b>											
1	LAPTOP COMPUTER	121906	ADS	7.00	17	1,539.			1,539.	1,539.		0.
2	LAPTOP COMPUTER (RTH, JR)	011508	ADS	7.00	17	2,962.			2,962.	2,750.		212.
3	IPAD W/WI-FI & ATTACHMENTS (RTH)	070810	ADS	7.00	17	893.			893.	576.		128.
4	LAPTOP COMPUTER (DS)	050611	ADS	5.00	17	2,068.			2,068.	1,449.		414.
5	COMPUTER (JULIE)	013113	ADS	5.00	17	1,145.			1,145.	344.		229.
7	ACKLINK - TABLET (BEN)	020614	ADS	5.00	17	1,864.			1,864.	186.		373.
8	HP DESKTOP PRO (MEGAN)	041714	ADS	5.00	17	835.			835.	84.		167.
9	APPLE IPAD (MEGAN)	071714	ADS	5.00	17	535.			535.	54.		107.
	* 990-PF PG 1 TOTAL MACHINERY & EQUIPMENT TRANSPORTATION EQUIPMENT					11,841.		0.	11,841.	6,982.	0.	1,630.
6	TOYOTA HILUX	042613	ADS	5.00	17	38,000.			38,000.	11,400.		7,600.
	* 990-PF PG 1 TOTAL TRANSPORTATION EQU					38,000.		0.	38,000.	11,400.	0.	7,600.
	* GRAND TOTAL 990-PF PG 1 DEPR					49,841.		0.	49,841.	18,382.	0.	9,230.

528102 04-01-15 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction