# EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF

Department of the Treasury Internal Revenue Service 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

2016

Open to Public Inspection

For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number HEALEY INTERNATIONAL RELIEF 22-3850041 FOUNDATION, INC. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P.O. BOX 506 609-267-4104 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 08048 LUMBERTON, NJ Initial return Initial return of a former public charity G Check all that apply: D 1 Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 790,720. (Part I, column (d) must be on cash basis.) **\$** Part I Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 5,943,692 Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 32. 32. 32.STATEMENT 16,929. 16,929. 16,929.STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 2,697 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 246,042. 2,697 7 Capital gain net income (from Part IV, line 2) 4,043 8 Net short-term capital gain Income modifications Gross sales less returns [ b Less Cost of goo ls sold c Gross profite loss OV 1 4 2017 11 Other income 46,321.STATEMENT 46,321. 0. 6,009,671. 19,658. 67,325 Total. Add lines 1 through 75,000. 0. 0. 26,250. 128,241. 0. 0. 14 Other employee salaries and wages 52,035. 28,328. 15 Pension plans, employee benefits 46,273. 0. 0. 4 190. 0. 0. STMT 16a Legal fees 0. 9,000. 0. 5 0. 0. **b** Accounting fees STMT 6 7,761. 249,114. 97,869. STMT 0. c Other professional fees 326. 0. 17 Interest 326. 0. 6,722. 16,215. 18 Taxes STMT 7 0. 0. 9,933. 0. 0. 19 Depreciation and depletion 28,224. 0. 20 Occupancy 0. 0. 74,693. 21 Travel, conferences, and meetings 0. 0. 13,817. 22 Printing and publications 119,222. 0 0 74,808. 23 Other expenses STMT 8 Operating 24 Total operating and administrative 0. 756,431. 8,087 299<u>,829</u>. expenses. Add lines 13 through 23 5,200,690. <u>5,200,690.</u> 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 5,957,121 8,087 5,500,519. 27 Subtract line 26 from line 12: 52,550. a Excess of revenue over expenses and disbursements 11,571 b Net investment income (if negative, enter -0-) 67,325. c Adjusted net income (if negative, enter -0-)

### HEALEY INTERNATIONAL RELIEF INC.

FOUNDATION,

Beginning of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only End of year Part II (a) Book Value (b) Book Value (c) Fair Market Value 88,122. 145,721. 145,721. 1 Cash - non-interest-bearing 247,486. 370,263. 247,486. 2 Savings and temporary cash investments 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. 15,175. Less: allowance for doubtful accounts 15,175. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 77,185. 39,697. 39,697. 10a Investments - U.S. and state government obligations STMT 9 **b** Investments - corporate stock 37,316. 30,324. 30,324. STMT 10 c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 11 138,140. 295,715. 295,715. 13 Investments - other 47,782. 14 Land, buildings, and equipment: basis 31,180. 22,229. Less accumulated depreciation STMT 12> 16,602. 16,602. 15 Other assets (describe ► 16 Total assets (to be completed by all filers - see the 743,730. 790,720. 790,720. instructions. Also, see page 1, item 1) 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) 1,952. 5,157. 1,952 5.157 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here ightharpoonsand complete lines 27 through 31. 741,778. 27 Capital stock, trust principal, or current funds 785,563. 0. 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 741,778. 785,563. 30 Total net assets or fund balances 743,730. 790,720. 31 Total liabilities and net assets/fund balances 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) 741,778. 2 Enter amount from Part I, line 27a <u>52,550.</u> 3 Other increases not included in line 2 (itemize) 794,328. 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ UNREALIZED LOSS ON INVESTMENTS 8,765. 785,563. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form **990-PF** (2016)

22-3850041

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Form 990-PF (2016)

### HEALEY INTERNATIONAL RELIEF

623521 11-23-16

22-3850041 Form 990-PF (2016) FOUNDATION, INC. Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) 1a SEE ATTACHED STATEMENTS b C d е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) b C d 6,365. 246,042. 249,710. 2,697. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (1) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any b C d 2,697. e If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2,697. If (loss), enter -0- in Part I, line 7 2 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). 4,043. If (loss), enter -0- in Part I, line 8 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 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. 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) (d)
Distribution ratio
(col. (b) divided by col. (c)) Adjusted qualifying distributions Net value of noncharitable-use assets 2015 2014 2013 2012 2011 Total of line 1, column (d) 2 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 3 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 7 8 Enter qualifying distributions from Part XII, line 4 8 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.

Form 990-PF (2016)

HEALEY INTERNATIONAL RELIEF

|    | n 990-PF (2016) FOUNDATION, INC.   |         | <u> 3850</u> |       |                    | Page 4   |
|----|--|---------|--------------|-------|--------------------|----------|
|    | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or  | 4948    | - see II     | nstri | ICTIO              | ns)      |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1.                                    |         | 1            |       |                    |          |
|    | Date of ruling or determination letter: 07/28/04 (attach copy of letter if necessary-see instructions)                                   |         |              | -     |                    |          |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔛 and enter 1%                                   | 1_1_    | ļ            | N/    | <u>A_</u>          |          |
|    | of Part I, line 27b  |         |              |       |                    |          |
|    | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).                 |         | 1            |       |                    |          |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                | 2       | <u> </u>     |       |                    |          |
| 3  | Add lines 1 and 2  | 3       |              |       |                    |          |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                              | 4       |              |       |                    |          |
| 5  | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-   | 5       |              |       |                    | 0.       |
| 6  | Credits/Payments:  |         |              |       |                    |          |
| а  | 2016 estimated tax payments and 2015 overpayment credited to 2016  | _       | }            |       |                    |          |
| b  | Exempt foreign organizations - tax withheld at source 6b   |         |              |       |                    |          |
| C  | Tax paid with application for extension of time to file (Form 8868)  | _}      | 1            |       |                    |          |
| d  | Backup withholding erroneously withheld 6d 6d  | _       | ١.           |       |                    |          |
| 7  | Total credits and payments. Add lines 6a through 6d  | 7       |              | _     |                    | 0.       |
| 8  | Enter any <b>penalty</b> 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  | 9       |              |       |                    | 0.       |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   | 10      |              |       |                    |          |
| 11 | Enter the amount of line 10 to be: Credited to 2017 estimated tax  | 11      |              |       |                    |          |
| Pa | art 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 intervel | ne 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 | n)?     | [            | 1b    |                    | X        |
|    | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi                    | shed or |              |       |                    |          |
|    | distributed by the foundation in connection with the activities.   |         |              |       |                    |          |
| C  | Did the foundation file Form 1120-POL for this year?   |         |              | 1c    |                    | X        |
| d  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:                                       |         | ſ            |       |                    |          |
|    | (1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0   | •       | ]            |       |                    |          |
| е  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation              | _       |              |       |                    |          |
|    | managers. ▶ \$ 0 •   |         |              |       |                    |          |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?  |         | Į            | 2     |                    | X        |
|    | If "Yes," attach a detailed description of the activities  |         | ĺ            |       |                    |          |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,         | or      | ŀ            |       |                    |          |
|    | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   |         | Į            | 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?   | N.      | /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.  |         |              |       |                    |          |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  |         |              |       |                    | ĺ        |
|    | By language in the governing instrument, or  |         |              |       |                    | 1        |
|    | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta       | te law  |              |       |                    |          |
|    | remain in the governing instrument?  |         | l            | 6     | X                  |          |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X         | v       |              | 7     | X                  |          |
|    |  |         | Γ            |       |                    |          |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions)                                       |         |              |       |                    |          |
|    | NJ   |         |              | }     |                    | 1        |
| 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    | $\bar{\mathbf{x}}$ |          |
| 9  | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call      | lendar  | Ī            |       |                    |          |
|    | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV                             |         | -            | 9     | X                  | <u> </u> |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses       |         |              | 10    |                    | X        |

|       | MEADEL INTERNATIONAL RELIEF  |                  |                |         |             |
|-------|--|------------------|----------------|---------|-------------|
|       | 990-PF (2016) FOUNDATION, INC.   | 22-385           | 0041           |         | Page 5      |
| Pa    | art 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   |                  |                | 1       | ľ           |
|       | section 512(b)(13)? If "Yes," attach schedule (see instructions)   |                  | 11             | ł       | 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    |  |                  | 13             | X       |             |
|       | Website address ► HIRF.NET   |                  |                |         | !           |
| 14    |  | .▶609-2          | 57-4           | 104     |             |
| • • • | Located at ▶ P.O. BOX 506, LUMBERTON, NJ   | ZIP+4 <b>▶</b> 0 |                |         |             |
| 15    | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - 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 2016, did the foundation have an interest in or a signature or other authority over a bank,   | L                |                | 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. If "Yes," enter the name of the   |                  |                | L       |             |
|       | foreign country  |                  | İ              |         |             |
| P     | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required  |                  |                |         |             |
| نـــا | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |                  | T -            | Yes     | No          |
| 4,    | During the year did the foundation (either directly or indirectly):  |                  |                | 103     | 110         |
| ,,,   |  | Yes X No         |                |         |             |
|       |  | Tes LALINO       | }              |         |             |
|       | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  | र जिल्हा         |                |         |             |
|       |  | Yes X No         |                |         |             |
|       |  | Yes X No         |                |         |             |
|       |  | Yes X No         |                |         |             |
|       | (5) Transfer any income or assets to a disqualified person (or make any of either available  | . जिल्हा         |                |         |             |
|       |  | Yes X No         | 1              |         |             |
|       | (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   | F==7             |                |         |             |
|       |  | Yes X No         |                |         |             |
| ١     | o If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations  |                  |                |         |             |
|       | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  | N/A              | 1b             |         |             |
|       | Organizations relying on a current notice regarding disaster assistance check here   |                  | -              |         |             |
| (     | c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected  |                  |                |         | _           |
|       | before the first day of the tax year beginning in 2016?  |                  | 1c             | <b></b> | <u>X</u>    |
| 2     |  | ٦                |                |         |             |
|       | defined in section 4942(j)(3) or 4942(j)(5)):  |                  |                |         |             |
| i     | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn  |                  | 1              | ' [     |             |
|       | Annual Control of the | Yes X No         |                | 1       |             |
|       | If "Yes," list the years   |                  | 1              | }       |             |
| ,     | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorre   |                  |                |         |             |
|       | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and atta   |                  |                |         |             |
|       | statement - see instructions.)   | N/A              | 2b             |         |             |
| (     | this provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.   |                  |                |         |             |
|       | <u> </u>   |                  |                |         |             |
| 3:    | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time  | F==7             |                | İ       |             |
|       | <del>-</del>   | Yes X No         |                | }       |             |
| ١     | b If "Yes," did it have excess business holdings in 2016 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   |                  |                | j       |             |
|       | 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 2016.)   | N/A              | 3b             |         |             |
|       | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  |                  | 4a             |         | <u>_X</u> _ |
| 1     | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo  | se that          |                |         |             |
| _     | had not been removed from jeopardy before the first day of the tax year beginning in 2016?   |                  | 4b             |         | <u>X</u>    |
|       |  | Ec               | rm <b>99</b> 0 | LPE /   | 2016)       |

HEALEY INTERNATIONAL RELIEF FOUNDATION, INC. Form 990-PF (2016) 22-3850041 Page 6 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: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A Yes No expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b. file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other (If not paid, (a) Name and address allowances enter -0-) SEE STATEMENT 14 75,000. 14,778. 0.

|     |  |   |                  | 1  | i   |
|-----|--|---|------------------|--|---|
| 2   | Compensation of five highest-paid employees (other than those in | cluded on line 1). If none,                                     | enter "NONE."    |  |   |
|     | (a) Name and address of each employee paid more than \$50,000    | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e) Expense<br>account, other<br>allowances |
| _   | NONE   |   |                  |  |   |
|     |  |   |                  |  |   |
| _   |  |   | <del> </del>     |  | <u> </u>                                    |
|     |  |   |                  | -  |   |
| _   |  |   |                  |  |   |
| _   |  | -   |                  |  |   |
| Tot | tal number of other employees paid over \$50,000                 |   |                  | <b>•</b>   | <u> </u>                                    |

Form **990-PF** (2016)

# HEALEY INTERNATIONAL RELIEF

| Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors (continued)   | stees, Foundation Managers, Highly  | 8500 <b>4</b> 1 Page 7    |
|---|---|---------------------------|
| 3 Five highest-paid independent contractors for professional service  |   |                           |
| (a) Name and address of each person paid more than \$50,00  |   | (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. In number of organizations and other beneficiaries served, conferences convened, re- | clude relevant statistical information such as the research papers produced, etc. | Expenses                  |
| SEE STATEMENT 15  |   | 5,500,519.                |
| 2   |   | 3,300,313.                |
| 3   |   |                           |
|   |   |                           |
| 4   |   |                           |
| Part IX-B Summary of Program-Related Investments  |   |                           |
| Describe the two largest program-related investments made by the foundation du  |   | Amount                    |
| 1 <u>N/A</u>  |   |                           |
| 2   |   |                           |
| All other program-related investments. See instructions.  |   |                           |
| 3   |   |                           |
|   |   |                           |
|   |   |                           |
| Total. Add lines 1 through 3  | <b>&gt;</b>   | 0.                        |
|   |   | Form <b>990-PF</b> (2016) |

Form 990-PF (2016)

FOUNDATION, INC.

| Pa         | rt X Minimum Investment Return (All domestic foundations must complete this pa  | art Foreign foun   | dations, s   | see instructions ) |
|------------|---|--------------------|--------------|--------------------|
| 1 F        | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:   |                    |              |                    |
| a A        | Average monthly fair market value of securities   | Ĺ                  | _1a          | 222,617.           |
| b A        | Average of monthly cash balances  | į                  | 1b           | 428,030.           |
| c F        | -air market value of all other assets   | ļ                  | 1c           |                    |
| d T        | Total (add lines 1a, b, and c)  |                    | _1d          | 650,647.           |
| e F        | Reduction claimed for blockage or other factors reported on lines 1a and  |                    |              |                    |
| 1          | 1c (attach detailed explanation)  | 0.                 | - 1          |                    |
| 2 A        | Acquisition indebtedness applicable to line 1 assets  | ļ                  | 2            | 2,433.             |
| <b>3</b> S | Subtract line 2 from line 1d  |                    | 3            | 648,214.           |
| 4 (        | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | Ļ                  | 4            | 9,723.             |
| 5 N        | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4  | <u> </u>           | _ 5          | 638,491.           |
|            | Minimum investment return. Enter 5% of line 5   |                    | 6            | 31,925.            |
| Pa         | <b>rt XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foreign organizations check here <b>X</b> and do not complete this part.) | ng foundations and | d certain    |                    |
| 1 1        | Minimum investment return from Part X, line 6   |                    | 1            |                    |
|            | Tax on investment income for 2016 from Part VI, line 5  |                    |              |                    |
|            | Income tax for 2016. (This does not include the tax from Part VI.)  |                    |              |                    |
|            | Add lines 2a and 2b   |                    | 2c           |                    |
| 3 [        | Distributable amount before adjustments. Subtract line 2c from line 1   |                    | 3            |                    |
|            | Recoveries of amounts treated as qualifying distributions   | Ţ                  | 4            |                    |
|            | Add lines 3 and 4   |                    | 5            |                    |
|            | Deduction from distributable amount (see instructions)  | Ī                  | 6            |                    |
|            | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1  | <b>.</b>           | 7            | <del></del>        |
|            | rt XII Qualifying Distributions (see instructions)  |                    |              |                    |
| 1 /        | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |                    |              |                    |
| a E        | Expenses, contributions, gifts, etc total from Part I, column (d), line 26  | _                  | 1a           | 5,500,519.         |
| b F        | 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:  |                    |              |                    |
| <b>a</b> 8 | Suitability test (prior IRS approval required)  | <u></u>            | 3a           |                    |
| <b>b</b> ( | Cash distribution test (attach the required schedule)   |                    | 3b           |                    |
| 4 (        | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4  |                    | 4            | 5,500,519.         |
| 5 F        | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment  |                    | Ì            |                    |
| į          | income. Enter 1% of Part I, line 27b  | ļ                  | _5           | 0.                 |
|            | Adjusted qualifying distributions. Subtract line 5 from line 4  | Į                  | _6           | 5,500,519.         |
| ľ          | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whethe 4940(e) reduction of tax in those years.                             | r the foundation q | ualifies for | the section        |

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| Part XIII Undistributed Income (see   | instructions) | N/A                 |                 |              |
|---|---------------|---------------------|-----------------|--------------|
|   | (a)           | (b)                 | (c)             | (d)          |
|   | Corpus        | Years prior to 2015 | 2015            | 2016         |
| 1 Distributable amount for 2016 from Part XI,   |               |                     |                 |              |
| line 7  |               |                     |                 |              |
| 2 Undistributed income, if any, as of the end of 2016   |               |                     |                 |              |
| a Enter amount for 2015 only  |               |                     |                 |              |
| <b>b</b> Total for prior years:   |               |                     |                 |              |
| ,,  |               |                     |                 |              |
| 3 Excess distributions carryover, if any, to 2016:  |               |                     |                 |              |
| <b>a</b> From 2011  |               |                     |                 |              |
| <b>b</b> From 2012  |               | 1                   |                 |              |
| <b>c</b> From 2013  |               |                     |                 |              |
| <b>d</b> From 2014  |               |                     |                 |              |
| e From 2015   |               |                     |                 |              |
| f Total of lines 3a through e   |               |                     |                 |              |
| 4 Qualifying distributions for 2016 from  |               |                     |                 |              |
| Part XII, line 4: ► \$  |               |                     |                 |              |
| a Applied to 2015, but not more than line 2a  |               |                     |                 |              |
| <b>b</b> Applied to undistributed income of prior   |               |                     |                 |              |
| years (Election required - see instructions)  |               | <del> </del>        |                 |              |
| c Treated as distributions out of corpus  |               | 1                   |                 |              |
| (Election required - see instructions)  |               |                     |                 |              |
| d Applied to 2016 distributable amount  |               |                     |                 |              |
| e Remaining amount distributed out of corpus  |               |                     |                 |              |
| 5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount |               |                     |                 |              |
| must be shown in column (a) )   |               |                     |                 |              |
| 6 Enter the net total of each column as   |               |                     |                 |              |
| indicated below:  |               |                     |                 |              |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5   |               |                     |                 |              |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b                             |               |                     |                 |              |
| c Enter the amount of prior years'  | <del></del>   |                     |                 |              |
| undistributed income for which a notice of  |               | 1                   |                 |              |
| deficiency has been issued, or on which   |               |                     |                 |              |
| the section 4942(a) tax has been previously assessed  |               |                     |                 |              |
| d Subtract line 6c from line 6b. Taxable  | <del></del>   |                     | <del></del>     | <del></del>  |
| amount - see instructions   |               |                     |                 |              |
| e Undistributed income for 2015. Subtract line  |               |                     |                 |              |
| 4a from line 2a. Taxable amount - see instr.  |               |                     |                 |              |
| f Undistributed income for 2016. Subtract   |               |                     |                 |              |
| lines 4d and 5 from line 1. This amount must  |               | ,                   |                 |              |
| be distributed in 2017  |               |                     |                 |              |
| 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)   |               |                     | _ <del></del> _ |              |
| 8 Excess distributions carryover from 2011  |               | ,                   |                 |              |
| not applied on line 5 or line 7   |               |                     |                 |              |
| 9 Excess distributions carryover to 2017.   |               |                     |                 |              |
| Subtract lines 7 and 8 from line 6a   |               |                     |                 | <del> </del> |
| 10 Analysis of line 9:  |               |                     |                 |              |
| a Excess from 2012  |               |                     |                 |              |
| <b>b</b> Excess from 2013   |               |                     |                 |              |
| c Excess from 2014  |               |                     |                 |              |
| d Excess from 2015  |               |                     |                 |              |
| e Excess from 2016  |               | 1                   |                 |              |

### HEALEY INTERNATIONAL RELIEF 22-3850041 Page 10 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 2016, enter the date of the ruling **X** 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (e) Total (a) 2016 (b) 2015 (c) 2014 (d) 2013 income from Part I or the minimum etment return from Part Y for

|   | investment return from Part X for   |         |      |          | ļ    |             |             |             |
|---|---|---------|------|----------|------|-------------|-------------|-------------|
|   | each year listed  | 31,9    | 25.  |          | 621. | 16,059.     | 75,519.     |             |
| b | 85% of line 2a  | 27,1    | 36.  | 41,      | 328. | 13,650.     | 64,191.     | 146,305.    |
| C | Qualifying distributions from Part XII, line 4 for each year listed   | 5,500,5 | :10  | 6,216,   | 645  | 947,475.    | 553 765     | 13,218,404. |
|   | •   | 3,500,5 | 117. | 0,210,   | 040. | <del></del> | 333,703.    | 13,210,404. |
| đ | Amounts included in line 2c not   |         |      |          |      |             |             |             |
|   | used directly for active conduct of   |         | _    |          |      | ^           |             |             |
|   | exempt activities   |         | 0.   |          | 0.   | 0.          | 0.          | 0.          |
| е | Qualifying distributions made directly  |         |      |          |      |             |             |             |
|   | for active conduct of exempt activities.  |         |      |          |      |             |             |             |
|   | Subtract line 2d from line 2c   | 5,500,5 | 19.  | 6,216,   | 645. | 947,475.    | 553,765.    | 13,218,404. |
| 3 | Complete 3a, b, or c for the alternative test relied upon:  |         |      |          |      |             |             |             |
| а | "Assets" alternative test - enter:  |         |      |          | ļ    |             |             |             |
| Ī | (1) Value of all assets   |         |      |          |      |             |             | 0.          |
|   | (2) Value of assets qualifying  |         |      |          |      |             |             |             |
|   | under section 4942(j)(3)(B)(i)  |         |      |          | ·    | <u> </u>    |             | 0.          |
| b | "Endowment" alternative test - enter<br>2/3 of minimum investment return  | 1       |      |          |      |             |             |             |
|   | shown in Part X, line 6 for each year   |         |      | _        |      |             |             |             |
|   | listed  | 21,2    | 83.  | 42,      | 119. | 61,437.     | 50,346.     | 175,185.    |
| C | "Support" alternative test - enter:   | }       |      |          | 1    |             |             |             |
|   | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section |         |      |          | ;    |             |             |             |
|   | 512(a)(5)), or royalties)   |         |      |          |      |             |             | 0.          |
|   | (2) Support from general public and 5 or more exempt organizations as provided in                                       |         |      |          |      |             |             |             |
|   | section 4942(j)(3)(B)(iii)  |         |      | <u> </u> |      | <del></del> | <del></del> | 0.          |

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

### **Information Regarding Foundation Managers:**

(3) Largest amount of support from

an exempt organization

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

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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 Contribut | tion, Grant | , GIπ, Lo | oan, Scne | olarsnip, | eτc., | Programs: |
|-----------------------------------|-------------|-----------|-----------|-----------|-------|-----------|
|-----------------------------------|-------------|-----------|-----------|-----------|-------|-----------|

Check here \( \sum \big| \sum \big| \sum \big| 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:

0.

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Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BROTHER'S BROTHER FOUNDATION NONE 501(C)(3) GENERAL DONATION 1200 GALVESTON AVE PITTSBURGH, PA 15233 1,000. GLOBAL AID NETWORK (GAIN) NONE 501(C)(3) GENERAL DONATION 1506 QUARRY ROAD MOUNT\_JOY, PA 17552 500. XAVERIAN MISSIONARIES C/O NONE FOREIGN -SIERRA LEONE PROGRAMS ARCHDIOCESAN DEVELOPMENT OFFICE -RELIGIOUS GRANTS CARITAS P.O. BOX 98 FREETOWN-SIERRA LEONE, SIERRA LEONE 199,678. XAVERIAN MISSIONARIES C/O NONE FOREIGN -NON-CASH GOODS ARCHDIOCESAN DEVELOPMENT OFFICE -RELIGIOUS DELIVERED FOR SIERRA CARITAS LEONE PROGRAM - SEE P.O. BOX 98 PART IX-A SUMMARY OF FREETOWN-SIERRA LEONE, SIERRA LEONE CHARITABLE ACTIVITIES 4 998 213. XAVERIAN MISSIONARIES C/O NONE FOREIGN -SCHOOL & HOSPITAL ARCHDIOCESAN DEVELOPMENT OFFICE -RELIGIOUS SUPPLIES CARITAS P.O. BOX 98 FREETOWN-SIERRA LEONE SIERRA LEONE 1,299. Total ▶ 3a 5,200,690. b Approved for future payment NONE Total **▶** 3b

Form 990-PF (2016) Part XVI-A Analysis of Income-Producing Activities

| F - 1      | `                 |                         | dianto d       |              | Unrelated                             | business inco     | ome       | Exclud                       | ded by section 5                      | 12 513 or 514                         |  |                                   |             |
|------------|-------------------|-------------------------|----------------|--------------|---------------------------------------|-------------------|-----------|------------------------------|---------------------------------------|---------------------------------------|--|-----------------------------------|-------------|
|            |                   | ts unless otherwise in  | idicated.      |              | (a)<br>Business                       | ( <b>b</b> ) Amou | E:        | (c)<br>xclu-<br>sion<br>code | (                                     | <b>d)</b><br>ount                     |  | (e)<br>ted or exer<br>ction incon |             |
| -          |                   | e revenue:              |                |              | code                                  |                   |           | oue                          |                                       |                                       |  |                                   |             |
|            | -                 |                         |                |              |                                       |                   |           |                              |                                       |                                       | +  |                                   |             |
|            |                   |                         |                |              | <del></del>                           | <u> </u>          |           |                              | ·                                     | <del></del>                           | -  |                                   |             |
|            |                   |                         |                |              |                                       |                   |           |                              |                                       |                                       | <del></del>                                      |                                   |             |
|            |                   |                         |                |              | <del></del>                           |                   |           | -+                           |                                       |                                       | <del>                                     </del> |                                   |             |
| e          | -                 |                         |                |              | -                                     |                   |           |                              |                                       |                                       | 1  |                                   |             |
| T          |                   |                         |                |              |                                       |                   |           |                              |                                       | <del></del>                           | <del>                                     </del> |                                   |             |
| -          |                   | ntracts from governm    | ent agencies   |              |                                       |                   |           |                              |                                       | -                                     | 1  |                                   |             |
|            |                   | es and assessments      | عاد<br>ما      |              |                                       |                   |           |                              |                                       |                                       | <del> </del>                                     |                                   |             |
|            |                   | ngs and temporary ca    | SII            |              |                                       |                   |           | 1 4                          |                                       | 2.2                                   | f  |                                   |             |
| investn    |                   |                         | _              |              | -                                     | <del></del>       |           | 14<br>14                     | -                                     | 32<br>L6,929                          | •  |                                   |             |
| -          |                   | nterest from securities |                |              |                                       |                   |           | 14                           |                                       | LO,929                                | •  |                                   |             |
|            |                   | ne or (loss) from real  | estate:        |              | <del></del>                           |                   |           | +                            |                                       |                                       |  |                                   |             |
|            |                   | ed property             |                |              | -                                     |                   |           |                              |                                       |                                       | <u> </u>   |                                   |             |
|            |                   | anced property          | 1              |              | <del></del>                           |                   |           |                              |                                       | ···                                   | ·  |                                   | <del></del> |
|            |                   | ne or (loss) from pers  | onai           |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
| proper     | •                 |                         |                |              |                                       |                   |           |                              | · · · · · · · · · · · · · · · · · · · | · · ·                                 | -  |                                   |             |
| 7 Other II |                   |                         |                |              | -                                     |                   |           |                              |                                       | · · · · · · · · · · · · · · · · · · · |  |                                   |             |
|            |                   | om sales of assets of   | ner            |              |                                       |                   |           | 10                           |                                       | 0 600                                 |  |                                   |             |
|            | ventory           |                         |                |              | <del></del>                           |                   |           | 18                           |                                       | 2,697                                 | •  |                                   |             |
|            |                   | loss) from special eve  |                |              |                                       |                   |           |                              |                                       |                                       | 1  |                                   |             |
|            |                   | (loss) from sales of in | ventory        |              | · · · · · · · · · · · · · · · · · · · |                   |           |                              |                                       |                                       | -  | <del></del>                       |             |
| 11 Other r |                   | NTNG 555                |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
|            |                   | FING FEE                |                |              |                                       | ······            |           |                              |                                       |                                       |  | 17                                |             |
|            |                   | <u>JRSEMENTS</u>        | <del></del> -  |              |                                       |                   |           |                              |                                       |                                       | -  |                                   | <u>599.</u> |
|            |                   | INCOME                  |                |              | -                                     |                   |           |                              | · · · · · · · · · · · · · · · · · · · |                                       |  | <u>-</u>                          | <u>407.</u> |
|            |                   | AS FUND                 |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
|            |                   | NISHMENT                | <del></del>    |              | <u> </u>                              |                   |           | -                            |                                       | 10 CE0                                | <del> </del>                                     | <u> </u>                          | 315.        |
|            |                   | olumns (b), (d), and (  |                |              | <u> </u>                              |                   | 0.        |                              |                                       | <u> 19,658</u>                        | ,  |                                   | 321.        |
|            |                   | 12, columns (b), (d),   |                |              |                                       |                   |           |                              |                                       | 13 _                                  |  | 65,                               | 979.        |
| (See works | sheet <u>in l</u> | ine 13 instructions to  | verify calcula | ations.)     |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
| Part X     | VI-B              | Relationship            | of Activ       | vities to    | the Acco                              | mplishme          | nt of Exe | mpt                          | t Purpose                             | S                                     |  |                                   |             |
|            |                   | <del></del>             |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
| Line No.   |                   | plain below how each    |                |              |                                       |                   |           | ontrib                       | uted importan                         | tly to the acco                       | mplishment                                       | of                                |             |
|            | -                 | foundation's exempt     |                |              |                                       |                   |           |                              | AMBOLT                                |                                       |  |                                   |             |
| <u>11</u>  | P.EE              | REIMBURSE               | MENTS          | ARE          | COLLECT                               | ED TO             | OFFSET    | P                            | AYROLL                                | COSTS                                 |  | <del></del>                       |             |
|            |                   |                         |                | <del>.</del> |                                       | <u> </u>          |           |                              |                                       |                                       |  |                                   |             |
|            |                   | <del></del>             |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
|            | -                 |                         |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   | <del></del> |
|            | <del> </del>      |                         |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
|            |                   |                         |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
|            |                   |                         |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
|            | <del></del>       | <del></del>             |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   | <del></del> |
|            | +                 | <u> </u>                |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   | <del></del> |
|            | <del> </del>      |                         |                |              |                                       |                   |           |                              | -                                     |                                       |  |                                   |             |
|            | <del> </del>      | <del></del>             | _              |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
|            | <del> </del>      |                         |                |              |                                       |                   |           |                              |                                       | <del></del>                           |  |                                   |             |
|            |                   |                         |                |              |                                       |                   |           |                              |                                       | <del></del>                           | _  |                                   |             |
|            |                   |                         |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
|            | -                 |                         |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
|            | 1                 |                         | <del></del>    |              |                                       |                   |           |                              |                                       |                                       | <del></del>                                      |                                   |             |
|            | <del> </del>      |                         |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |
|            | <b>_</b>          | <del></del>             |                |              |                                       |                   |           |                              |                                       |                                       | _  |                                   |             |
|            | 1                 |                         |                |              |                                       |                   |           |                              |                                       |                                       |  |                                   |             |

HEALEY INTERNATIONAL RELIEF 22-3850041 Form 990-PF (2016) FOUNDATION, INC. Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X 1a(2) (2) Other assets **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) 1b(5) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization N/A

amined this return, including accompanying schedules and statements, and to the best of my knowledge ration of preparer (other than taxpayer) is base Sign Here DIRECTOR Print/Type preparer's name Preparer's signature Date Check if if PTIN self- employed Paid **Preparer** Firm's name ▶ Firm's EIN ▶ Use Only Firm's address > Phone no.

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

OMB No 1545-0047

**Employer identification number** 

2016

HEALEY INTERNATIONAL RELIEF FOUNDATION, INC. 22-3850041 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X 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 Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

Name of organization
HEALEY INTERNATIONAL RELIEF
FOUNDATION. INC.

**Employer identification number** 

| FOUND.             | ATION, INC.   | 22                         | 2-3850041   |
|--------------------|---|----------------------------|---|
| Part I             | Contributors (See instructions) Use duplicate copies of Part I if additional            | Il space is needed.        |   |
| (a)<br><b>N</b> o. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 1                  | RILEY SCOTT  573 EAYRESTOWN ROAD  | \$9,000.                   | Person X Payroll Noncash  |
|                    | LUMBERTON, NJ 08048   |                            | (Complete Part II for noncash contributions)                            |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 2                  | TZU CHI FOUNDATION  |                            | Person Payroli  |
|                    | SAN DIMAS, CA 91773   | \$ 60,000.                 | (Complete Part II for noncash contributions)                            |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 3                  | RTH, SR CHARITABLE TRUST P.O. BOX 506 LUMBERTON, NJ 08048                               | \$ 698,310.                | Person X Payroli  |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| <u>4</u>           | STEWART B. ECKERS CHARITABLE TRUST  22 W. PENNSYLVANIA AVE, SUITE 606  TOWSON, MD 21204 | \$5,000.                   | Person X Payroll  Noncash  (Complete Part II for noncash contributions) |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 5                  | GLOBAL AID NETWORK (GAIN)  1506 QUARRY ROAD  MT. JOY, PA 17552                          | \$201,833.                 | Person Payroll Noncash (Complete Part II for noncash contributions)     |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 6                  | MISSION RELIEF SERVICES  300 STRODE AVENUE  | \$12,330.                  | Person Payroll Noncash X  |
|                    | JOU DINOUL HVILLION   | 12,550.                    | (Complete Part II for   |

COATESVILLE, PA 19320

noncash contributions)

Name of organization
HEALEY INTERNATIONAL RELIEF
FOUNDATION, INC.

Employer identification number

22-3850041

| Part I     | ` Contributors (See instructions). Use duplicate copies of Part I if additional | al space is needed         |   |
|------------|---|----------------------------|---|
| (a)        | (b)   | (c)                        | (d)   |
| No.        | Name, address, and ZIP + 4  | Total contributions        | Type of contribution  |
| 7          | TZU CHI FOUNDATION  1100 S. VALLEY CENTER AVE                                   | \$                         | Person Payroll Noncash X  |
|            | SAN DIMAS, CA 91773   |                            | (Complete Part II for noncash contributions)                          |
| (a)<br>No. | (b) Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 8          | VARIOUS HIRF CONTRIBUTORS   |                            | Person Payroll  |
|            | 573 EAYRESTOWN ROAD   | \$ 165,539.                | Noncash X   |
|            | LUMBERTON, NJ 08048   |                            | (Complete Part II for noncash contributions)                          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
| 9          | BROTHER'S BROTHER FOUNDATION  1200 GALVESTON AVE  PITTSBURGH, PA 15233          | \$ 27,116.                 | Person Payroll Noncash X (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |
| 10         | MAP INTERNATIONAL  4700 GLYNCO PARKWAY  BRUNSWICK, GA 31525                     | \$2,593,854.               | Person Payroll Noncash X (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |
| 11         | CONRAD HILTON FOUNDATION  30440 AGOURA ROAD  AGOURA HILLS, CA 91301             | \$ <u>175,000</u> .        | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 12         | THE LOYOLA FOUNDATION  10335 DEMOCRACY LANE  FAIRFAX, VA 22030                  | \$ 25,700.                 | Person X Payroll  |

Name of organization HEALEY INTERNATIONAL RELIEF Employer identification number

| <u>FOUND</u> | ATION, INC.  | 22                         | -3850041  |
|--------------|--|----------------------------|---|
| Part I       | Contributors (See instructions) Use duplicate copies of Part I if  | additional space is needed |   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c) Total contributions    | (d) Type of contribution  |
| 13           | MAP INTERNATIONAL  4700 GLYNCO PARKWAY  BRUNSWICK, GA 31525        | \$ 1,821,850.              | Person Payroll Noncash X (Complete Part II for noncash contributions) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c) Total contributions    | (d)<br>Type of contribution   |
| 14           | TZU CHI FOUNDATION  1100 S. VALLEY CENTER AVE  SAN DIMAS, CA 91773 | \$\$.                      | Person Payroll Noncash X (Complete Part II for noncash contributions) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c) Total contributions    | (d)<br>Type of contribution   |
|              |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions)   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c) Total contributions    | (d) Type of contribution  |
|              |  | \$                         | Person Payroll Occash Complete Part II for noncash contributions )    |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c) Total contributions    | (d)<br>Type of contribution   |
|              |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d) Type of contribution  |
|              |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions)   |

Name of organization
HEALEY INTERNATIONAL RELIEF
EQUINDATION INC

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| art II                       | Noncash Property (See instructions) Use duplicate copies of Part | II if additional space is neede              | d        |                      |
|------------------------------|--|--|----------|----------------------|
|                              |  | <del></del>                                  |          |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                       | (c) FMV (or estimate (See instructions       | -        | (d)<br>Date received |
|                              | RICE - SEE STATEMENT 15  |  |          | <del></del>          |
| _2                           |  | \$   | 00.      | 06/21/16             |
| (a)<br>No.<br>rom<br>Part I  | (b)  Description of noncash property given                       | (c)<br>FMV (or estimate<br>(See instructions |          | (d)<br>Date received |
| 5                            | VARIOUS MEDICAL, FOOD & CLOTHING<br>SUPPLIES - SEE STMT 15       |  |          |                      |
|                              |  | \$ 201,8                                     | 33.      | 06/15/16             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                       | (c) FMV (or estimate (See instructions       | <i>-</i> | (d)<br>Date received |
| 6                            | VARIOUS MEDICAL, FOOD & CLOTHING<br>SUPPLIES - SEE STMT 15       |  |          |                      |
|                              |  | \$\$   | 30.      | 03/15/16             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                       | (c)<br>FMV (or estimate<br>(See instructions | -        | (d)<br>Date received |
| 7                            | VARIOUS MEDICAL, FOOD & CLOTHING<br>SUPPLIES - SEE STMT 15       |  |          |                      |
|                              |  | \$ 75,6                                      | 92.      | 01/01/16             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                       | (c)<br>FMV (or estimate<br>(See instructions | - 1      | (d)<br>Date received |
| 8                            | VARIOUS MEDICAL, FOOD & CLOTHING<br>SUPPLIES - SEE STMT 15       | _  |          |                      |
|                              |  | \$165,5                                      | 39.      | 10/12/16             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                       | (c) FMV (or estimate (See instructions       | -        | (d)<br>Date received |
| 9                            | VARIOUS MEDICAL, FOOD & CLOTHING<br>SUPPLIES - SEE STMT 15       |  |          |                      |
|                              |  | \\$27,1                                      | 16.      | 03/09/16             |

Name of organization
HEALEY INTERNATIONAL RELIEF
FOUNDATION, INC.

Employer identification number

22-3850041

| Part II                      | Noncash Property (See instructions). Use duplicate copies of Part | Il if additional space is needed         |                              |
|------------------------------|---|--|------------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions) | (d)<br>Date received         |
| 10                           | 40' CONTAINER- VARIOUS MEDICAL<br>SUPPLIES - SEE STMT 15          |  |                              |
|                              |   | \$ 2,593,854.                            | 12/29/16                     |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions) | (d)<br>Date received         |
| 13                           | 20' CONTAINER - VARIOUS MEDICAL<br>SUPPLIES - SEE STMT 15         | _  |                              |
|                              |   | \$ 1,821,850.                            | 02/11/16                     |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions) | (d)<br>Date received         |
| 14                           | RICE - SEE STMT 15  | _  |                              |
|                              |   | \$\$.                                    | 04/26/16                     |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                         | (c) FMV (or estimate) (See instructions) | (d)<br>Date received         |
|                              |   |  |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions) | (d)<br>Date received         |
|                              |   |  |                              |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                         | (c) FMV (or estimate) (See instructions) | (d)<br>Date received         |
| 202452 40.1                  |   | \$\$                                     | 190 990-F7 or 990-PF1 (2016) |

Name of organization

| Name of org               | anization   |   | Employer identification number                                     |
|---------------------------|---|---|--|
| HEALEY                    | Y INTERNATIONAL RELIEF  |   |  |
| FOUNDA                    | ATION, INC.   |   | 22-3850041   |
| Part III                  | the year from any one contributor. Complete c                 | olumns (a) through (e) and the follow               | n section 501(c)(7), (8), or (10) that total more than \$1,000 for |
|                           | completing Part III, enter the total of exclusively religious | s, charitable, etc., contributions of \$1,000 or le | ess for the year (Enter this info once) \$                         |
|                           | Use duplicate copies of Part III if additiona                 | al space is needed.                                 |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                                     | (d) Description of how gift is held                                |
|                           |   |   |  |
|                           |   |   |  |
|                           |   |   |  |
| {                         |   | (e) Transfer of gift                                |  |
| ŀ                         | Transferee's name, address, ar                                | od 71D + 4  | Relationship of transferor to transferee                           |
| <u> </u>                  | Transferee S frame, address, at                               | IU ZII + 4  | rectationship of transferor to transferee                          |
|                           |   |   |  |
|                           |   |   |  |
| (a) No. from              |   |   |  |
| from<br>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, ar                                | nd ZIP + 4  | Relationship of transferor to transferee                           |
|                           |   |   |  |
| Ì                         |   |   |  |
|                           |   |   |  |
| (a) No.<br>from           | (b) Purpose of gift   | (c) Use of gift                                     | (d) Description of how gift is held                                |
| Part I                    |   |   |  |
| ļ                         |   |   |  |
|                           |   |   |  |
| }-                        |   |   |  |
|                           |   | (e) Transfer of gift                                |  |
|                           | Transferee's name, address, a                                 | nd ZIP + 4  | Relationship of transferor to transferee                           |
| [                         |   |   |  |
| ł                         |   |   |  |
| }                         |   |   |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                                     | (d) Description of how gift is held                                |
|                           |   |   |  |
| ł                         | · - <del>-</del>  | 1   |  |

| Relationship of transferor to transferee |
|--|
|  |
|  |
|  |
|  |
|  |

| FORM 990-PF INTERE                                    | EST ON SAVING            | S AND T                  | EMPOR/                | ARY CASH                   | INVESTMEN                   | TS S                  | PATEMENT .                     | 1         |
|---|--------------------------|--------------------------|-----------------------|----------------------------|-----------------------------|-----------------------|--------------------------------|-----------|
| SOURCE  |                          | RE'                      | (A)<br>VENUE<br>BOOK! |                            | (B)<br>INVESTMEN<br>INCOME  |                       | (C)<br>ADJUSTED<br>NET INCOM   |           |
| BANK DEPOSIT SWEEP                                    |                          |                          |                       | 32.                        | 32                          | •                     |                                | 32.       |
| TOTAL TO PART I, L                                    | INE 3                    |                          |                       | 32.                        | 32                          | ·<br>-                |                                | 32.       |
| FORM 990-PF   | DIVIDENDS                | AND INT                  | EREST                 | FROM SEC                   | CURITIES                    | S.                    | PATEMENT                       | 2         |
| SOURCE  | GROSS<br>AMOUNT          | CAPIT.<br>GAIN<br>DIVIDE | S                     | (A)<br>REVENUE<br>PER BOOF |                             | VEST-                 | (C)<br>ADJUSTI<br>NET INCO     |           |
| CAP ACCOUNT BONDS MANAGED BOND ACCOUNT UBS PREFERREDS | 19.<br>10,204.<br>6,706. |                          | 0.                    | 10,20<br>6,70              |                             | 19.<br>,204.<br>,706. | 10,20                          |           |
| TO PART I, LINE 4                                     | 16,929.                  |                          | 0.                    | 16,92                      | 29. 16                      | ,929.                 | 16,9                           | 29.<br>—— |
| FORM 990-PF   |                          | OTHER                    | INCO                  | ME                         |                             | S                     | PATEMENT                       | 3         |
| DESCRIPTION   |                          |                          | RE                    | (A)<br>VENUE<br>BOOKS      | (B)<br>NET INVE<br>MENT INC |                       | (C)<br>ADJUSTEI<br>NET INCOI   |           |
| OPERATING FEE REIMIOTHER INCOME CARITAS FUND REPLEI   |                          |                          |                       |                            | 17,599.<br>407.<br>28,315.  |                       | 17,599.<br>10. 407.<br>28,315. |           |
| TOTAL TO FORM 990-                                    | PF, PART I,              | LINE 11                  | · .                   | 46,321                     | 5,321. 0                    |                       | . 46,321.                      |           |

| FORM 990-PF   | LEGAL  | FEES                                       | S1                            | PATEMENT 4  |
|---|--|--|-------------------------------|---|
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS   | (B)<br>NET INVEST-<br>MENT INCOME          | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES                       |
| LEGAL FEES  | 190.   | 0.   | 0.                            | 0.  |
| TO FM 990-PF, PG 1, LN 16A =  | 190.   | 0.   | 0.                            | 0.  |
| FORM 990-PF   | ACCOUNTI   | NG FEES                                    | Si                            | PATEMENT 5  |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS   | (B)<br>NET INVEST-<br>MENT INCOME          | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES                       |
| AUDIT FEES  | 9,000.   | 0.   | 0.                            | 0.  |
| TO FORM 990-PF, PG 1, LN 16B  | 9,000.   | 0.   | 0.                            | 0.  |
| FORM 990-PF C   | THER PROFES  | SIONAL FEES                                | Sī                            | PATEMENT 6  |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS   | (B)<br>NET INVEST-<br>MENT INCOME          | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES                       |
| CONSULTING FEES MARKETING FEES ALLOCATED MGMT FEES INVESTMENT FEES ADVISORY BOARD EXPENSES TRANSPORTATION & LOGISTICS PAYROLL PROCESSING FEES WOMEN EMPOWERMENT | 28,189.<br>15,658.<br>99,350.<br>7,761.<br>7,188.<br>88,681.<br>287.<br>2,000. | 0.<br>0.<br>0.<br>7,761.<br>0.<br>0.<br>0. | 0.<br>0.<br>0.<br>0.<br>0.    | 0.<br>0.<br>0.<br>7,188.<br>88,681.<br>0.<br>2,000. |
| TO FORM 990-PF, PG 1, LN 16C  | 249,114.   | 7,761.                                     | 0.                            | 97,869.   |

| FORM 990-PF   | TAX   | ES                                     | STATEMENT 7                                  |  |  |  |
|---|---|--|--|--|--|--|
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS  | (B)<br>NET INVEST-<br>MENT INCOME      | (C)<br>ADJUSTED<br>NET INCOME                | (D)<br>CHARITABLE<br>PURPOSES                                      |  |  |
| PAYROLL TAXES<br>LICENSES, TAXES & PERMITS  | 15,888.<br>327.   | 0.                                     | 0.   | 6,722.   |  |  |
| TO FORM 990-PF, PG 1, LN 18   | 16,215.   | 0.                                     | 0.   | 6,722.   |  |  |
| FORM 990-PF   | OTHER E   | XPENSES                                | ST   | CATEMENT 8   |  |  |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS  | (B)<br>NET INVEST-<br>MENT INCOME      | (C)<br>ADJUSTED<br>NET INCOME                | (D)<br>CHARITABLE<br>PURPOSES                                      |  |  |
| BANK CHARGES POSTAGE & DELIVERY INFORMATION TECHNOLOGY OFFICE EXPENSE DUES & SUBSCRIPTIONS ADVERTISING INSURANCE TELEPHONE DEVELOPMENT EXPENSES CHF GRANT EXPENSES EDUCATIONAL MATERIALS CARITAS SUPPLIES CREDIT CARD CHARGES OTHER COSTS | 766. 3,860. 1,790. 7,247. 13,043. 70. 1,521. 3,948. 2,121. 53,293. 956. 21,515. 1,633. 7,459. | 0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | 0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | 0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>53,293.<br>0.<br>21,515. |  |  |
| TO FORM 990-PF, PG 1, LN 23   | 119,222.  | 0.                                     | 0.   | 74,808.  |  |  |

| FORM 990-PF U.S. AND STATE/   | CITY GOVERNMENT                     | OBLIGATIONS                       | STATEMENT 9                  |
|---|-------------------------------------|-----------------------------------|------------------------------|
| DESCRIPTION   | U.S. OTHER GOV'T                    | BOOK VALUE                        | FAIR MARKET<br>VALUE         |
| GOVT ASSET-BACKED SECURITIES GOVERNMENT SECURITIES - CAP ACCT                       | X<br>X                              | 39,070.<br>627.                   | 39,070.<br>627.              |
| TOTAL U.S. GOVERNMENT OBLIGATIONS   | -                                   | 39,697.                           | 39,697.                      |
| TOTAL STATE AND MUNICIPAL GOVERNME  | NT OBLIGATIONS                      |                                   |                              |
| TOTAL TO FORM 990-PF, PART II, LIN  | E 10A                               | 39,697.                           | 39,697.                      |
| FORM 990-PF CO  | RPORATE BONDS                       |                                   | STATEMENT 10                 |
| DESCRIPTION   |                                     | BOOK VALUE                        | FAIR MARKET<br>VALUE         |
| CORP MORTGAGE ASSET-BACKED SECURIT  | IES                                 | 30,324.                           | 30,324.                      |
| TOTAL TO FORM 990-PF, PART II, LIN  | E 10C                               | 30,324.                           | 30,324.                      |
| FORM 990-PF OTH   | ER INVESTMENTS                      |                                   | STATEMENT 11                 |
| DESCRIPTION   | VALUATION<br>METHOD                 | BOOK VALUE                        | FAIR MARKET<br>VALUE         |
| HAIP, LP<br>UBS PREFEERED SECURITIES  | FMV<br>COST                         | 138,140.<br>157,575.              | 138,140.<br>157,575.         |
| TOTAL TO FORM 990-PF, PART II, LIN  | E 13                                | 295,715.                          | 295,715.                     |
| FORM 990-PF DEPRECIATION OF ASSE  | TS NOT HELD FOR                     | INVESTMENT                        | STATEMENT 12                 |
| DESCRIPTION   | COST OR<br>OTHER BASIS              | ACCUMULATED<br>DEPRECIATION       | BOOK VALUE                   |
| IPAD W/WI-FI & ATTACHMENTS (RTH) LAPTOP COMPUTER (DS) COMPUTER (JULIE) TOYOTA HILUX | 893.<br>2,068.<br>1,145.<br>38,000. | 832.<br>2,068.<br>802.<br>26,600. | 61.<br>0.<br>343.<br>11,400. |

| HEALEY INTERNATIONAL RELIEF FO   | UNDATION,                         |                   | 2                        | 2-3850041                        |
|--|-----------------------------------|-------------------|--------------------------|----------------------------------|
| HP DESKTOP PRO (MEGAN) APPLE IPAD (MEGAN) LAPTOP FOR INTERN (LINH) COMPUTER TABLET (BEN) | 835.<br>535.<br>1,692.<br>2,614.  | 2<br>1            | 18.<br>68.<br>27.<br>65. | 417.<br>267.<br>1,565.<br>2,549. |
| TOTAL TO FM 990-PF, PART II, LN  | 47,782.                           | 31,1              | 80.                      | 16,602.                          |
| FORM 990-PF O  | THER LIABILITIES                  |                   | STAT                     | EMENT 13                         |
| DESCRIPTION  | _                                 | BOY AMOUN'        | r EOY                    | AMOUNT                           |
| PAYROLL & OTHER LIABILITIES<br>MARGIN LOAN PAYABLE - UBS                                 |                                   | 1,9               | 52.                      | 2,724.<br>2,433.                 |
| TOTAL TO FORM 990-PF, PART II, L   | INE 22<br>=                       | 1,9               | 52.                      | 5,157.                           |
|  | ST OF OFFICERS, DEDICATION MANAGE | GERS              | EMPLOYEE                 |                                  |
| NAME AND ADDRESS   | TITLE AND<br>AVRG HRS/WK          | COMPEN-<br>SATION | BEN PLAN<br>CONTRIB      | EXPENSE<br>ACCOUNT               |
| ROBERT T. HEALEY 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048                                 | CHAIRMAN<br>2.00                  | 0.                | 0.                       | 0.                               |
| ROBERT T. HEALEY, JR. 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048                            | PRESIDENT<br>10.00                | 0.                | 0.                       | 0.                               |
| ALICE FITZPATRICK<br>573 EAYRESTOWN ROAD<br>LUMBERTON, NJ 08048                          | SECRETARY<br>2.00                 | 0.                | 0.                       | 0.                               |
| JEAN BRILES<br>573 EAYRESTOWN ROAD<br>LUMBERTON, NJ 08048                                | TREASURER 2.00                    | 0.                | 0.                       | 0.                               |
| JOAN LEWIS<br>573 EAYRESTOWN ROAD<br>LUMBERTON, NJ 08048                                 | TRUSTEE 2.00                      | 0.                | 0.                       | 0.                               |
| RILEY SCOTT<br>573 EAYRESTOWN ROAD<br>LUMBERTON, NJ 08048                                | TRUSTEE<br>2.00                   | 0.                | 0.                       | 0.                               |

HEALEY INTERNATIONAL RELIEF FOUNDATION,

22-3850041

BENJAMIN PARRA 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048

EXECUTIVE DIRECTOR

40.00

75,000. 14,778.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

75,000. 14,778.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 15

# 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

5,500,519.

# 2016 DEPRECIATION AND AMORTIZATION REPORT

| FORM  | FORM 990-PF PAGE 1                              |                  |        |      |        |                             | 990-PF             |                        |                       | Ī                         |   |                               |                           |                                       |
|-------|---|------------------|--------|------|--------|-----------------------------|--------------------|------------------------|-----------------------|---------------------------|---|-------------------------------|---------------------------|---------------------------------------|
| Asset | Description                                     | Date<br>Acquired | Method | Life | No E > | Unadjusted<br>Cost Or Basis | Bus 8<br>%<br>Excl | Section 179<br>Expense | Reduction in<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation                            | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|       | MACHINERY & EQUIPMENT                           |                  |        |      |        | 1                           |                    |                        |                       |                           |   |                               |                           |                                       |
|       | 1 (D)LAPTOP COMPUTER                            | 12/19/06 ADS     | ADS    | 7.00 | MQ17   | 1,539.                      |                    |                        |                       | 1,539.                    | 1,539.  |                               | 0                         | 1,539.                                |
|       | 2 (D)LAPTOP COMPUTER (RTH, JR)                  | 01/15/08         | ADS    | 7.00 | HY17   | 2,962.                      |                    |                        |                       | 2,962.                    | 2,962.  |                               | 0                         | 2,962.                                |
|       | IPAD W/WI-FI & ATTACHMENTS<br>  3 (RTH)         | 07/08/10 ADS     | ADS    | 7.00 | HY17   | 893.                        |                    |                        |                       | 893.                      | 704.  |                               | 128.                      | 832.                                  |
|       | 4 LAPTOP COMPUTER (DS)                          | 05/06/11 ADS     | ADS    | 5.00 | HW17   | 2,068.                      | <del></del>        | .,                     |                       | 2,068.                    | 1,863.  |                               | 205.                      | 2,068.                                |
|       | 5 COMPUTER (JULIE)                              | 01/31/13 ADS     | ADS    | 5,00 | HY17   | 1,145.                      |                    | <u></u>                |                       | 1,145.                    | 573.  |                               | 229.                      | 802.                                  |
|       | 7 (D)ACKLINK - TABLET (BEN)                     | 02/06/14 ADS     | ADS    | 5,00 | HY1 7  | 1,864.                      |                    |                        |                       | 1,864.                    | 559.  |                               | 1,305.                    | 1,864.                                |
|       | 8 HP DESKTOP PRO (MEGAN)                        | 04/17/14         | ADS    | 5.00 | HY17   | 835.                        |                    |                        |                       | 835.                      | 251.  |                               | 167.                      | 418.                                  |
|       | 9 APPLE IPAD (MEGAN)                            | 07/17/14         | ADS    | 2.00 | HW17   | 535.                        |                    |                        |                       | 535.                      | 161.  |                               | 107.                      | 268.                                  |
|       | 10 LAPTOP FOR INTERN (LINH)                     | 07/19/16 ADS     | ADS    | 5.00 | MQ20A  | 1,692.                      |                    |                        |                       | 1,692.                    |   |                               | 127.                      | 127.                                  |
|       | 11 COMPUTER TABLET (BEN)                        | 10/20/16 ADS     | ADS    | 5.00 | MQ20A  | 2,614.                      |                    |                        |                       | 2,614.                    |   |                               | 65.                       | 65.                                   |
|       | MACHINERY & EQUIPMENT                           |                  |        |      |        | 16,147.                     |                    |                        |                       | 16,147.                   | 8,612.  |                               | 2,333.                    | 10,945.                               |
|       | TRANSPORTATION EQUIPMENT                        |                  |        |      |        |                             |                    |                        |                       |                           |   |                               |                           |                                       |
|       | 6 TOYOTA HILUX                                  | 04/26/13         | ADS    | 5.00 | HY17   | 38,000.                     |                    |                        |                       | 38,000.                   | 19,000.   |                               | 7,600.                    | 26,600.                               |
|       | * 990-PF PG 1 TOTAL<br>TRANSPORTATION EQUIPMENT |                  |        |      |        | 38,000.                     | ,                  |                        |                       | 38,000.                   | 19,000.   |                               | 7,600                     | 26,600.                               |
|       | * GRAND TOTAL 990-PF PG 1<br>DEPR               | -                |        |      |        | 54,147.                     |                    |                        |                       | 54,147.                   | 27,612.   |                               | 9,933,                    | 37,545.                               |
|       | CURRENT YEAR ACTIVITY                           |                  |        |      |        |                             |                    |                        |                       |                           |   |                               |                           |                                       |
|       | BEGINNING BALANCE                               |                  |        |      |        | 49,841.                     |                    |                        | 0                     | 49,841.                   | 27,612.   |                               |                           | 37, 353,                              |
| 62811 | 828111 04-01-18                                 |                  |        |      |        | (D) - Asset disposed        | peso               |                        | *                     | ITC, Salvage,             | * ITC, Salvage, Bonus, Commercial Revitalization Deduction. GO Zone | ercial Revital                | ization Deduci            | ion, GO Zone                          |

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2016 DEPRECIATION AND AMORTIZATION REPORT

|                    | ng<br>lated<br>ation                     | 192.         | 6,365.       | 31,180.        |  |                   | <br> | <br> | <br>· | <br> | <br> |             | Zone   |
|--------------------|--|--------------|--------------|----------------|--|-------------------|------|------|-------|------|------|-------------|--|
|                    | Ending<br>Accumulated<br>Depreciation    | ,,           | .',          | 31,:           |  |                   |      |      |       |      |      |             | doi:   |
|                    | Current Year<br>Deduction                |              |              |                |  |                   |      | <br> |       |      |      |             | * ITC. Salvage, Bonus, Commercial Revitalization Deduction GO Zone |
|                    | Current<br>Sec 179<br>Expense            |              |              |                |  |                   |      |      |       |      |      |             | ercial Revita  |
|                    | Beginning<br>Accumulated<br>Depreciation | 0            | 5,060.       | 22,552.        | 31,180.                                | 16,602.           |      |      |       |      |      |             | Bonus, Comm  |
|                    | Basis For<br>Depreciation                | 4,306.       | 6,365.       | 47,782.        |  |                   | <br> |      |       |      | -,   | -           | TC, Salvage.   |
|                    | Reduction In<br>Basis                    | 0            | .0           | 0              |  |                   |      |      | _     |      | <br> |             | *  |
| 990-PF             | Section 179<br>Expense                   |              |              |                |  |                   |      |      | <br>  |      |      | <del></del> |  |
|                    | Bus<br>%<br>Excl                         |              |              |                |  |                   |      |      |       |      |      | _           | pasoc  |
|                    | Unadjusted<br>Cost Or Basis              | 4,306.       | 6,365.       | 47,782.        | <u>-</u>                               | "                 |      |      |       |      |      |             | (D) - Asset disposed   |
|                    | No c>                                    |              |              |                |  |                   |      |      | <br>  |      | <br> |             | 7 ~  |
|                    | Life                                     | <u> </u>     |              |                |  |                   | <br> | <br> | <br>  | <br> | <br> |             |  |
|                    | Method                                   | <u> </u>     |              |                |  |                   | <br> | <br> | <br>  | <br> | <br> |             |  |
|                    | Date<br>Acquired                         | !            |              |                |  |                   |      | ,    |       |      |      |             |  |
| FORM 990-PF PAGE 1 | Description                              | ACQUISITIONS | DISPOSITIONS | ENDING BALANCE | ENDING ACCUM DEPR LESS<br>DISPOSITIONS | ENDING BOOK VALUE |      |      |       |      |      |             | 01-16  |
| JRM 99             | Asset<br>No                              |              |              |                |  |                   |      |      |       |      |      |             | 628111 04-01-18  |
| 鬞                  |  |              |              |                |  |                   | <br> | <br> | <br>  | <br> | <br> |             | 8  |

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a RETIRED/OBSOLETE COMPUTER EQUIPMENT P 02/06/1412/31/16 b PRIN RETURNS - VARIOUS BONDS 01/31/16 VARIOUS BONDS c PRIN RETURNS 02/29/16 d PRIN RETURNS VARIOUS BONDS 03/31/16 e \$501,387 GNMA 6.25% #493763 10/19/0503/15/16 f PRIN RETURNS VARIOUS BONDS 04/30/16 g PRIN RETURNS VARIOUS BONDS 05/31/16 VARIOUS BONDS h PRIN RETURNS 06/30/16 VARIOUS BONDS 07/31/16 → PRIN RETURNS VARIOUS BONDS 08/31/16 | PRIN RETURNS 09/30/16k PRIN RETURNS -VARIOUS BONDS \$3,148,789 FHLMC 8.5% #295535 10/20/0509/15/16 10/20/0509/26/16 m \$2,000,000 FNMA 9.0% #37534 n PRIN RETURNS VARIOUS BONDS 10/31/16 VARIOUS BONDS 11/30/16 o PRIN RETURNS (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale (or allowable) (e) plus (f) minus (g) 6,365 6,365 0. а 1,401. -34. <u>1,367</u> b 1,567 1,604. -37. С 1,327. 1,361. -34. d 24,600 25,696. -1,096.е 1,159 1,191. -32. f 899 927. -28. g 789. -36. 825. h 938 986. -48. -50. 1,083. 1,133. 550. 575. -25. k 115. 266. 151. 55 63. -8. m 315. -24. 1,291. П 602. 623. -21. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 0. a -34. b -37.С -3<u>4.</u> d -1.096.е -32. f -28. g -36. h -48. -50. -25. 151. -8. m -24. n -21. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 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

| Part IV Capital Gains and Lo  | sses for Tax on Investment Income  |  |   |                                  |
|---|--|--|---|----------------------------------|
| (a) List and<br>2-story bi  | d describe the kind(s) of property sol<br>rick warehouse; or common stock, 2 | d, e.g., real estate,<br>00 shs. MLC Co. | (b) How acquired<br>P - Purchase<br>D - Donation (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
| 1a PRIN RETURNS -   | VARIOUS BONDS  |  |   | 12/31/16                         |
|   | TAL ONE 6.2% PFD   |  | 03/21/160   |                                  |
|   | TAL ONE 5.2% PFD   | )  | 07/26/160   |                                  |
| d 1,000 SHS CITI  |  |  | 03/15/16  |                                  |
| e 500 SHS ISHARE  |  |  | 03/29/160   |                                  |
| f 1,500 SHS ISHA  |  |  | 03/29/160   |                                  |
| g 1,000 SHS KKR   |  |  | 06/13/16  |                                  |
| h 1,000 SHS LEGG  | MASON 6.375% PF  | 'D                                       | 03/15/160   | 06/08/16                         |
|   |  |  |   |                                  |
| <del></del>   |  |  |   |                                  |
| <u>k</u>  |  |  |   | <del></del>                      |
|   |  |  |   |                                  |
| <u>m</u>  |  |  |   |                                  |
| <u>n</u><br>0   |  |  |   |                                  |
|   | (f) Depreciation allowed   | (g) Cost or other basis                  | (h) Gain or (loss)  |                                  |
| (e) Gross sales price   | (or allowable)   | plus expense of sale                     | (e) plus (f) minus (g)  |                                  |
| a 1,017.  |  | 1,041.                                   |   | -24.                             |
| b 26,444.   |  | 25,955.                                  |   | 489.                             |
| c 25,044.   |  | 25,000.                                  |   | 44.                              |
| d 25,834.   |  | 25,375.                                  |   | 459.                             |
| e 19,743.   |  | 19,501.                                  |   | 242.                             |
| f 59,414.   |  | 58,503.                                  |   | 911.                             |
| g 25,909.   |  |  | 909.  |                                  |
| h 26,144.   |  | 25,155.                                  |   | 989.                             |
|   |  |  |   |                                  |
| <u> </u>  |  |  |   |                                  |
| <u>k</u>  |  |  |   |                                  |
|   |  |  |   |                                  |
| m   |  | <u> </u>                                 |   |                                  |
| n   |  |  |   |                                  |
| Complete only for assets shown  | ng gain in column (h) and owned by   | the foundation on 12/31/69               | (I) Longo (from onl (b))  |                                  |
|   | (j) Adjusted basis   | (k) Excess of col. (I)                   | (I) Losses (from col. (h)) Gains (excess of col. (h) gain over o                      | ol. (k).                         |
| (i) F.M.V. as of 12/31/69   | as of 12/31/69   | over col. (j), if any                    | but not less than "-0-")  | (-7,                             |
| a   |  |  | <del></del>   | -24.                             |
| b   |  |  | **  | 489.                             |
| C   |  |  | **  | 44.                              |
| d   |  |  | **  | 459.                             |
| e   |  |  | **  | 242.                             |
| f   |  |  | **  | 911.                             |
| g   |  |  | **  | 909.                             |
| <u>h</u>  |  |  | **  | 989.                             |
| 1   |  |  |   |                                  |
|   |  |  |   |                                  |
| <u>k</u>  |  |  | <del></del>   |                                  |
| <del>-</del>  | <u> </u>   |  |   |                                  |
| <u>m</u>  |  |  |   |                                  |
| <u>n</u>  |  |  |   |                                  |
| 0   | L  | <u> </u>                                 |   |                                  |
| 2 Capital gain net income or (net ca  | ipital loss) {   If gain, also enter<br>  If (loss), enter "-0               | in Part I, line 7                        | 2   | 2,697.                           |
|   |  | , I                                      |   | 4,031.                           |
| 3 Net short-term capital gain or (los<br>if gain, also enter in Part I, line 8, | ss) as defined in sections 1222(5) an<br>column (c)                          | ia (e);                                  |   |                                  |
| If (loss), enter "-0-" in Part I, line 8  |  | 5  | 3   | 4,043.                           |
|   |  |  | <del></del>   |                                  |