

**Return of Private Foundation**

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

**2017**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2017 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of foundation <b>HEALEY INTERNATIONAL RELIEF FOUNDATION, INC.</b>		<b>A Employer identification number</b> <b>22-3850041</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>P.O. BOX 506</b>	Room/suite	<b>B Telephone number</b> <b>609-267-4104</b>
City or town, state or province, country, and ZIP or foreign postal code <b>LUMBERTON, NJ 08048</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>751,537.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input checked="" type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	7,191,469.			
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....	154.	154.	154.	<b>STATEMENT 1</b>
	<b>4</b> Dividends and interest from securities .....	15,217.	15,217.	15,217.	<b>STATEMENT 2</b>
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	-2,902.			<b>STATEMENT 3</b>
	<b>b</b> Gross sales price for all assets on line 6a .....	25,000.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		0.		
	<b>8</b> Net short-term capital gain .....			0.	
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....					
<b>12 Total.</b> Add lines 1 through 11 .....	7,203,938.	15,371.	15,371.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	80,000.	0.	0.	31,250.
	<b>14</b> Other employee salaries and wages .....	100,704.	0.	0.	35,000.
	<b>15</b> Pension plans, employee benefits .....	26,541.	0.	0.	14,500.
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees .....	9,000.	0.	0.	0.
	<b>c</b> Other professional fees .....	224,391.	0.	0.	89,550.
	<b>17</b> Interest .....	66.	66.	66.	0.
	<b>18</b> Taxes .....	15,457.	0.	0.	5,722.
	<b>19</b> Depreciation and depletion .....	12,360.	0.	0.	
	<b>20</b> Occupancy .....	13,896.	0.	0.	0.
	<b>21</b> Travel, conferences, and meetings .....	72,247.	0.	0.	0.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses .....	176,157.	0.	0.	81,618.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	730,819.	66.	66.	257,640.
	<b>25</b> Contributions, gifts, grants paid .....	6,544,616.			6,544,616.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	7,275,435.	66.	66.	6,802,256.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	-71,497.				
<b>b Net investment income</b> (if negative, enter -0-)		15,305.			
<b>c Adjusted net income</b> (if negative, enter -0-)			15,305.		

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<b>Part II</b>	<b>Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year		
				(a) Book Value	(b) Book Value	(c) Fair Market Value	
<b>Assets</b>	1	Cash - non-interest-bearing .....		145,721.	319,629.	319,629.	
	2	Savings and temporary cash investments .....		247,486.	159,022.	159,022.	
	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 ▶	13,675.				
		Less: allowance for doubtful accounts ▶	0.		15,175.	13,675.	
	8	Inventories for sale or use .....					
	9	Prepaid expenses and deferred charges .....					
	10a	Investments - U.S. and state government obligations <b>STMT 9</b>			39,697.	1,573.	1,573.
	b	Investments - corporate stock <b>STMT 10</b>			157,575.	164,496.	170,590.
	c	Investments - corporate bonds <b>STMT 11</b>			30,324.	45,928.	43,643.
	11	Investments - land, buildings, and equipment: basis ▶					
	Less: accumulated depreciation ▶						
12	Investments - mortgage loans .....						
13	Investments - other .....			138,140.	0.	0.	
14	Land, buildings, and equipment: basis ▶	84,355.					
	Less: accumulated depreciation <b>STMT 12</b> ▶	40,950.		16,602.	43,405.	43,405.	
15	Other assets (describe ▶)						
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....			790,720.	747,728.	751,537.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....			1,602.		
	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 ▶ <b>STATEMENT 13</b> )			5,157.	110.	
23	<b>Total liabilities</b> (add lines 17 through 22) .....			5,157.	1,712.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/>						
	<b>and complete lines 24 through 26, and lines 30 and 31.</b>						
	24	Unrestricted .....					
	25	Temporarily restricted .....					
	26	Permanently restricted .....					
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>						
	<b>and complete lines 27 through 31.</b>						
	27	Capital stock, trust principal, or current funds .....			785,563.	746,016.	
28	Paid-in or capital surplus, or land, bldg., and equipment fund .....			0.	0.		
29	Retained earnings, accumulated income, endowment, or other funds .....			0.	0.		
30	<b>Total net assets or fund balances</b> .....			785,563.	746,016.		
31	<b>Total liabilities and net assets/fund balances</b> .....			790,720.	747,728.		

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

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	785,563.
2	Enter amount from Part I, line 27a .....	2	-71,497.
3	Other increases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 8</b>	3	31,950.
4	Add lines 1, 2, and 3 .....	4	746,016.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 .....	6	746,016.

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

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a SALE OF BOND INVESTMENT</b>		07/01/06	09/15/17
b			
c			
d			
e			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
<b>a</b> 25,000.		25,810.	-810.
b			
c			
d			
e			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			-810.
b			
c			
d			
e			
<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ..... }	<b>2</b>	-810.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 .....	}	<b>3</b>	0.

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

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

N/A

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016			
2015			
2014			
2013			
2012			
<b>2</b> Total of line 1, column (d) .....			<b>2</b>
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years .....			<b>3</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 .....			<b>4</b>
<b>5</b> Multiply line 4 by line 3 .....			<b>5</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) .....			<b>6</b>
<b>7</b> Add lines 5 and 6 .....			<b>7</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4 .....			<b>8</b>

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: <u>07/28/04</u> (attach copy of letter if necessary-see instructions)		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	N/A
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	
<b>3</b> Add lines 1 and 2	3	
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
<b>6 Credits/Payments:</b>		
<b>a</b> 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.
<b>b</b> Exempt foreign organizations - tax withheld at source	6b	0.
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	6c	0.
<b>d</b> Backup withholding erroneously withheld	6d	0.
<b>7</b> Total credits and payments. Add lines 6a through 6d	7	0.
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
<b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	0.
<b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	
<b>11</b> Enter the amount of line 10 to be: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

		Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?	1c		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input type="checkbox"/> \$ <u>0.</u>			
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ <u>0.</u>			
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <span style="float:right">N/A</span>	4b		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	5		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>NJ</u>			
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	8b	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9	X	
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>HIRF.NET</u>	X	
14 The books are in care of ► <u>THE FOUNDATION</u> Telephone no. ► <u>609-267-4104</u> Located at ► <u>P.O. BOX 506, LUMBERTON, NJ</u> ZIP+4 ► <u>08048</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A
Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>		
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 2017?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		X

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

<b>5a</b> During the year, did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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	<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>	<b>X</b>
	If "Yes" to 6b, file Form 8870.			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	<b>7b</b>	

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		80,000.	8,500.	0.

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

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

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

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

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

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

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

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
SEE STATEMENT 15	6,802,256.
2	
3	
4	

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

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

Total. Add lines 1 through 3 ..... **0.**

HEALEY INTERNATIONAL RELIEF  
FOUNDATION, INC.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	227,099.
b	Average of monthly cash balances .....	1b	413,771.
c	Fair market value of all other assets .....	1c	57,800.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	698,670.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	698,670.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	10,480.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	688,190.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	34,410.

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

1	Minimum investment return from Part X, line 6 .....	1	
2a	Tax on investment income for 2017 from Part VI, line 5 .....	2a	
b	Income tax for 2017. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	
4	Recoveries of amounts treated as qualifying distributions .....	4	
5	Add lines 3 and 4 .....	5	
6	Deduction from distributable amount (see instructions) .....	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	6,802,256.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	6,802,256.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	6,802,256.

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



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

N/A

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7 .....				
<b>2</b> Undistributed income, if any, as of the end of 2017:				
<b>a</b> Enter amount for 2016 only .....				
<b>b</b> Total for prior years:				
<b>3</b> Excess distributions carryover, if any, to 2017:				
<b>a</b> From 2012 .....				
<b>b</b> From 2013 .....				
<b>c</b> From 2014 .....				
<b>d</b> From 2015 .....				
<b>e</b> From 2016 .....				
<b>f</b> Total of lines 3a through e .....				
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ .....				
<b>a</b> Applied to 2016, but not more than line 2a ...				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....				
<b>d</b> Applied to 2017 distributable amount .....				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....				
<b>e</b> Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr. ...				
<b>f</b> Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 .....				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 .....				
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a .....				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2013 ...				
<b>b</b> Excess from 2014 ...				
<b>c</b> Excess from 2015 ...				
<b>d</b> Excess from 2016 ...				
<b>e</b> Excess from 2017 ...				

**HEALEY INTERNATIONAL RELIEF  
FOUNDATION, INC.**

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling \_\_\_\_\_

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

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	15,305.	31,925.	48,621.	16,059.	111,910.
<b>b</b> 85% of line 2a	13,009.	27,136.	41,328.	13,650.	95,124.
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed	6,802,256.	5,500,519.	6,216,645.	947,475.	19,466,895.
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	6,802,256.	5,500,519.	6,216,645.	947,475.	19,466,895.
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					0.
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	22,940.	21,283.	42,119.	61,437.	147,779.
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
<b>(3)</b> Largest amount of support from an exempt organization					0.
<b>(4)</b> Gross investment income					0.

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

**1 Information Regarding Foundation Managers:**

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

**ROBERT T. HEALEY**

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

**NONE**

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

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

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

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

**c** Any submission deadlines:

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

**HEALEY INTERNATIONAL RELIEF  
FOUNDATION, INC.**

Form 990-PF (2017)

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**Part XV** **Supplementary Information** (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BROTHER'S BROTHER FOUNDATION- SIERRA LEONE PROGRAM TO CARITAS 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	NON-CASH GOODS DELIVERED FOR SIERRA LEONE PROGRAM - SEE PART IX-A SUMMARY OF CHARITABLE ACTIVITIES	5,631,465.
CARITAS-EBOLA ORPHANS GRANT 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	SIERRA LEONE PROGRAMS & GRANTS	21,669.
CARITAS-FATIMA HOUSE OF LIGHT 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	SIERRA LEONE PROGRAMS & GRANTS	16,330.
CARITAS-IN COUNTRY PROGRAM MANAGER 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	SIERRA LEONE PROGRAMS & GRANTS	13,080.
CARITAS-IN COUNTRY SUPPORT GRANT 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	SIERRA LEONE PROGRAMS & GRANTS	18,640.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>6,544,616.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>





HEALEY INTERNATIONAL RELIEF  
FOUNDATION, INC.

22-3850041

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CARITAS-MSG. SULLIVAN CLINIC 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	SCHOOL & HOSPITAL SUPPLIES	42,369.
CARITAS-NEWTON AMPUTEE VILLAGE 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	SIERRA LEONE PROGRAMS & GRANTS	14,271.
CARITAS-OTHER 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	SIERRA LEONE PROGRAMS & GRANTS	18,102.
CHRIST THE KING 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	SIERRA LEONE PROGRAM	27,045.
CONRAD HILTON FOUNDATION GRANT EXPENSE 30440 AGOURA ROAD AGOURA HILLS, CA 91301	NONE	501 C(3)	GENERAL FOUNDATION GRANT GENERAL FOUNDATION GRANT	106,677.
HEALEY INTERNATIONAL RELIEF -SIERRA LEONE PROGRAM TO CARITAS 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	SIERRA LEONE PROGRAMS & GRANTS	334,344.
NHO-CARITAS 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	SIERRA LEONE PROGRAM	26,913.
TZU CHI FOUNDATION - DIRECT GRANT EXPENSE 1100 S. VALLEY CENTER AVE SAN DIMAS, CA 91773	NONE	501 C(3)	SIERRA LEONE PROGRAMS & GRANTS	50,344.
TZU CHI FOUNDATION - SIERRA LEONE PROGRAM TO CARITAS 19 SAVAGE STREET BROOKFIELDS FREETOWN-SIERRA LEONE, SIERRA LEONE	NONE	FOREIGN - RELIGIOUS	RICE BEDS AND OTHER GOODS	223,367.
<b>Total from continuation sheets</b>				<b>843,432.</b>

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

HEALEY INTERNATIONAL RELIEF  
FOUNDATION, INC.

Employer identification number

22-3850041

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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) (2017)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONRAD HILTON FOUNDATION  30440 AGOURA ROAD  AGOURA HILLS, CA 91301	\$ 198,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TZU CHI FOUNDATION  1100 S. VALLEY CENTER AVE  SAN DIMAS, CA 91773	\$ 50,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	TZU CHI FOUNDATION  1100 S. VALLEY CENTER AVE  SAN DIMAS, CA 91773	\$ 77,134.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ROBERT T. HEALEY CHARITABLE TRUST  P. O. BOX 506  LUMBERTON, NJ 08048	\$ 668,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BROTHER'S BROTHER FOUNDATION  1200 GALVESTON AVE  PITTSBURGH, PA 15233	\$ 5,631,465.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	TZU CHI FOUNDATION  1100 S. VALLEY CENTER AVE  SAN DIMAS, CA 91773	\$ 50,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TZU CHI FOUNDATION 1100 S. VALLEY CENTER AVE SAN DIMAS, CA 91773	\$ 50,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	TZU CHI FOUNDATION 1100 S. VALLEY CENTER AVE SAN DIMAS, CA 91773	\$ 6,760.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	TZU CHI FOUNDATION 1100 S. VALLEY CENTER AVE SAN DIMAS, CA 91773	\$ 32,857.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	TZU CHI FOUNDATION 1100 S. VALLEY CENTER AVE SAN DIMAS, CA 91773	\$ 33,750.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	HEALEY INTERNATIONAL RELIEF FOUNDATION 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	\$ 35,271.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	HEALEY INTERNATIONAL RELIEF FOUNDATION 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	\$ 299,074.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	RICE	\$ 50,000.	06/17/17
5	VARIOUS MEDICAL, FOOD & CLOTHING SUPPLIES	\$ 5,631,465.	02/22/17
6	RICE	\$ 50,000.	04/23/17
7	RICE	\$ 50,000.	07/17/17
8	USA/ FEMA	\$ 6,760.	07/20/17
9	BEDS	\$ 32,857.	07/20/17

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	BLANKETS , BOWLS , COVERS , & SPOONS <hr/> <hr/> <hr/>	\$ 33,750.	07/20/17
11	CHURCH SUPPORT , OFFICE SUPPLIES , EDUCATION SUPPLIES , ORPHAN - OVC PROGRAM , WAREHOUSE SUPPLIES <hr/> <hr/> <hr/>	\$ 35,271.	05/23/17
12	MEDICAL SUPPLIES <hr/> <hr/> <hr/>	\$ 299,074.	05/23/17
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

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SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
BANK DEPOSIT SWEEP	154.	154.	154.
TOTAL TO PART I, LINE 3	154.	154.	154.

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 FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2
 

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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MANAGED BOND ACCOUNT	5,584.	0.	5,584.	5,584.	5,584.
UBS PREFERRED	9,633.	0.	9,633.	9,633.	9,633.
TO PART I, LINE 4	15,217.	0.	15,217.	15,217.	15,217.

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 FORM 990-PF                      GAIN OR (LOSS) FROM SALE OF ASSETS                      STATEMENT    3
 

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(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
SALE OF BOND INVESTMENT	25,000.	25,810.	0.	PURCHASED	07/01/06	09/15/17
					0.	-810.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
RETIRED LAPTOP COMPUTER	0.	2,068.	0.	PURCHASED	05/06/11	12/31/17
					2,068.	0.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
LOST COMPUTER TABLET	0.	2,614.	0.	PURCHASED	10/20/16	12/18/17
					522.	-2,092.

NET GAIN OR LOSS FROM SALE OF ASSETS	-2,902.
CAPITAL GAINS DIVIDENDS FROM PART IV	0.
TOTAL TO FORM 990-PF, PART I, LINE 6A	-2,902.

FORM 990-PF	ACCOUNTING FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
AUDIT FEES	9,000.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16B	9,000.	0.	0.	0.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING FEES	25,061.	0.	0.	0.	
MARKETING FEES	8,062.	0.	0.	0.	
ALLOCATED MGMT FEES	85,556.	0.	0.	0.	
INVESTMENT FEES	16,162.	0.	0.	0.	
ADVISORY BOARD EXPENSES	8,197.	0.	0.	8,197.	
TRANSPORTATION & LOGISTICS	67,653.	0.	0.	67,653.	
RESTRICTED SALARY	13,700.	0.	0.	13,700.	
TO FORM 990-PF, PG 1, LN 16C	224,391.	0.	0.	89,550.	

FORM 990-PF	TAXES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	15,230.	0.	0.	5,722.	
LICENSES, TAXES & PERMITS	227.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	15,457.	0.	0.	5,722.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES	3,550.	0.	0.	0.	
POSTAGE & DELIVERY	3,078.	0.	0.	0.	
INFORMATION TECHNOLOGY	1,327.	0.	0.	0.	
OFFICE EXPENSE	23,429.	0.	0.	0.	
DUES & SUBSCRIPTIONS	10,391.	0.	0.	0.	
ADVERTISING	4,305.	0.	0.	0.	
INSURANCE	1,930.	0.	0.	0.	
TELEPHONE	7,583.	0.	0.	0.	
DEVELOPMENT EXPENSES	9,099.	0.	0.	0.	
EDUCATIONAL MATERIALS	375.	0.	0.	0.	
NETWORKING TRAVEL	11,462.	0.	0.	11,462.	
CORPORATE LODGING	29,472.	0.	0.	0.	
OTHER GRANT EXPENSE	4,875.	0.	0.	4,875.	
CHARITABLE HEALTH NETWORK	1,731.	0.	0.	1,731.	
CHARITABLE DONATIONS	152.	0.	0.	152.	
CONTRIBUTIONS-OTHER	33,115.	0.	0.	33,115.	
CAPACITY BUILDING	650.	0.	0.	650.	
FLOOD RELIEF EXPENSE	14,910.	0.	0.	14,910.	
GIFTS	6,599.	0.	0.	6,599.	
HOLY SPIRIT LABORATORY EXPENSE	8,124.	0.	0.	8,124.	
TO FORM 990-PF, PG 1, LN 23	176,157.	0.	0.	81,618.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	8
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS-CURRENT		14,869.	
UNREALIZED GAIN ON INVESTMENTS-PRIOR		17,081.	
TOTAL TO FORM 990-PF, PART III, LINE 3		31,950.	



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FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS	STATEMENT	9
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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
GOVERNMENT SECURITIES - CAP ACCT	X		1,573.	1,573.
TOTAL U.S. GOVERNMENT OBLIGATIONS			1,573.	1,573.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			1,573.	1,573.

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FORM 990-PF	CORPORATE STOCK	STATEMENT	10
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
UBS PREFERRED SECURITIES	164,496.	170,590.
TOTAL TO FORM 990-PF, PART II, LINE 10B	164,496.	170,590.

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FORM 990-PF	CORPORATE BONDS	STATEMENT	11
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORP MORTGAGE ASSET-BACKED SECURITIES	45,928.	43,643.
TOTAL TO FORM 990-PF, PART II, LINE 10C	45,928.	43,643.

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FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	12
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
IPAD W/WI-FI & ATTACHMENTS (RTH)	893.	893.	0.
COMPUTER (JULIE)	1,145.	1,031.	114.
TOYOTA HILUX	38,000.	34,200.	3,800.
HP DESKTOP PRO (MEGAN)	835.	585.	250.
APPLE IPAD (MEGAN)	535.	375.	160.
LAPTOP FOR INTERN (LINH)	1,692.	465.	1,227.

SAVIN DIGITAL COPIER	5,645.	565.	5,080.
DELL LATTITUDE NOTEBOOK (MEGAN)	3,169.	317.	2,852.
ANCERO - NEW NETWORK PROJECT	4,831.	483.	4,348.
65' SMART TV & VIDEOCONFERENCE CABLING	4,638.	464.	4,174.
OFICE REFRIGERATOR - BEST BUY	583.	58.	525.
ANCERO - NEW PHONE SYSTEM	4,963.	496.	4,467.
DELL LATTITUDE NOTEBOOK (VICKI)	2,303.	230.	2,073.
DOOR STRIKE & INTERCOM	600.	60.	540.
(2) ADJUSTABLE DESKS/MATS & (12) OFFICE CHAIRS	2,190.	110.	2,080.
NATL BUSINESS - TABLE, CHAIRS, DESKS & BOOKCASES	7,372.	369.	7,003.
WF CARD - STORAGE CABINET	697.	35.	662.
WF CARD - CONFERENCE ROOM FURNITURE & MAILER	2,222.	111.	2,111.
WF CARD - OFFICE CHAIRS	1,952.	98.	1,854.
BUSIENSS CARD - SOFA TABLE	90.	5.	85.
<b>TOTAL TO FM 990-PF, PART II, LN 14</b>	<b>84,355.</b>	<b>40,950.</b>	<b>43,405.</b>

FORM 990-PF	OTHER LIABILITIES	STATEMENT	13
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYROLL & OTHER LIABILITIES	2,724.	110.
MARGIN LOAN PAYABLE - UBS	2,433.	0.
<b>TOTAL TO FORM 990-PF, PART II, LINE 22</b>	<b>5,157.</b>	<b>110.</b>

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT T. HEALEY 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	CHAIRMAN 2.00	0.	0.	0.
ROBERT T. HEALEY, JR. 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	PRESIDENT 10.00	0.	0.	0.
ALICE FITZPATRICK 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	SECRETARY 2.00	0.	0.	0.
JEAN BRILES 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	TREASURER 2.00	0.	0.	0.
JOAN LEWIS 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	TRUSTEE 2.00	0.	0.	0.
RILEY SCOTT 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	TRUSTEE 2.00	0.	0.	0.
BENJAMIN PARRA 573 EAYRESTOWN ROAD LUMBERTON, NJ 08048	EXECUTIVE DIRECTOR 40.00	80,000.	8,500.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		80,000.	8,500.	0.

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

EXPENSES

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

6,802,256.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES													
17	(2) ADJUSTABLE DESKS/MATS & (12) OFFICE CHAIRS	03/20/17	ADS	10.00	HY20A	2,190.				2,190.			110.	110.
18	NATL BUSINESS - TABLE, CHAIRS, DESKS & BOOKCASES	04/24/17	ADS	10.00	HY20A	7,372.				7,372.			369.	369.
19	WF CARD - STORAGE CABINET	04/04/17	ADS	10.00	HY20A	697.				697.			35.	35.
20	WF CARD - CONFERENCE ROOM FURNITURE & MAILER	04/04/17	ADS	10.00	HY20A	2,222.				2,222.			111.	111.
21	WF CARD - OFFICE CHAIRS	04/04/17	ADS	10.00	HY20A	1,952.				1,952.			98.	98.
22	BUSIENSS CARD - SOFA TABLE	06/21/17	ADS	10.00	HY20A	90.				90.			5.	5.
	* 990-PF PG 1 TOTAL FURNITURE & FIXTURES					14,523.				14,523.	0.		728.	728.
	MACHINERY & EQUIPMENT													
1	IPAD W/WI-FI & ATTACHMENTS (RTH)	07/08/10	ADS	7.00	HY17	893.				893.	832.		61.	893.
2	(D)LAPTOP COMPUTER (DS)	05/06/11	ADS	5.00	HY17	2,068.				2,068.	2,068.		0.	2,068.
3	COMPUTER (JULIE)	01/31/13	ADS	5.00	HY17	1,145.				1,145.	802.		229.	1,031.
5	HP DESKTOP PRO (MEGAN)	04/17/14	ADS	5.00	HY17	835.				835.	418.		167.	585.
6	APPLE IPAD (MEGAN)	07/17/14	ADS	5.00	HY17	535.				535.	268.		107.	375.
7	LAPTOP FOR INTERN (LINH)	07/19/16	ADS	5.00	MQ17	1,692.				1,692.	127.		338.	465.
8	(D)COMPUTER TABLET (BEN)	10/20/16	ADS	5.00	MQ17	2,614.				2,614.	65.		457.	522.
9	SAVIN DIGITAL COPIER	02/17/17	ADS	5.00	HY20A	5,645.				5,645.			565.	565.
10	DELL LATTITUDE NOTEBOOK (MEGAN)	03/10/17	ADS	5.00	HY20A	3,169.				3,169.			317.	317.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	ANCERO - NEW NETWORK PROJECT	04/26/17	ADS	5.00		HY20A	4,831.				4,831.			483.	483.
12	65' SMART TV & VIDEOCONFERENCE CABLING	04/03/17	ADS	5.00		HY20A	4,638.				4,638.			464.	464.
13	OFFICE REFRIGERATOR - BEST BUY	04/24/17	ADS	5.00		HY20A	583.				583.			58.	58.
14	ANCERO - NEW PHONE SYSTEM	05/05/17	ADS	5.00		HY20A	4,963.				4,963.			496.	496.
15	DELL LATTITUDE NOTEBOOK (VICKI)	07/14/17	ADS	5.00		HY20A	2,303.				2,303.			230.	230.
16	DOOR STRIKE & INTERCOM	11/01/17	ADS	5.00		HY20A	600.				600.			60.	60.
	* 990-PF PG 1 TOTAL MACHINERY & EQUIPMENT						36,514.				36,514.	4,580.		4,032.	8,612.
	TRANSPORTATION EQUIPMENT														
4	TOYOTA HILUX	04/26/13	ADS	5.00		HY17	38,000.				38,000.	26,600.		7,600.	34,200.
	* 990-PF PG 1 TOTAL TRANSPORTATION EQUIPMENT						38,000.				38,000.	26,600.		7,600.	34,200.
	* GRAND TOTAL 990-PF PG 1 DEPR						89,037.				89,037.	31,180.		12,360.	43,540.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						47,782.			0.	47,782.	31,180.			40,139.
	ACQUISITIONS						41,255.			0.	41,255.	0.			3,401.
	DISPOSITIONS						4,682.			0.	4,682.	2,133.			2,590.
	ENDING BALANCE						84,355.			0.	84,355.	29,047.			40,950.
	ENDING ACCUM DEPR LESS DISPOSITIONS											40,950.			



Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property) 990-PF

OMB No. 1545-0172

**2017**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. 179

Name(s) shown on return <b>HEALEY INTERNATIONAL RELIEF FOUNDATION, INC.</b>	Business or activity to which this form relates <b>FORM 990-PF PAGE 1</b>	Identifying number <b>22-3850041</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	510,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,030,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2017 .....	<b>17</b>	8,959.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life		41,255.	VARIES	HY	S/L	3,401.
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	12,360.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	



**HEALEY INTERNATIONAL RELIEF  
FOUNDATION, INC.**

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  **Yes**  **No** **24b** If "Yes," is the evidence written?  **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

.....	%						
.....	%						
.....	%						

**27** Property used 50% or less in a qualified business use:

.....	%			S/L -		
.....	%			S/L -		
.....	%			S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) .....												
<b>31</b> Total commuting miles driven during the year .....												
<b>32</b> Total other personal (noncommuting) miles driven .....												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....												
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....												
<b>36</b> Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2017 tax year:

.....					
.....					

**43** Amortization of costs that began before your 2017 tax year ..... **43**

**44 Total.** Add amounts in column (f). See the instructions for where to report ..... **44**

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HEALEY INTERNATIONAL RELIEF FOUNDATION, INC.</b>	Employer identification number (EIN) or  <b>22-3850041</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 506</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LUMBERTON, NJ 08048</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE FOUNDATION**

• The books are in the care of ▶ **P.O. BOX 506 - LUMBERTON, NJ 08048**  
 Telephone No. ▶ **609-267-4104** Fax No. ▶ **609-261-0799**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.