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# Form **990-PF**Department of the Treasury

Internal Revenue Service

**Return of Private Foundation** 

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

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

2015

For calendar year 2015 or tax year beginning and ending Name of foundation A Employer identification number KEARNYBANK FOUNDATION, INC. 47-3699249 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 120 PASSAIC AVE 973 244-4510 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 07004-3510 FAIRFIELD, NJ Initial return G Check all that apply: Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X 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: \_\_ Cash F If the foundation is in a 60-month termination X Other (specify) MODIFIED CASH (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 11,196,381. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes (cash basis only) expenses per books ıncome income 10,000,000 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 17,733 4 Dividends and interest from securities 17,733. STATEMENT 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 17,733 10,017,733 Total Add lines 1 through 11 0. 0 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits STMT 2 5,802 5,802. 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion Occupancy. 20 Travel, conferences, and meetings 21 Printing and publications
Other expenses 22 23 Total operating and administrative 24 expenses Add lines 13 through 23 <u>5,802</u> 0 5,802. 150,550 150,550. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 156,352 0 156,352. Add lines 24 and 25 27 Subtract line 26 from line 12: 9,861,381 3 Excess of revenue over expenses and disbursements 17,733. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

<u>Fo</u>	rm 99	0-PF (2015) KEARNYBANK FOUNDATION,	INC	47-	3699249 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
드	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		68,648.	68,648.
	2	Savings and temporary cash investments		4,792,733.	
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	1 -	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons			
	7	Other notes and loans receivable			
	′	Less: allowance for doubtful accounts	-		
	١.	Inventories for sale or use			
Assets					
Ass	9	Prepaid expenses and deferred charges			
_	1	Investments - U.S. and state government obligations		6 335 000	C 22E 000
	Į.	Investments - corporate stock STMT 3	0.	6,335,000.	6,335,000.
	l	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	4		
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	0.	11,196,381.	11,196,381.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
Ses	24	Unrestricted	0.	11,196,381.	
Net Assets or Fund Balances	25	Temporarily restricted			
Ba	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31			
ō	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
AS	29	Retained earnings, accumulated income, endowment, or other funds			
ét	30	Total net assets or fund balances	0.	11,196,381.	
_					
	31	Total liabilities and net assets/fund balances	0.	11,196,381.	
_ [P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
=				<del></del>	
Ī		net assets or fund balances at beginning of year - Part II, column (a), line	e 30	[ _ [	0
_	•	t agree with end-of-year figure reported on prior year's return)		1	0.
		amount from Part I, line 27a	CATH ON THESE	mwramc 2	9,861,381.
		r increases not included in line 2 (itemize)  UNREALIZED	GAIN ON INVES		1,335,000.
-		lines 1, 2, and 3		4	11,196,381.
-		eases not included in line 2 (itemize)  net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (h) line 30	5 6	0. 11,196,381.
<u>u</u>	i vidi	not assets of fund paramoss at one of year finds 4 minus line 3) - Fact II, t	Johanni (O), IIIIC OC		Form <b>990-PF</b> (2015)

156,352.

7

177.

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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

	n 990-PF (2015) KEARNYBANK FOUNDATION, INC.		3699			<u> Page 4</u>
_	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	ıctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1			1	<u>77.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3		_	1	<u>77.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			_ 1	<u>77.</u>
6	Credits/Payments:					
a	a 2015 estimated tax payments and 2014 overpayment credited to 2015					
b	Exempt foreign organizations - tax withheld at source		ĺ			
C	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d					
	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			1	<del>77.</del>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11				
	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 interve	ne in			Yes	No
	any political campaign?			1a		X
t	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 publis					
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O			}		
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?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
48	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
ŧ	o 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		<u>X</u>
	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:					
	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	ite law				
	remain in the governing instrument?			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 2	(V		7	X	
88	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	DE					
t	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	lendar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			_9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X	

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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X

3Ъ

4a

🗌 Yes 🗶 No

N/A

during the year?

Orm 990-PF (2015) KEARNY BANK FOUNDATION, I		3	4/-3699	<u> </u>	Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which	Form 4/20 May Be I	required (contin	ued)	<del>- ·</del>	<del></del> -
5a During the year did the foundation pay or incur any amount to:		, <u>.</u> ,			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				
any voter registration drive?			es 🔀 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	in described in section			-	
4945(d)(4)(A)? (see instructions)		<b>X</b> Y	es No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f				
the prevention of cruelty to children or animals?		<del></del> -	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit		in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•			5b	X_
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta			1	
expenditure responsibility for the grant?		X Ye	es 🔲 No 📗		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		( <del></del>		
a personal benefit contract?		Ye	8 X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	<u> </u>
If "Yes" to 6b, file Form 8870		_			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	<del>_</del> -	
b If "Yes," did the foundation receive any proceeds or have any net income attributed by the foundation of the second of the sec		manage Illabb	N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation Ma	magers, Highly	y		
List all officers, directors, trustees, foundation managers and their	compensation.	<del></del>			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e	) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plan and deferred compensation	açõ	e) Expense count, other llowances
CRAIG L. MONTANARO	PRESIDENT/DIR		compensation	<del>                                     </del>	iiowanices
L20 PASSAIC AVE	,				
FAIRFIELD, NJ 07004-3510	1.00	0.	0		0.
	TREASURER/DIR			+	<u> </u>
120 PASSAIC AVE					
FAIRFIELD, NJ 07004-3510	1.00	0.	0		0.
	SECRETARY/DIR		<del>-</del>	<del>-</del>	<u>~</u>
120 PASSAIC AVE		T		-	
FAIRFIELD, NJ 07004-3510	1.00	0.	0		0.
	DIRECTOR	† <del></del>	<u>~</u>	1	
L20 PASSAIC AVE					
FAIRFIELD, NJ 07004-3510	1.00	<u>.</u> 0.	0		0.
2 Compensation of five highest-paid employees (other than those inc					
(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 plan and deferred compensation	acc	Expense count, other llowances
NONE	devoted to position	-	compensation	<del>  _ a</del>	IIOWAIIOES
HONE	1				
		<del>                                     </del>			
	1	1			
			<del></del>	<del>                                     </del>	
	1	1			
				+-	<del></del>
				<del>                                     </del>	<del></del>
<del></del>	1				
Total number of other employees paid over \$50,000	<u> </u>		<b>•</b>		

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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	<del></del>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del>-</del>		
	_	
	-	
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 statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the iced, etc.	Expenses
1 N/A		·····
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 li	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
		<del></del>
Total. Add lines 1 through 3		0.

Form 990-PF (2015) Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a <u>3,623,125.</u> b Average of monthly cash balances 3,105,197. 1b c Fair market value of all other assets 1¢ 6,728,322. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 100,925 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 627,397. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 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.) 331,370. Minimum investment return from Part X, line 6 177 2a Tax on investment income for 2015 from Part VI, line 5 b Income tax for 2015. (This does not include the tax from Part VI.) c Add lines 2a and 2b 2¢ 331 Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 <u> 1</u>93<u>.</u> 331 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 331 193. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 156,352. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 156,352 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

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income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7				331,193.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
<b>b</b> Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 201	5:			
<b>a</b> From 2010				
<b>b</b> From 2011				
c From 2012				
<b>d</b> From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 156,352	2.			
a Applied to 2014, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				156,352.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amour must be shown in column (a))	0 ·			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		:	
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'			· · · · · · · · · · · · · · · · · · ·	
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			······································	
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line	:			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount mus	t			
be distributed in 2016			!	174,841.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				
			· · · · · · · · · · · · · · · · · · ·	Corm 900 DE (0015)

Form 990-PF (2015) <b>KEARNYB</b>	ANK FOUNDAT	ION, INC.			699249 Page 10
Part XIV   Private Operating F	<del></del>		II-A, question 9)	<u> </u>	<del></del>
1 a If the foundation has received a ruling o			,		
foundation, and the ruling is effective fo		· ·	. ▶ ∟_		
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2014	Prior 3 years (c) 2013	(d) 2012	- (a) Tatal
income from Part I or the minimum	(a) 2015	(0) 2014	(6) 2013	(0) 2012	(e) Total
investment return from Part X for					
each year listed			<del></del>		
b 85% of line 2a		<del> </del>	<del> </del>	<del></del>	<del> </del>
c Qualifying distributions from Part XII,		}	}		
line 4 for each year listed		<del> </del>	<del> </del>	<del></del>	<del></del>
d Amounts included in line 2c not					
used directly for active conduct of		}			
exempt activities			-		
e Qualifying distributions made directly					
for active conduct of exempt activities.			ì	Ì	
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	<del></del>	<del> </del>	<del> </del>	<del></del>	<del></del>
alternative test relied upon:					
a "Assets" alternative test - enter:			İ		
(1) Value of all assets					<del></del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed		-			
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)			ļ	<del>-   </del>	
(2) Support from general public and 5 or more exempt				ļ	
organizations as provided in					
section 4942(j)(3)(B)(III)		<del> </del>	<del> </del>		<del> </del>
(3) Largest amount of support from					
an exempt organization		-	+		
(4) Gross investment income  Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5 000 or n	ore in assets
at any time during t			ii tilo loulluutio	11 1144 40,000 01 11	1010 111 033013
1 Information Regarding Foundation			·- <u>-</u>		<del></del>
a List any managers of the foundation wh	-	than 2% of the total con	tributions received by th	ne foundation before the c	ose of any tax
year (but only if they have contributed n					ood or arry lan
NONE					
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large por	tion of the ownership of a	partnership or
other entity) of which the foundation has				•	,
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
_ <del></del>				s not accept unsolicited re-	quests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other conditions,	complete items 2a, b, c, a	nd d.
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	lications should be addr	essed:	<del></del>
SEE STATEMENT 4  b The form in which applications should be	as submitted and informa	tion and materials they s	hould include:		
U The form in which applications should t		tion and materials they s			
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	kinds of institutions of	r other factors:	
2 7 mg room on a minimum on a man or	-,		,		

**▶** 3b

Total

Enter gross amounts unless otherwise indicated.

Excluded by section 512, 513, or 514

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

Enter gross amounts unless otherwise indicated.  1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a					<del></del>
b					
c					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash				-	<del></del>
investments					
4 Dividends and interest from securities			14	17,733.	<del></del>
5 Net rental income or (loss) from real estate:					<del></del>
a Debt-financed property	<del>                                     </del>	<del></del>	<b>†</b>		<del></del>
b Not debt-financed property					
6 Net rental income or (loss) from personal					<del></del>
property			}		
7 Other investment income				<del></del>	<del> </del>
8 Gain or (loss) from sales of assets other	-	·			<del></del>
than inventory	1		1		
•			<b>├</b>		
9 Net income or (loss) from special events		<del></del>			
Other revenue:				·—··	
1 Other revenue:	1				
a					
b					
<u> </u>		<del></del>	-		
d			-	·	<del></del>
e	-	_ 0.	-	17 722	
2 Subtotal. Add columns (b), (d), and (e)	L			17,733.	
13 Total. Add line 12, columns (b), (d), and (e)				13	<u> 17,733.</u>
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Accon	nplishment of Ex	(emp	t Purposes	
Explain below how each activity for which income the foundation's exempt purposes (other than to			contrib	uted importantly to the accom	plishment of
	<u> </u>	<u></u>			<del></del>
	<u> </u>				<del></del>
					<del></del>
					·
					<del></del>
					<del></del>
					<del></del>
					<del></del>

Unrelated business income

Part XVII	Information Re Exempt Organ		sfers To a	and Tra	nsactions	and	Relations	hips With No	ncharitabl	е	<u> </u>
1 Did the o	rganization directly or indi		of the followin	o with an	other organizat	tion de	scribed in sect	ion 501(c) of		Yes	No
	(other than section 501(c			-	-						
	s from the reporting found			-							
(1) Cast	• =								1a(1)	,	Х
(2) Othe	er assets								1a(2)		X
<b>b</b> Other tra											
(1) Sale	s of assets to a noncharita	ble exempt organizat	tion						1b(1)		X
(2) Puro	chases of assets from a no	ncharitable exempt o	rganization						1b(2)		X
(3) Rent	tal of facilities, equipment,	or other assets							1b(3)		X
(4) Rein	nbursement arrangements								1b(4)		X
(5) Loar	ns or loan guarantees								1b(5)	$ldsymbol{ldsymbol{ldsymbol{\sqcup}}}$	X
(6) Perfe	ormance of services or me	mbership or fundrais	sing solicitatio	ins					1b(6)		X
-	of facilities, equipment, ma	=							_1c_		X
	swer to any of the above is	•	-		• •			-		sets,	
	es given by the reporting f			ed less tha	an fair market val	ilue in a	any transaction	n or sharing arrangei	ment, show in		
	d) the value of the goods,						(4)				
(a) Line no	(b) Amount involved	(c) Name of	noncharitable	exempto	organization		(0) Description	of transfers, transactio	ns, and sharing a	Tangeme	nts
			N/A			-	<del></del>	<del></del>			
			<del></del>			+					
		<del></del> -				-					
	<del></del>			<del></del>		+	<del></del>				
	<del> </del>		<del></del>			+		<del> </del>			
		<del></del>									
<del></del>	<del></del>	<del></del>									
						+			···		
							<del></del>				
					<del></del>						
	<del></del>					$\top$					
						$\top$			·		
		-									
2a Is the fou	indation directly or indirec	tly affiliated with, or r	elated to, one	or more t	ax-exempt organ	nızatıor	ns described				
	n 501(c) of the Code (othe				, -				Yes	X	] No
	complete the following sch										
	(a) Name of org			(b) Type	of organization			(c) Description of re	lationship		
	N/A										
		_									
							<del></del>				
								<del></del>			
	<del></del>										
	r penalties of perjury, I declare belief, it is true; correct, and cor								May the IRS	discuss t	his
Sign		1/2		ı			_	DENT	return with the	(see inst	ar tr)?
Here	7	kinter	<u>-</u>		6-27-16	<u> </u>	PILES	DEN/	_ LXL Yes	, L_	J No
Sig	nature of officer or trustee			Da	te		Title	Chaole Control	DTIN		==
	Print/Type preparer's na		Preparer's si	gnature	_	Date	·		PTIN		
Daid	THOMAS F.	BLANEY, (	$\mathcal{U}\mathcal{A}\mathcal{A}$		/\d. \	0	120/18	self- employed	20000	000	
Paid	CPA, CFE	<u> </u>			10 7	10	100110		P00234		
Preparer Use Only	Firm's name <b>PKF</b>	O'CONNOR	DAVIE	S, L	LP /			Firm's EIN ► 2'	7-17289	45	
•	Firm's address ▶ 66						<del></del> -	<u> </u>			
	NE	W YORK, N	Y 1002	<u>2-53</u>	42			Phone no. 21:	<u>2 286-</u> 2	<u>600</u>	

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization

Employer identification number

K	EARNYBANK FOUNDATION, INC.	47-3699249					
Organization type (check of	one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	ion					
	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						
· -	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule See instructions.					
General Rule							
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution by one contributor. Complete Parts I and II. See instructions for determining a co	_					
Special Rules							
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of t Z, line 1 Complete Parts I and II	e 13, 16a, or 16b, and that received from					
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiv outions of more than \$1,000 exclusively for religious, charitable, scientific, literary foruelty to children or animals. Complete Parts I, II, and III						
year, contribution is checked, enter purpose. Do not c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it <b>must</b> answer "No" oi	that is not covered by the General Rule and/or the Special Rules does not file Son Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ of the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Name of organization

Employer identification number

# KEARNYBANK FOUNDATION, INC.

47-3699249

<u>CDVVIA</u>	IBANK FOUNDATION, INC.		-303343
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KEARNY FINANCIAL CORP  120 PASSAIC AVE  FAIRFIELD, NJ 07004-3510	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KEARNY FINANCIAL CORP  120 PASSAIC AVE  FAIRFIELD, NJ 07004-3510	\$5,000,000.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b> \$</b>	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

· Name of organization

Employer identification number

#### KEARNYBANK FOUNDATION, INC.

47-3699249

Noncash Property (see instructions) Use duplicate copies of Part I.	I if additional space is needed	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
500,000 SHARES OF KEARNY FINANCIAL CORP. (KRNY) STOCK		
	ssss	05/18/15
(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
	(see instructions)	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	     <sub>s</sub>	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
	_   \$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_   _	
	_ \	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
	_	
	(b)  Description of noncash property given  500,000 SHARES OF KEARNY FINANCIAL  CORP. (KRNY) STOCK  (b)  Description of noncash property given   Description of noncash property given    SOO, 000 SHARES OF KEARNY FINANCIAL	

ame of orga	nization	Employer identification number					
(EARNÝ Part III	BANK FOUNDATION, INC.	ributions to organizations describe	47 – 3699249 dd in section 501(c)(7), (8), or (10) that total more than \$1,000 for				
GIV III	completing Part III, enter the total of exclusively religion	is, charitable, etc., contributions of \$1,000	OWITH HITE CITUY, For organizations				
(a) No.	Use duplicate copies of Part III if addition	ai space is needed.	<del></del>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from <u>Part</u> I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
1		l					

FORM 990-PF	DIVIDENDS	S AND INTER	EST	FROM SECUR	ITIES	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		
FIDELITY INVESTMENT	17,733.	,	0.	17,733.	17,73	33.	
TO PART I, LINE 4 =	17,733.		0.	17,733.	17,73	13.	<del></del> =
FORM 990-PF		LEGAL	FE	ES		STATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOM		
LEGAL FEES		5,802.		0.	<del></del>	5,80	)2.
TO FM 990-PF, PG 1, LN 16A 5,8		5,802.		0.		5,802.	
FORM 990-PF	990-PF CORPORATE STOCK		TOCK		STATEMENT	3	
DESCRIPTION				воо	K VALUE	FAIR MARKET VALUE	c
KEARNY FINANCIAL CORP. (KRNY) 500,000 SHARES			s 6	6,335,000.		00.	
TOTAL TO FORM 990-PF, PART II, LINE 10B			6	6,335,000. 6,		00.	

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

TARYN CLAUS 120 PASSAIC AVE FAIRFIELD, NJ 07004-3510

TELEPHONE NUMBER

973 244-4503

EMAIL ADDRESS

TCLAUS@KEARNYBANK.COM

FORM AND CONTENT OF APPLICATIONS

FOR AN APPLICATION PLEASE VISIT HTTPS://WWW.KEARNYBANK.COM/KEARNY-BANK-FOUNDATION.ASPX

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

ORGANIZATION APPLYING MUST BE A PUBLIC CHARITY AS DEFINED UNDER THE INTERNAL REVENUE CODE AND MEET APPLICATION REGULATIONS. ORGANIZATION MUST BE LOCATED IN BERGEN, ESSEX, HUDSON, MIDDLESEX, MORRIS, MONMOUTH, OCEAN, PASSAIC OR UNION COUNTIES IN NEW JERSEY OR KINGS OR RICHMOND COUNTIES IN NEW YORK.

# KEARNYBANK FOUNDATION, INC. 47-3699249 Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO. 1		Grant Amount	Date of Grant	Amount Expended	Verification Date
,						
EVERFI						
3299 K STREET NW, SUITE 400						
WASHINGTON, DC 20007			30,000	11/01/15		
Purpose of Grant						
FINANCIAL LITERACY						
						ļ
						İ
Date of Reports by Grantee	1	Diversions by Gra	intee			
PENDING			LEDGE, THE GRAN	TEE HAG NOT	DIVERTED ANY	
ENDING		PORTION OF		ILL MAS NOT	DIVERIED ANI	i
		PORTION OF	THE PORDS			
Results of Verification				·		
						}
		<u> </u>				
Recipient's Name and Address			Grant Amount	Date of Grant	Amount Expended	Verification Date
				<u> </u>	L	
Purpose of Grant						
Date of Reports by Grantee		Diversions by Gra	ıntee			
				_		
Results of Verification						
						ļ
						j

	Grant Recipient	<u>Amount</u>	Status of Recipient	Purpose
1	Oasis 59 Mill St Paterson, NJ 07501	3,000 00	PC	Community
2	National Council of Jewish Women, Essex County 70 South Orange Ave, Suite 120 Livingston, NJ 07039	2,500 00	PC	Community
3	Sundog Theatre Inc 370 St Marks Place Staten Island, NY 10301	3,000 00	PC	Community
4	Habitat for Humanity of Hudson County PO Box 303 Kearny, NJ 07032	50,000 00	PC	Housing
5	Meadowlands Area YMCA PO Box 252 Rutherford, NJ 07070	5,000 00	PC	Community
6	POMOC, Inc. 66-60 Fresh Pond Rd Ridgewood, NY 11385	2,500.00	PC	Community
7	Ocean Grove Camp Meeting 54 Pitman Ave Ocean Grove, NJ 07756	5,000 00	PC	Community
8	Jersey Shore Arts Center 66 South Main St Ocean Grove, NJ 07756	8,000 00	PC	Community
9	Literacy New Jersey 121 Chestnut Street Roselle, NJ 07203	3,000 00	PC	Education
10	Wood-Ridge Public Education Foundation PO Box 80 Wood-Ridge, NJ 07075	18,050 00	PC	Community
11	EverFi, Inc 3299 K Street NW Washington, DC 20007	30,000 00	NC	Education
12	NJ Chapter of the Tears Foundation 1924 State Highway 35, Suite 9C Old Tudor Village, NJ 07719	5,000 00	PC	Quality of Life
13	The Carmie Brady Foundation PO Box 91 Manasquan, NJ 08736	2,500 00	PC	Quality of Life
14	Saint Vincent Academy 228 West Market Street Newark, NJ 07013	2,500 00	GOV	Education

	Grant Recipient	<u>Amount</u>	Status of Recipient	<u>Purpose</u>
15	Historical Society of Ocean Grove 50 Pitman Ave Ocean Grove, NJ 07756	8,000 00	PC	Education/Community
16	55 Kip Center Gala 55 Kip Center Rutherford, NJ 07070	2,500 00	PC	Community/Quality of Life
	Total	\$ 150,550.00	:	