

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



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

2016

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

F	or cal	endar	year 2016 or ta	x year beginnir	ıg	9/29	, 2016,	and ending	12	/31	L,	2016			_
_			-							Α		ntification num	ıber		-
			OUNDATION	INC.							81-409				_
			ES KEENAN							В		mber (see instr	uctions)		
	EVI										646-24	3-4451			_
K	YE,	NΥ	10580-1313	T						С	If exemption	application is	pending, che	ck here ► 🗍	1
_	Cho	الد ماد	that apply	X Initial return	٦	Initial return	of a form						J,		į
G	Cite	ich aii	і шасарріў	Final return	ŀ	_		ier public cir	anty	D	1 Foreign organ	uzations, chec	k here	>	
			1			Amended ret					2 Foreign organ	uzatione mooti	na the 25%	test check	
-	Oh -	-1. A		Address char		Name change)				ch computation		LOSC, CITCON ►	
н	Che	_ ` `	pe of organization			1(c)(3) exempt			.	_					,
_	L			nonexempt cha			<u> </u>	rivate founda		Ε		ndation status i 507(b)(1)(A),		itea ▶ 🗆	l
ı			value of all assets and column (c), line 10			counting method	d. X Ca	ash ∐Aco	crual		unuer section	i 507(b)(i)(A),	CHECK HEIG		i
		II Fail I	, , , , ,	•		Other (specify)				F		tion is in a 60-		nation	1
-	► \$		1,068		(Part I	, column (d) ກັບ	ust be on	n cash basis.))		under section	507(b)(1)(B)	, check here		<u>_</u>
F	art I	<u>∦</u> Ai	nalysis of Re	venue and		(a) Revenue	and	(b) Net inve	estmer	nt	(c) Adjus	ted net		ursements	
		CO	(penses (The lumns (h) (c) a	total of amounts and (d) may not	in neces.	expenses per	books	ıncon	ne		inco	me		naritable	
		sa	rily equal the an	nounts in colum	neces- n (a)		1							rposes pasis only)	
_		(56	ee instructions))											_
		1		s, etc., received (attach sch		-				å.			<u> </u>	<u> </u>	4
Š		2	Check ► if the fou	ndation is not required to a	attach Sch B	\$ · &		**	· ·			- Ser ' ' Alle	7	<u> </u>	200
7107 7 0		3	Interest on savings and to	emporary cash investments											•
B		4	Dividends and interest fro								<u> </u>			<u>, %</u>	-land
€		5 a	Gross rents										3 20.11		d de
-		b	Net rental income or (loss)										<u> </u>		-
*	R	6a		ale of assets not on line 10		Man contribution.		ina. interna				: ************************************			-
_	E		Gross sales price for				*		<u> </u>	<u> </u>			<u> </u>	277	
Description INAI	Ā	7	assets on line 6a Capital gain net inco	ome (from Part IV, lin	e 2)	3		At. (2000), 9/00	<u> </u>	700	* ***	.4,20	<u> </u>		
	E N	8	Net short-term capital	-	,	7. 7.7	Mak o. 4					. · · · · · · · ·	<u> </u>		ä
P 2	ñ	9	Income modification	s		** 380		* cašilo.	,	ő s			×2- 1/ 1	3·	₹,
5	E	10 a	Gross sales less returns and			****	**************************************		, , 5	* * * *	X 44.		2.6	3 **	_
•		, h	allowances Less Cost of	ļ		\$ x 44						333	* '	- 133 T	_
		_	goods sold								ing ear		Si		- - -
			Gross profit or (loss) (atta	•					<u> </u>	<u> </u>			30.7		1
		11	Other income (attacl	n schedule)											ai M
		12	Total. Add lines 1	46						_			# W		M
_		13		ficers, directors, truste	age atc		<u>0.</u> 0.			0.		0.	* *	<u> </u>	_
		_	Other employee sal		.03, 0.0										-
		15	Pension plans, emp	loyee benefits		-				-					_
	Δ	16 a	Legal fees (attach so	chedule)											-
	A D	ь	Accounting fees (att	ach sch)											_
	M	c	Other professional fees (a	attach sch)											_
Ç	N	17	Interest	•											_
E	S	18	Taxes (attach schedule)(s	ee instrs)											_
E F A	R	19	Depreciation (attach			-					N I	ECE!\/	FD.		
1	A T		schedule) and deple	etion							1			water sage	:
Ň	ΙÝ	20	Occupancy								(0)			8	_
	_	21	Travel, conferences,	-							I II I	PR-18 2		읶	_
Š	E X	22 23	Printing and publica Other expenses (atta								ାନ <u>ା</u>			<u> </u>	_
	P	23	Outer expenses (att	acii scrieddie)							Dr. lang	A 1.4			
	N S	24	Total operating and	- administrativo							ļ Ç	GUEN		-	_
	EZSES		expenses. Add lines												
	•	25	Contributions, gifts, grant	s paid				, 				14 77			_
		26	Total expenses and												_
_			Add lines 24 and 25				0.			0.		0.		0	÷
			Subtract line 26 from	•					· <u>—</u>		7		;*		
		a	Excess of revenue of and disbursements			1	0.				_ ′		_		
		b		ome (if negative, ente	r -0-)					0.					'
				e (if negative, enter			····			<u> </u>	<u> </u>	0.			

Parl		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		ng of year			t year
		(See instructions)	(a) Boo	k Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing			1,068,0	00.	1,068,000.
	2	Savings and temporary cash investments					
	3	Accounts receivable	<u> </u>	<u>``</u>	<u> </u>	-45) -45)	
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable	**		à		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach sch)	, 		<u> </u>		<u> </u>
S		Less allowance for doubtful accounts ▶					
<u>s</u>	8	Inventories for sale or use					
A S S E T	9	Prepaid expenses and deferred charges					
S	10a	a Investments — U.S. and state government obligations (attach schedule)					
	ł	nvestments — corporate stock (attach schedule)					
	(: Investments — corporate bonds (attach schedule)					
	11	Investments - land, buildings, and	7	180			
		equipment basis		_4_2	<u> </u>	Ţ	
		Less: accumulated depreciation (attach schedule)					
	12	Investments – mortgage loans.					
	13	Investments – other (attach schedule)					ν
	14	Land, buildings, and equipment basis	iá.A.		M. M. Li	·,	
		Less accumulated depreciation (attach schedule)			<u>.</u>		
	15	Other assets (describe >)					
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I).		0.	1,068,0	00.	1,068,000.
- <u>-</u>	17	Accounts payable and accrued expenses					
À	18	Grants payable					
В	19	Deferred revenue					
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons					
Ļ	21	Mortgages and other notes payable (attach schedule)					
<u>i</u> .	22	Other liabilities (describe)					
E S	23	Total liabilities (add lines 17 through 22)		0.		0.	
		Foundations that follow SFAS 117, cdck here		<u>_</u>			
		and complete lines 24 through 26 and lines 30 and 31.	ĺ				
N F E U T N	24	Unrestricted	ļ		1,068,0	00.	
ŤŇ	25	Temporarily restricted			· · · · · · · · · · · · · · · · · · ·		
A D	26	Permanently restricted					
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	 		<u></u>		
ΤÄ	27	Capital stock, trust principal, or current funds					
SNC	28	Paid-in or capital surplus, or land, bldg, and equipment fund					Jagor Su St St
O E	29	Retained earnings, accumulated income, endowment, or other funds				_	
RS	30	Total net assets or fund balances (see instructions)		0.	1,068,0	00.	
	31	Total liabilities and net assets/fund balances (see instructions)		0.	1,068,0	nn	,
Parl		Analysis of Changes in Net Assets or Fund Balanc	es .		1,000,0	JU.	<u> </u>
		=		o 20 /			
ı	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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► See Statement 1 3 1,068,00						
		I net assets or fund balances at end of year (line 4 minus line 5)) - Part II.	column (b)	ine 30	6	1,068,000.
<u> </u>			,				1,000,000.

	pe the kind(s) of property sold (e.g., r.	eal estate, MLC Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A			D — Donation		
b					
С					
d					
	1 00	4-10		4.50	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other base plus expense of sa		(h) Gain or (e) plus (f) m	
<u>a</u>					
<u>b</u>	+				
d d	- 				
	-				
	wing gain in column (h) and owned h	ov the foundation on 12/31/	69	(I) Gains (Col.	(b)
Complete only for assets showing gain in column (h) and owned (i) F M.V as of 12/31/69 (j) Adjusted basis as of 12/31/69		(k) Excess of col (i) over col (j), if any	g	ain minus col. (k), b an -0-) or L osses (fr	ut not less
	+		· · · · · ·		
b					_
С					
d					
е					
2 Capital gain net income or (n		enter in Part I, line 7 ter -0- in Part I, line 7	. 2		
3 Net short-term capital gain or	r (loss) as defined in sections 1222(5)) and (6)			
If gain, also enter in Part I, Ii in Part I, line 8	ne 8, column (c) (see instructions) If	f (loss), enter -0-	. 3		
	er Section 4940(e) for Reduce	d Tax on Net Investm	ent Income	<u> </u>	
'Yes,' the foundation does not qu	ection 4942 tax on the distributable a ualify under section 4940(e) Do not content of the column for each year, see the instance of the search year, see the instance of the search year, see the instance of the search year.	omplete this part		Yes	No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as		(d) Distribution (col (b) divided	
2015	 				
2014					
2013					
2012					
2011					
2 Total of line 1, column (d).			2		
3 Average distribution ratio for	the 5-year base period — divide the toon has been in existence if less than		he 3		
4 Enter the net value of noncha	arıtable-use assets for 2016 from Par	t X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b)		6		· · ·
7 Add lines 5 and 6			7		
8 Enter qualifying distributions				1	
b Lines qualifying distributions	from Part XII, line 4		8		

		-409489		Pa	ge 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee instruction	ns)		
1.a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	* *		····	
	Date of ruling or determination letter. (attach copy of letter if necessary – see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	· 1			0.
	check here ► ☐ and enter 1% of Part I, line 27b	, ,	4	·	:
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	1			
	foundations only Others enter -0-).	2			0.
3	Add lines 1 and 2	3			0.
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		0.	<u>0.</u>
6	Credits/Payments		, «\$		*
	2016 estimated tax pmts and 2015 overpayment credited to 2016	→ 1	į	á.	3
	Exempt foreign organizations – tax withheld at source	^ ^*		, 2'	
	: Tax paid with application for extension of time to file (Form 8868)	- ,`		<i>f</i>	* 1
	Backup withholding erroneously withheld 6 d		<u> </u>	<u> </u>	
7	Total credits and payments Add lines 6a through 6d	7			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	The state of the s	► 11			
۲ar	teVII-A Statements Regarding Activities				
1 a	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?		1 a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		16		Х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		- 🖟		
C	: Did the foundation file Form 1120-POL for this year?		1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		*	1 1	# 1
^	(1) On the foundation	0	─ <u> </u>	3 /	# A
-	foundation managers \$ 0.			* j	
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		*	1 - 11	# .01
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3	and Salaman and Sa	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N/	Ά
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If 'Yes,' attach the statement required by General Instruction T		*		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	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	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV		7	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)		,	A	r and
	NY		* "	* *	, 🔊
Ŀ	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1	
L.	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	or 4942/1\/F) [
	for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' comp	lete Part XI	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses See Stateme.	nt 2	10	x	

TEEA0304L 12/16/16

Form **990-PF** (2016)

BAA

rai	IL VIII-YA	Statements Regarding Activities (Continued)				
11 [,]	At any ti within th	me during the year, did the foundation, directly or indirectly, own a controlled entity the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)		11	Yes	No X
	advisory	oundation make a distribution to a donor advised fund over which the foundation or a disqualified person has privileges? If 'Yes,' attach statement (see instructions)		12		х
13	Did the f	foundation comply with the public inspection requirements for its annual returns and exemption app	olication?	13	X	
	Website	=======================================				
14		ks are in care of ► JAMES E.KEENAN Telephone no	► <u>516-7</u>	<u>75-3</u>	<u>0</u> 00_	
	Located		L1042			<u> </u>
15		4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	اجداد	N/A		.∐.
	and ente	er the amount of tax-exempt interest received or accrued during the year	15		V	N/A
16	At any tir bank, se	me during calendar year 2016, did the foundation have an interest in or a signature or other authority over a curities, or other financial account in a foreign country?	а	16	Yes	No X
		name of the foreign country			Ž.	3.
Pai	rt VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
_		m 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 8	_	he year did the foundation (either directly or indirectly)			, 1 (4) , 28	l , 24
	(1) Enga	age in the sale or exchange, or leasing of property with a disqualified person?	es X No	1.44		1
	(2) Borr disq	ow money from, lend money to, or otherwise extend credit to (or accept it from) a ualified person?	es XNo		,	1
	(3) Furn	ish goods, services, or facilities to (or accept them from) a disqualified person?	'es X No	绘		8
	(4) Pay	compensation to, or pay or reimburse the expenses of, a disqualified person?	es X No			
	(5) Tran	isfer any income or assets to a disqualified person (or make any of either available he benefit or use of a disqualified person)?	es X No			
	(6) Agree found of go	the to pay money or property to a government official? (Exception. Check 'No' if the dation agreed to make a grant to or to employ the official for a period after termination overnment service, if terminating within 90 days.)	'es X No	1		
J	b If any ar Regulati	nswer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in ons section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	_	1 b	N.	/A
	Organiza	ations relying on a current notice regarding disaster assistance check here	► 🗌	«		
•	c Did the f that were	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, e not corrected before the first day of the tax year beginning in 2016?		1 c		X
2	Taxes or private of	n failure to distribute income (section 4942) (does not apply for years the foundation was a operating foundation defined in section 4942(j)(3) or 4942(j)(5))		*		
á	At the er and 6e,	nd of tax year 2016, did the foundation have any undistributed income (lines 6d Part XIII) for tax year(s) beginning before 2016?	es X No			
	If 'Yes,'	list the years ► 20 _ , 20 _ , 20 , 20		À	1.4 1	A. M
	(relating all years	e any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) is listed, answer 'No' and attach statement — see instructions).	to	2 b	N	/A
•		ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. , 20, 20, 20	•	- "		
3 8		foundation hold more than a 2% direct or indirect interest in any business se at any time during the year?	res X No	ر برید		and the same
ı	or disqua by the C	did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation alified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or apse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to the if the foundation had excess business holdings in 2016)	-	3 b	N	***/**/ /A
4:	a Did the f charitabl	foundation invest during the year any amount in a manner that would jeopardize its le purposes?	~	4 a		Х
ı	b Did the f	foundation make any investment in a prior year (but after December 31, 1969) that could te its charitable purpose that had not been removed from jeopardy before the first day of				
		year beginning in 2016?		4 b		X
3AA			F	orm 9 9	0-PF	(2016)

Form 990-PF (2016) KEENAN FOUNDATION			81-409	94893 Page
Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incu(1) Carry on propaganda, or otherwise attempt	-	n (section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	4955), or to carry		No
(3) Provide a grant to an individual for travel,		purposes?	\vdash	No
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions	a charitable, etc., organi s)	zation described	Yes X	No s
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	;, literary, or or animals?	Yes X	No S
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in (see instructions)?	5 b N/A			
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	No /
If 'Yes,' attach the statement required by Reg	ulations section 53.4945	5—5(d)		
 6 a Did the foundation, during the year, receive all on a personal benefit contract? b Did the foundation, during the year, pay prem 				No 6b X
If 'Yes' to 6b, file Form 8870	idins, directly of indirec	illy, on a personal bene	in contract?	
7a At any time during the tax year, was the found	dation a party to a prob	ibited tax shelter transa	iction? Yes X	No I I I I I
b If 'Yes,' did the foundation receive any proceed	, , ,			I/A 7b
Part VIII Information About Officers, D				
and Contractors				
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).	
(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
JAMES E. KEENAN	Director	0.	0.	0
2 EVE LANE	0			
RYE, NY 10580-1311				
EMILY S. KEENAN	Director	0.	0.	0
2 EVE LANE	0			J
RYE, NY 10580-1311	D'			
MICHAEL P. KEENAN 106 S. TAMPANIA AVE. SUITE 100 TAMPA, FL 33609	Director 0	0.	0.	0
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio	ns). 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
<u>None</u>				
	<u> </u>			}
		 		
				1
	<u></u>		<u> </u>	
Total number of other employees paid over \$50,00	Δ			Form 000 PF (2016)

BAA

Partivilla Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). 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	
Total number of others receiving over \$50,000 for professional services	0
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. 1 N/A 2	Expenses
Part IX ₂ B Summary of Program-Related Investments (see instructions)	-
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	-
N/A	-
2	
	-
All other program-related investments See instructions	
3	_
	-
Table Add been 1 through 2	
Total. Add lines 1 through 3	^ 0.

	n 990-PF (2016) KEENAN FOUNDATION INC.	81-4094893	Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. see instructions.)	Foreign foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: Average monthly fair market value of securities.		
	b Average of monthly cash balances	1 a	
	C Fair market value of all other assets (see instructions)	1 C	
	d Total (add lines 1a, b, and c)	1 d	0.
	Reduction claimed for blockage or other factors reported on lines 1a and	5386	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	-
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5 Short Year Modified Percentage 1.2842	1 • 1	0.
Pa	Tixi Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part		าร
1	Minimum investment return from Part X, line 6	1	
2 8	a Tax on investment income for 2016 from Part VI, line 5		
	n Income tax for 2016 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2 c	
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	
	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	0.
Pai	TXII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	
	Program-related investments – total from Part IX-B	1 b	
2	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 Suitability test (prior IRS approval required)	3a	
ı	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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 (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the qualifies for the section 4940(e) reduction of tax in those years	foundation	
DAA		F 00	0 DE (001C)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable assessed for 2016 from Bort VI		rodio prior to zo to		
 Distributable amount for 2016 from Part XI, line 7 				0.
2 Undistributed income, if any, as of the end of 2016	×.	•		
a Enter amount for 2015 only		x	0.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2016				
a From 2011				
b From 2012	_			*
c From 2013				
d From 2014			,	
e From 2015				,
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from Part	*		,	, ,
XII, line 4 ► \$	r		<u> </u>	
a Applied to 2015, but not more than line 2a	2 may 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18.00 m. 18.18.00 M	0.	
b Applied to undistributed income of prior years	S			
(Election required – see instructions)	***	0.		
 Treated as distributions out of corpus (Election required — see instructions) 	0.			
d Applied to 2016 distributable amount		34 5 2 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		0.
e Remaining amount distributed out of corpus	0.	»	32	to: 2: # .
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))			- A	
same amount must be shown in column (a)		N. M. M. C. V.		
6 Enter the net total of each column as	,			
indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income Subtract	286.5 10.0			
line 4b from line 2b	3.3	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
income for which a notice of deficiency has been issued, or on which the section 4942(a)			Series Series	
tax has been previously assessed		0.		¥*************************************
d Subtract line 6c from line 6b Taxable				: 44
amount — see instructions	***	0.		\$. 2007
e Undistributed income for 2015 Subtract line 4a from				
line 2a Taxable amount — see instructions		X XX 4	0.	F ' W NO
f Undistributed income for 2016 Subtract lines		:		
4d and 5 from line 1 This amount must be distributed in 2017	,			
7 Amounts treated as distributions out of				3%,
corpus to satisfy requirements imposed by		1.5mm 1 1. 1 1. 1 1. 1 1 1 1 1 1 1 1 1 1 1	In the case of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0.			,
,				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0.			•
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				
a Excess from 2012				
b Excess from 2013			-	
c Excess from 2014				İ
d Excess from 2015	7			
e Excess from 2016	7			
BAA				Form 990-PF (2016

BAA

Name and address florne or business) or substantial contention recipient Controllouri recipient Total Approved for future payment	Grants and Contributions Paid During the	If recipient is an industrial			N/A
Total Approved for future psyment Total Approved for future psyment		show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Total D Approved for future payment Total		or substantial contributor	recipient		
Total Approved for future payment → 3a	Paid during the year		1		
Total Approved for future payment					
Total → 3a Approved for future payment]		
Total → 3a Approved for future payment			1		
Total Approved for future payment					
Total Approved for future payment			1		l
Total Approved for future payment					
Total Approved for future payment					
Approved for future payment .	'n		1		
Approved for future payment .			1		
Approved for future payment .			ļ ,		į.
Approved for future payment .					
Approved for future payment					
Approved for future payment .		1	}		
Approved for future payment					
Approved for future payment					1
Approved for future payment .					
Approved for future payment .					
Approved for future payment .			}		}
Approved for future payment					1
Approved for future payment					
Approved for future payment .		Ĭ]		Ì
Approved for future payment					
Approved for future payment					ļ
Approved for future payment .					
Approved for future payment .					
Approved for future payment .			1		
Approved for future payment					
Approved for future payment					
Approved for future payment .					
Approved for future payment					
Approved for future payment			1		}
Approved for future payment					
Approved for future payment	•				
Approved for future payment		Ĭ			
Approved for future payment .			<u> </u>		
				<u>▶</u> 3a	
	Approved for future payment				
					,
			1		
]		
]]		
		-	1		
			1		1
Total ► 3b	Total		<u> </u>		

-	ints unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(0)
•		(a) Business	(b) Amount	(c) Exclu-	(d) Amount	(e) Related or exempt function income
1 Program se	rvice revenue	code		sion code		(See instructions.)
a						
_		 				
4					·	
				 		
ť		+		+		
g Fees and co	ontracts from government agencies	 				
-	dues and assessments		-	 - 		
3 Interest on sav	ings and temporary cash investments					
4 Dividends a	nd interest from securities					
	ncome or (loss) from real estate.	,,, x	*		* ***	. ()
a Debt-finance						
	anced property					
	me or (loss) from personal property tment income					
	from sales of assets other than inventory					
	or (loss) from special events.			 		
	or (loss) from sales of inventory					
11 Other reven	, ,	400	in W. Sa.			() ·
а						
b						
c						
d						
e Cubtatal As	dd columno (b) (d) and (o)			2.580		
12 Subtotal Ac	dd columns (b), (d), and (e)	() () () () () () () () () ()				
					12	
13 Total. Add	line 12, columns (b), (d), and (e)				13	0
13 Total. Add (See worksheet in	line 12, columns (b), (d), and (e) n line 13 instructions to verify calcula	tions)	ishment of Exem	not Purpo		0
13 Total. Add (See worksheet in Part XVI-B R	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B Rule No. Explanation Add) Line No. Explanation Add Control Part XVI-B Rule No. Explanation Add Control Part XV	line 12, columns (b), (d), and (e) n line 13 instructions to verify calcula	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B Rule No. Explanation Add) Line No. Explanation Add Control Part XVI-B Rule No. Explanation Add Control Part XV	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R Line No. Expla	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R Line No. Expla	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R Line No. Expla	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R Line No. Expla	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R Line No. Expla	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R Line No. Expla	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R Line No. Expla	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B Rule No. Explanation Add) Line No. Explanation Add Control Part XVI-B Rule No. Explanation Add Control Part XV	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R Line No. Expla	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R Line No. Expla	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R Line No. Expla	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B R Line No. Expla	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B Rule No. Explanation Add) Line No. Explanation Add Control Part XVI-B Rule No. Explanation Add Control Part XV	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B Rule No. Explanation Add) Line No. Explanation Add Control Part XVI-B Rule No. Explanation Add Control Part XV	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B Rule No. Explanation Add) Line No. Explanation Add Control Part XVI-B Rule No. Explanation Add Control Part XV	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B Rule No. Explanation Add) Line No. Explanation Add Control Part XVI-B Rule No. Explanation Add Control Part XV	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B Rule No. Explanation Add) Line No. Explanation Add Control Part XVI-B Rule No. Explanation Add Control Part XV	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B Rule No. Explanation Add) Line No. Explanation Add Control Part XVI-B Rule No. Explanation Add Control Part XV	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	
13 Total. Add (See worksheet in Part XVI-B Rule No. Explanation Add) Line No. Explanation Add Control Part XVI-B Rule No. Explanation Add Control Part XV	line 12, columns (b), (d), and (e) I line 13 instructions to verify calcula Relationship of Activities to the	tions)			oses	

Form 990-F		FOUNDATIO					81-409		_Pa	ge 13
Part XVI	Information Reg Exempt Organiz	arding Tran	nsfers To and	d Transact	ions and	Relationship	s With Nonch	aritable		
1 D.d H			ngago in any of	the following	برجم طاسب	-ther ergenization			Yes	No
relatı	ne organization directly ribed in section 501(c) on ng to political organizat	ions?			_		527,	,	` .	\$ C
	sfers from the reporting	foundation to	a noncharitable	exempt orga	nization o	f				
(1)								1 a (1)		<u>X</u>
	Other assets r transactions							1 a (2)	7.	X
	Sales of assets to a non-	charitable exe	mpt organizatio	n				1 b (1)		X
` '	Purchases of assets from							1 b (2)		X
• •	Rental of facilities, equip							1 b (3)		X
(4) F	Reimbursement arrangei	ments						1 b (4)		X
(5) L	oans or loan guarantee	s						1 b (5)		X
` '	Performance of services		•	•				1 b (6)		X
c Shari	ng of facilities, equipme	ent, mailing lis	its, other assets	, or paid emp	loyees.			1 c	<u>_</u> l	<u>X</u>
d If the the go	answer to any of the a oods, other assets, or ser ransaction or sharing ai	bove is 'Yes,' vices given by t rrangement, st	complete the fo the reporting four how in column (llowing sched ndation If the d) the value of	lule Colur foundation of the good	nn (b) should alw received less than ds, other assets,	rays show the fair fair market value or services receiv	market val in ved	ue of	
(a) Line no.	(b) Amount involved	(c) Name o	of noncharitable exer	npt organization	(0	d) Description of tran	sfers, transactions, an	d sharing arra	ngement	.s
		,								
		_		· · · · · · · · · · · · · · · · · · ·			 -			
desci	foundation directly or incribed in section 501(c) ces,' complete the following Name of organizations	of the Code (of ng schedule	ther than section		r ın sectio	on 527?) Description of re	Yes	s X	No
N/A			(-) -) -			 	,			
			<u></u>			-				
Llas	der nenalties of service I dealer	o Hant I have lavare	and the return and	idina accompani	na cebedula-	and statements, and the	the hest of my knowle	dae and balist	it is trice	
Sign Corr	der penalties of empury, I declar rect, and complete Declaration	of preparer Jother	than taxpayer) is bas	Date	ion of which i	Director Title	ledge	May the this retu prepared (see ins.		uss he below
	Print/Type preparer's par	ma	Preparer's	signature		Date		PTIN		

Print/Type preparer's name

Preparer

WICHAEL C. ALLEN, C.P.A.

Preparer

Firm's name

Firm's name

Firm's address

Michael C Allen & Co. CPA's PLLC

Firm's address

Address

Print/Type preparer's signature

Date

Check

if PTIN

PO0075601

Firm's EIN

11-3634653

Phone no 516-775-3000

BAA

Schedule B (Form 999, 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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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

Name of the organization KEENAN FOUNDATION	INC.	Employer identification number
C/O JAMES KEENAN		81-4094893
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	
Farm 000 DE	V 501(1/2)	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pri	vate 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) orga	inization can check boxes for both the General Rule and a	Special Rule See instructions
General Rule		
X For an organization filing Form 990, 990-EZ property) from any one contributor. Comple	, or 990-PF that received, during the year, contributions to te Parts I and II. See instructions for determining a contrib	taling \$5,000 or more (in money or outor's total contributions
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi)	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 he year, total contributions of the greater of (1) \$5,000 or (0-EZ, line 1 Complete Parts I and II	16a or 16b and that
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, children or animals Complete Parts I, II, and III	I from any one contributor, literary, or educational
during the year, contributions exclusively fo \$1,000 If this box is checked, enter here the charitable, etc., purpose Don't complete an	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received religious, charitable, etc., purposes, but no such contribute total contributions that were received during the year for y of the parts unless the General Rule applies to this orgalle, etc., contributions totaling \$5,000 or more during the year.	itions totaled more than an <i>exclusively</i> religious, anization because
990-PF), but it must answer 'No' on Part IV. Iin	he General Rule and/or the Special Rules doesn't file Sche e 2, of its Form 990, or check the box on line H of its Forn filing requirements of Schedule B (Form 990, 990-EZ, or 9	n 990.F7 or on its Form 990.PF

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

	Schedule I	В	(Form	990,	990-EZ,	or	990-PF)	(2016)	
--	------------	---	-------	------	---------	----	---------	--------	--

1 of

1 of Part I

Name of organization

KEENAN FOUNDATION INC.

Employer identification number

81-4094893

Randle Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.
--

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES & EMILY KEENAN 2 EVE LANE RYE, NY 10580	\$ <u>1,068,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
		6.1.1.1.2/5	noncash contributions)

1 to

1 of Part II

lame of organization	Employer identification number
KEENAN FOUNDATION INC.	81-4094893

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2016)		Page 1 to 1 of Part III		
	FOUNDATION INC.		Employer identification number 81-4094893		
Part III	Exclusively religious, charitable, etc or (10) that total more than \$1,000 for the the following line entry. For organizations co- contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional st	e year from any one contribut mpleting Part III, enter the total o Enter this information once See	of <i>exclusively</i> religious, charitable, etc.		
(a) No. from Part I	. 		(d) Description of how gift is held		
	N/A				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

2016

Federal Statements

Page 1

Client EJKEENFD

KEENAN FOUNDATION INC. C/O JAMES KEENAN

81-4094893

3/24/17

02 00PM

Statement 1 Form 990-PF, Part III, Line 3 Other Increases

CHARITABLE CONTRIBUTION

1,068,000. Total \$ 1,068,000.

Statement 2 Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the Tax Year

Name of Substantial Contributor Address of Substantial Contributor

JAMES AND EMILY KEENAN

2 EVE LANE RYE, NY 10580-1311