

## 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



# Form **990-PF**

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

OMB No 1545-0052 2016

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

For cale	ndar year 2016 or tax year beginning	, 2016,	and ending	, , , , , , , , , , , , , , , , , , , ,	
KEYES	S FOUNDATION			A Employer identification null 91-1939734	mber
P.O.	BOX 50088 CVUE, WA 98015			B Telephone number (see instance) 360-378-3764	tructions)
		Initial rature of a form	aor public charity	C If exemption application is	
G Che	ck all that apply Initial return	Initial return of a forn Amended return	ner public charity	D 1 Foreign organizations, che	ck here .
	Address change	Name change		2 Foreign organizations meet	
H Che	ck type of organization. X Section 501	(c)(3) exempt private f	oundation	here and attach computation	لبا
	Section 4947(a)(1) nonexempt charitable to			E If private foundation status under section 507(b)(1)(A)	
		ounting method:	ash X Accrual		
<b>►</b> \$	' '" ' L	column (d) must be or	n cash basis )	F If the foundation is in a 60 under section 507(b)(1)(B)	
Part I	Analysis of Revenue and	(a) Revenue and	(b) Net investmen	nt (c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check ► X if the foundation is not required to attach Sch B				,
	3 Interest on savings and temporary cash investments	53.	5	53.	
	4 Dividends and interest from securities	42,659.	42,65	9. 42,659.	
	5 a Gross rents b Net rental income				
RE:	or (loss) 6 a Net gain or (loss) from sale of assets not on line 10	56,031.	====		
	b Gross sales price for all assets on line 6a 124, 089.			DEC	
E	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		56,03	B1. REC	EIVED
	Net short-term capital gain     Income modifications			<b>8</b> 1111	9 2017 8
	10 a Gross sales less returns and			<b>8</b> JUN J	9 2017 9
•	allowances b Less Cost of			000	
3	goods sold  C Gross profit or (loss) (attach schedule).				EN, UT
	11 Other income (attach schedule)				i
				10 710	
<u> </u>	12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc.	98,743. 0.	98,74	42,712.	
(D)	14 Other employee salaries and wages	<u></u>			
	15 Pension plans, employee benefits				
A D	16a Legal fees (attach schedule)  b Accounting fees (attach sch) See St 1	1 000	1 21	=0	450.
M I	c Other professional fees (attach sch). See St 2	1,800. 9,733.	1,35 7,30		2,433.
O I P S	17 Interest .		.,,,,		
P S E T R R	18 Taxes (attach schedule X see instrs) See Stm 3	-3,590.	-2,69	92.	-898.
ÂÂ	19 Depreciation (attach schedule) and depletion .				
N V	20 Occupancy				
GĖ	21 Travel, conferences, and meetings . 22 Printing and publications				
A E N X	23 Other expenses (attach schedule)				
AND ENSES	See Statement 4	97.		73.	24.
S E	24 Total operating and administrative expenses. Add lines 13 through 23.	8,040.	6,0	31	2,009.
S	25 Contributions, gifts, grants paid Part XV	100,300.			100,300.
	26 Total expenses and disbursements. Add lines 24 and 25	108,340.	6,0	31. 0.	102,309.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-9,597.			(
	b Net Investment Income (if negative, enter -0-)		92,7		
	C Adjusted net income (if negative, enter -0-)		<u> </u>	42,712.	·1

Page 2

Part	$\Pi$	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	beginning of year	(b) Book Value	<del></del>
<u> </u>		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
İ	1	Cash — non-interest-bearing	10.057	20 022	20 022
	2	Savings and temporary cash investments	19,057.	39,933.	39,933.
	3	Accounts receivable  Less: allowance for doubtful accounts			
1		Pledges receivable			<del></del>
	4	Less; allowance for doubtful accounts			
	5	Grants receivable		<del></del>	
		<b>.</b>	· · · · · · · · · · · · · · · · · · ·		
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts			
S	8	Inventories for sale or use .			
A S E T	9	Prepaid expenses and deferred charges			
s	10 a	a Investments – U.S. and state government obligations (attach schedule)			
	ŀ	b Investments — corporate stock (attach schedule)	445,117.	429,105.	1,486,894.
		c Investments — corporate bonds (attach schedule)	428,196.	413,735.	433,165.
	11	Investments – land, buildings, and			1
		equipment basis			
		Less, accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments – other (attach schedule).			
	14	Land, buildings, and equipment basis ►			
		Less. accumulated depreciation (attach schedule)			
		Other assets (describe			
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item l)	892,370.	882,773.	1,959,992.
Ļ	17	Accounts payable and accrued expenses	,		
A	18	Grants payable			]
ĝ	19	Deferred revenue			· ·
L	20	Loans from officers, directors, trustees, & other disqualified persons			]
Ī	21	Mortgages and other notes payable (attach schedule)			<u>l</u>
i	22	Other liabilities (describe			,
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here	0.		†
		and complete lines 24 through 26 and lines 30 and 31.			
ΝF	24	Unrestricted			
ΕU	25				1
T N		Permanently restricted			,
A S B		Foundations that do not follow SFAS 117, check here			]
SA		and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds	892,370.	882,773.	
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
OE	29	Retained earnings, accumulated income, endowment, or other funds .		·	
ŔŠ	30		892,370.	882,773	
	31	Total liabilities and net assets/fund balances (see instructions)	892,370.	882,773	
Par	t III	Analysis of Changes in Net Assets or Fund Balance			<u> </u>
		al net assets or fund balances at beginning of year — Part II, colu		aree with	
1	end	of year figure reported on prior year's return)	umm (a), mne so (must a	1	892,370.
2		er amount from Part I, line 27a		. 2	-9,597.
3		r increases not included in line 2 (itemize)		3	
4	Add	l lines 1, 2, and 3	<del></del>	4	882,773.
5		eases not included in line 2 (itemize)		5	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5	) – Part II, column (b), I	ine 30 6	882,773.
BAA		TEEA0302L	12/16/16		Form <b>990-PF</b> (2016)

Kar	(a) List and describe	osses for Tax on Investmen. the kind(s) of property sold (e.g., buse, or common stock, 200 shares	real estate,	(b) How acc	quired nase	(C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
				D — Dona			
	1160SH DODGE & COX			<u>P</u>		3/27/14	5/10/16
	1140SH TEMPLETON GL	OBAL		<u>P</u>		11/18/14	11/04/16
	1000SH MICROSOFT			P_		4/28/92	8/15/16
u	250SH MICROSOFT			P_		4/28/92	9/21/16
<u>`</u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or (e) plus (f) m	(loss) ninus (g)
a	40,820.		5	0,495.			-9,675.
b				4,713.			-1,831.
С				2,280.			53,769.
d	14,338.			570.			13,768.
е							
	Complete only for assets show	ing gain in column (h) and owned l	by the foundation on 12/31.	/69		(I) Gains (Col	
	(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			ain minus col. (k), b an -0-) <b>or</b> Losses (fi	
а							<b>-</b> 9,675.
b	<u> </u>						-1,831.
	<del></del>						53,769.
d							13,768.
	Capital gain net income or (ne	t capital loss).  If gain, also If (loss), en (loss) as defined in sections 1222(5	enter in Part I, line 7 ter -0- in Part I, line 7	-	2		56,031.
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions). I	f (loss), enter -0-	- -	3_		0
		ction 4942 tax on the distributable a lify under section 4940(e). Do not o		ase perio	d?	Yes	X No
1	Enter the appropriate amount in	each column for each year; see the in	structions 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 as	sets		(d) Distribution (col (b) divided	
	2015	115,784.		8,137.			0.062990
	2014	95,828.		8,905.			0.053270
	2013	84,339.		9,418.			0.05273
	2012	107,489.		4,459.			0.07097
	2011	94,767.	1,47	8,288.		· · · · · · · · · · · · · · · · · · ·	0.06410
2	Total of line 1, column (d)				2		0.304072
3	Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the n has been in existence if less thar	total on line 2 by 5, or by to 5 years	he	3	ļ	0.06081
4	Enter the net value of nonchar	itable-use assets for 2016 from Pa	rt X, line 5		4		1,897,292
5	Multiply line 4 by line 3 .	•			5		115,382
6	Enter 1% of net investment in	come (1% of Part I, line 27b)			6		927
7	Add lines 5 and 6.				7		116,309
8	Enter qualifying distributions fi	·		·	8		102,309
	If line 8 is equal to or greater that Part VI instructions	in line 7, check the box in Part VI, line	e 1b, and complete that part	using a 1%	tax r	ate. See the	

Form 990-PF (2016) KEYES FOUNDATION  Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	91-193		<u>,                                      </u>		age 4
1 a Exempt operating foundations described in section 4940(d)(2), check here	- 366 11130	Tuctions			
Date of ruling or determination letter. (attach copy of letter if necessary — see instructions)			-		-
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V,	1			1.8	54.
check here. ▶ ☐ and enter 1% of Part I, line 27b					<u> </u>
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	Ì				
foundations only Others enter -0-).	2				0.
3 Add lines 1 and 2	3			1,8	54.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -C	)-) 4				0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			1,8	54.
6 Credits/Payments					
a 2016 estimated tax pmts and 2015 overpayment credited to 2016 6a 1, 0	80.				
b Exempt foreign organizations — tax withheld at source 6 b					
	74.				
d Backup withholding erroneously withheld					
7 Total credits and payments Add lines 6a through 6d	7	<u> </u>		1,8	<u>54.</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 Enter the amount of line 10 to be. Credited to 2017 estimated tax Refunded	<u> </u>	_			
Part VII-A Statements Regarding Activities			—-г	<del>.                                      </del>	
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	ıt	<u> </u>	1 a	Yes	No X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?			1 b		X
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	1				
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) On the foundation   S  O  (2) On foundation managers		_ [			
(1) On the foundation   S  O. (2) On foundation managers  Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		0.		Ì	
foundation managers •\$ 0.					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		l l	2		X
If 'Yes,' attach a detailed description of the activities.		1			
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 change	es .		3	_	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		[	4 a	$\Box$	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?			4 b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
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:		i			
<ul> <li>By language in the governing instrument, or</li> </ul>					
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conf with the state law remain in the governing instrument?</li> </ul>	lict	ŀ	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	•	ſ	7	_X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>-</b>	[			
WA				1	
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		_	8 b	х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)	(2) 40	أيريد		_	

BAA

Form 990-PF (2016)

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

Pai	t VII-A S	tatements Re	garding /	Activities	(continued)							
11	At any time within the n	during the year, neaning of section	did the four n 512(b)(13	ndation, dir )? If 'Yes,'	ectly or indirectly attach schedule	r, own a controlled er (see instructions)	ntity			11	Yes	No X
12		dation make a distrivileges? If 'Yes,'				h the foundation or a d	isqualified pers	son had		12		Х
13	Did the four	ndation comply wi	th the publ	ic inspectio	on requirements f	or its annual returns	and exemption	n applica	tion? [	13	Х	
	Website add	dress		1	N/A							
14			DOREEN				_ Telephon		425-45	<u>5-9</u> !	996_	
	Located at					BELLEVUE WA	ZIP + 4 •	3 2 2	04	`\T/\		<del></del> -
15					-	in lieu of Form 1041	- Check here		I	N/A	•	
		he amount of tax-	•				•	_	15	<del></del> -	Vac	N/A
16	At any time bank, secur	during calendar yea uties, or other fina	ar 2016, did ancial accol	the foundat unt in a for	tion have an intere eign country?	st in or a signature or	other authority	over a		16	Yes	No X
	enter the na	me of the foreign c	ountry 🟲			EN Form 114 If 'Yes						
Par						orm 4720 May Be						
_		-			•	in exception applies.					Yes	No
1 8		year did the found		=	•			ГЛ				1
	(I) Engage	e in the sale or ex	cnange, or	leasing of	property with a d	isqualified person?	• •	Yes	X No	Ì	Ì	,
	dısqualı	ified person?		•		to (or accept it from)	а	Yes	XNo			
						disqualified person?	•	Yes	X No			1
	(4) Pay cor	mpensation to, or	pay or rein	nburse the	expenses of, a d	isqualified person?	•	Yes	X No	[	ĺ	,
	(5) Transfe for the	er any income or a benefit or use of a	essets to a a disqualifie	disqualified ed person)	d person (or make?	e any of either availa	ble	Yes	XNo			!
	(6) Agree t foundation of gove	o pay money or p on agreed to make rnment service, if	roperty to a a grant to d terminatin	a governme or to employ g within 90	ent official? (Exc the official for a p days.)	eption. Check 'No' if period after termination	the	Yes	X No		ļ	1
ŀ	If any answ Regulations	er is 'Yes' to 1a(1 s section 53 4941(	)–(6), did (d)-3 or in a	any of the current no	acts fail to qualif	y under the exceptior saster assistance (se	ns described i e instructions	n ) <sup>?</sup>	į	- 1 b	 N	⁄Ā
	Organizatio	ns relying on a cu	urrent notic	e regarding	g disaster assista	nce check here		•				1
(	c Did the foui that were n	ndation engage in lot corrected befor	a prior yea	ar in any of day of the	f the acts describ tax year beginnin	ed in 1a, other than o g in 2016?	excepted acts	1		1 c	-	X
2	Taxes on fa private ope	allure to distribute rating foundation	income (se defined in	ection 4942 section 494	2) (does not apply 42(j)(3) or 4942(j)	for years the foundate (5)).	ation was a					
i	a At the end and 6e, Pai	of tax year 2016, rt XIII) for tax yea	did the four	ndation hav	ve any undistribu 2016?	ted income (lines 6d		Yes	X No			1
			20 , 20	=	, 20			J	<u> </u>			ì
ı	(relating to	iny years listed in incorrect valuatio sted, answer 'No'	n of assets	<ul><li>to the yea</li></ul>	ar's undistributed	lying the provisions of income? (If applying	of section 494 g section 4942	2(a)(2) 2(a)(2) to	i	2 b		
	-					າe years listed in 2a,	list the vears	here.		- 1	N	<u></u>
		, 20 , 20		io boiling ap	5,5.10 <b>0 to 01.13</b> 0. to	,						ļ
3 :	a Did the fou	ndation hold more at any time during	e than a 2%	direct or i	indirect interest in	n any business		Yes	X No			
	•	,	,	dinas in 20	116 as a result of	(1) any purchase by	the foundation					
•	or disqualif by the Com (3) the laps	ied persons after amussioner under see of the 10-, 15-,	May 26, 19 section 494 or 20-year	69, <b>(2)</b> the 3(c)(7)) to first phase	lapse of the 5-ye dispose of holding period?	ar period (or longer p igs acquired by gift o (Use Schedule C, Fo	period approv r bequest, or	ed			ļ	-
	determine	if the foundation b	nad excess	business h	noldings in 2016)		•			3 Ь	N	/ <u>A</u>
4:	a Did the fou charitable p	ndation invest dui ourposes? .	ring the yea	ar any amo	unt in a manner	that would jeopardize	e its		•	4 a		Х
	h Did the fou	ndation make any	/ investmen	nt in a orior	vear (but after Γ	ecember 31, 1969) ti	hat could					
1	jeopardize il	ts charitable purpos	se that had i	not been rer	moved from jeopar	dy before the first day	of				-	
BAA	<u>_</u> _	r beginning in 201	16?		<u>-</u>	<del></del>	<u> </u>	· ·		4 b	) DE (	X 2016)
OME	•								FO	ロロコラブリ	J*F F (	20101

	II-B Statements Regarding Activ	THE THIRD PORT	, -vuv DC I/CU		
Javu	ring the year did the foundation pay or in			and (commuca)	<del></del>
(1)	Carry on propaganda, or otherwise atte	<del>-</del>	n (section 4945(e))?	☐ Yes X	No
				□,63 [	۱
•	Influence the outcome of any specific p on, directly or indirectly, any voter regis	stration drive?	-	<u> </u>	No
(3)	Provide a grant to an individual for trav	el, study, or other similar i	purposes?	∐ Yes X	[] No
(4)	Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instruction	an a charitable, etc , organi ons)	zation described	Yes X	No
(5)	Provide for any purpose other than religeducational purposes, or for the preven	gious, charitable, scientific tion of cruelty to children	, literary, or or animals?	Yes X	No
<b>b</b> If a des	any answer is 'Yes' to 5a(1)–(5), did <b>any</b> scribed in Regulations section 53 4945 of se instructions)?	of the transactions fail to in a current notice regard	qualify under the exce ding disaster assistance	ptions e	5 b
•	ganizations relying on a current notice re	garding disaster assistance	ce check here	. ▶ □	7
-		_			<b>-</b>
tax	he answer is 'Yes' to question 5a(4), doe because it maintained expenditure resp	onsibility for the grant?	emption from the	N/A Yes	No
If '	Yes,' attach the statement required by R	egulations section 53 4945	5–5(d)		_
6 a Did	the foundation, during the year, receive a personal benefit contract?	any funds, directly or ind	rectly, to pay premium	s ∏Yes ⊠	(No
	d the foundation, during the year, pay pre	emiums, directly or indirec	tly, on a personal bene		6 b
	Yes' to 6b, file Form 8870	,	(a		<del> </del>
	any time during the tax year, was the for	undation a party to a prohi	ibited tax shelter transa	action? Yes X	No
	Yes, did the foundation receive any prod	· · · · · · · · · · · · · · · · · · ·			N/A 7b
Part V		Directors, Trustees,	Foundation Mana	gers, Highly Paid	Employees,
	and Contractors	·			
1 Lis	st all officers, directors, trustees, founda	tion managers and their o	compensation (see ins	tructions).	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense a other allow
		20.5ted to position	enter -0-)	compensation	<u> </u>
	EN KEYES	President	0.	0.	
	BOX 50088	_ 0			
	EVUE, WA 98004	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del> </del>
P.O.	D KEYES BOX 50088	_ Vice Preside 0	0.	0.	
BELLI	EVUE, WA 98004			}	1
	EVOE, WA 30004		·		<u> </u>
		-			
~		_			
~ ~		-			
~					
~ ~ ~		- - -			
	ompensation of five highest-paid employees	(other than those included	on line 1 — see instructio	ns). If none, enter 'NONI	E.'
	ompensation of five highest-paid employees	(b) Title, and average		(d)Contributions to	
		(b) Title, and average hours per week	on line 1 — see instructio	T	(e) Expense a
(a)	ompensation of five highest-paid employees	(b) Title, and average		(d)Contributions to employee benefit	(e) Expense a
	ompensation of five highest-paid employees	(b) Title, and average hours per week		(d)Contributions to employee benefit plans and deferred	(e) Expense a
(a)	ompensation of five highest-paid employees	(b) Title, and average hours per week		(d)Contributions to employee benefit plans and deferred	(e) Expense a
(a)	ompensation of five highest-paid employees	(b) Title, and average hours per week		(d)Contributions to employee benefit plans and deferred	(e) Expense a
(a)	ompensation of five highest-paid employees	(b) Title, and average hours per week		(d)Contributions to employee benefit plans and deferred	(e) Expense a
(a)	ompensation of five highest-paid employees	(b) Title, and average hours per week		(d)Contributions to employee benefit plans and deferred	(e) Expense a
(a)	ompensation of five highest-paid employees	(b) Title, and average hours per week		(d)Contributions to employee benefit plans and deferred	(e) Expense a
(a)	ompensation of five highest-paid employees	(b) Title, and average hours per week		(d)Contributions to employee benefit plans and deferred	(e) Expense a
(a)	ompensation of five highest-paid employees	(b) Title, and average hours per week		(d)Contributions to employee benefit plans and deferred	(e) Expense a
(a)	ompensation of five highest-paid employees	(b) Title, and average hours per week		(d)Contributions to employee benefit plans and deferred	(e) Expense a
(a)	ompensation of five highest-paid employees	(b) Title, and average hours per week		(d)Contributions to employee benefit plans and deferred	(e) Expense a
(a)	ompensation of five highest-paid employees	(b) Title, and average hours per week		(d)Contributions to employee benefit plans and deferred	(e) Expense a

•

Form 990-PF (2016) KEYES FOUNDATION	91-1939734 Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi and Contractors (continued)	ghly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter	er 'NONE.'
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	(c) Compensation
None	
<del></del>	
<del></del>	
	1
Total number of others receiving over \$50,000 for professional services	• 0
Partilix: 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 numbiorganizations and other beneficiaries served, conferences convened, research papers produced, etc.	per of Expenses
1 N/A	
2	
3	
4	
Pant X: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
1	
N/A	
2	
All other program-related investments. See instructions	<del></del>
3	(
·	

TEEA0307L 12/16/16

Form **990-PF** (2016)

Total. Add lines 1 through 3

BAA

Minimum Investment Return (All domestic foundations must complete this par see instructions.)	t. Forei	gn foi	undations,
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.		a	1,867,165.
<b>b</b> Average of monthly cash balances	. 1	b	59,020.
c Fair market value of all other assets (see instructions)	. 1	С	
d Total (add lines 1a, b, and c)		d	1,926,185.
e Reduction claimed for blockage or other factors reported on lines 1a and			
1c (attach detailed explanation)	0.		
2 Acquisition indebtedness applicable to line 1 assets	. 2	2	0.
3 Subtract line 2 from line 1d .	. 🗔	3	1,926,185.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	1	,	28,893.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4		5	1,897,292.
6 Minimum investment return. Enter 5% of line 5	. 6	5	94,865.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of	peratin	g four	ndations
and certain foreign organizations check here ► and do not complete this pa	<del></del>		
1 Minimum investment return from Part X, line 6	1	<u> </u>	94,865.
	354.		
b Income tax for 2016 (This does not include the tax from Part VI)		~	
c Add lines 2a and 2b .		2 c	1,854.
3 Distributable amount before adjustments Subtract line 2c from line 1	<u> </u>	3	93,011.
4 Recoveries of amounts treated as qualifying distributions			
5 Add lines 3 and 4		5	93,011.
6 Deduction from distributable amount (see instructions)	<u> </u>	5	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		<u> </u>	93,011.
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			100 200
<b>b</b> Program-related investments — total from Part IX-B	<u> </u>	l a	102,309.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	
	<u> </u>	-	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)		3 a	
b Cash distribution test (attach the required schedule)	<u> </u>	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	' · ├⁴	4	102,309.
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	. 🗀	5	102,309.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	he founda	ition	

BAA

Form **990-PF** (2016)

### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2015	<b>(c)</b> 2015	<b>(d)</b> 2016
1 Distributable amount for 2016 from Part XI, line 7				93,011.
2 Undistributed income, if any, as of the end of 2016.	<del></del>			307.511.
a Enter amount for 2015 only		}	0.	
<b>b</b> Total for prior years. 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2016				
a From 2011 . 22, 028.				
<b>b</b> From 2012 34, 306.				
<b>c</b> From 2013 5, 623.				
<b>d</b> From 2014 11, 795.				
e From 2015 26,007.				
f Total of lines 3a through e	99,759.			
4 Qualifying distributions for 2016 from Part				
XII, line 4: ► \$102,309.				
a Applied to 2015, 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.			
<b>d</b> Applied to 2016 distributable amount				93,011.
e Remaining amount distributed out of corpus	9,298.			
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) )				
6 Enter the net total of each column as indicated below:	100 057			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	109,057.			<del></del>
<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 2015. Subtract line 4a from				
line 2a Taxable amount — see instructions .			0.	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2017				0.
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.			<del></del>
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	22,028.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	87,029.			
10 Analysis of line 9	- <del> </del>			
<b>a</b> Excess from 2012 34,306.				
<b>b</b> Excess from 2013 5, 623.		1		
c Excess from 2014 11,795.				
<b>d</b> Excess from 2015 . 26,007.				
e Excess from 2016 . 9, 298.		<u> </u>		·
244				Form 990-PF (2016)

Form 990-PF (2016) KEYES FOUNDATION	iona (see isste	untions and De-	+ \/   A	91-1939734	
Part XIV Private Operating Foundat	<del></del>		<del></del>	<del></del>	N/A
1 a If the foundation has received a ruling or dete is effective for 2016, enter the date of the	ruling	it is a private operati	ing loundation, and t	•	
<b>b</b> Check box to indicate whether the foundate	ion is a private op	erating foundation o	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for	(a) 2016	<b>(b)</b> 2015	(c) 2014	<b>(d)</b> 2013	
each year listed .		ļ	ļ		
<b>b</b> 85% of line 2a .		<del>  </del>	<b> </b>	ļ	
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>		<u> </u>	<u> </u>		
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter.			ĺ		
(1) Value of all assets					
(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)		<u> </u>			
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					<del></del>
(4) Gross investment income		<del>                                     </del>	<del> </del>	<del>                                     </del>	
Part XV   Supplementary Information assets at any time during the	(Complete this	part only if the	foundation had	d \$5,0 <b>0</b> 0 or more	in
1 Information Regarding Foundation Management	_ <i></i>			<del></del>	<del></del>
a List any managers of the foundation who hav	e contributed more t	han 2% of the total of	contributions received	by the foundation bef	ore the
close of any tax year (but only if they have	e contributed more	than \$5,000) (See	e section 507(d)(2))		
See Statement 5					
<b>b</b> List any managers of the foundation who owr	10% or more of the	stock of a corporation	on (or an equally larg	ne portion of the owner	rshin of
a partnership or other entity) of which the	foundation has a	10% or greater inter	rest	je portion of the owner	3111p 01
None					
<del></del>		<del></del>			
2 Information Regarding Contribution, Grant,			lo organizations and	door not seemt upon	lioitad
Check here ► ☐ If the foundation only marequests for funds. If the foundation makes g					
complete items 2a, b, c, and d	r a mail addrags of	the nessen to whom s	analyzations should b	o addraggad:	<del></del>
a The name, address, and telephone number of	r e-maii address or	the person to whom a	applications should b	e audresseu	
See Statement 6					
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should incl	ude.	
See Statement for Line 2a					<del></del>
c Any submission deadlines:					
See Statement for Line 2a					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other	factors:
See Statement for Line 2a					
See Statement for Line 2a	<del></del>	EEAD3101 13016016	<del></del>		Form 990 PE (2016)

Page 11

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	it	
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
	or substantial contributor	recipient	Contribution	<u> </u>
Name and address (home or business)  a Paid during the year  See Statement 7	or substantial contributor	recipient		
·		<u> </u>		<del> </del>
Total	<del></del>	<del>,</del>	<u>► 3a</u>	100,300.
b Approved for future payment  Total				ь

Enter gros	ss amounts unless otherwise indicated	<b></b>	business income	<del></del>	section 512, 513, or 514	(e)
1 Dros		(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions)
1 Prog	gram service revenue:	<del></del>		code		
ື <sub>b</sub> —-		<del>                                     </del>		<del> </del>		
		<del>  </del>		+		<del></del>
ď	<del></del>	<del>  </del>		<del>                                     </del>		· <del></del>
е		<del>  </del>				<del></del>
f						
g Fees	s and contracts from government agencies					
2 Men	bership dues and assessments					
3 Intere	est on savings and temporary cash investments			14	53.	
	dends and interest from securities			14	42,659.	
	rental income or (loss) from real estate:					
	t-financed property		<del></del>			
	debt-financed property					
	ental income or (loss) from personal property					
	er investment income	ļ			·	<del></del>
	or (loss) from sales of assets other than inventory					56,031
	income or (loss) from special events	<u> </u>		<del></del>		
	ss profit or (loss) from sales of inventory			<del></del>		
	er revenue.	} <del></del>		<del></del>	<del>}</del>	
a	<del></del>	<del> </del>				
b		1				
		<del>   </del>		<del>    -   -   -   -   -   -   -   -     -     -     -     -  </del>		
- 4		i i				
d						
e	total Add columns (b), (d), and (e)				42 712	56 031
e	total Add columns (b), (d), and (e)				42,712.	56,031 98,743
e	total Add columns (b), (d), and (e)  il. Add line 12, columns (b), (d), and (e)  isheet in line 13 instructions to verify calculation	ons )				56,031 98,743
e Sub 12 Sub 13 Tota See work	al. Add line 12, columns (b), (d), and (e)		shment of Exem	pt Purpos	13	
e Sub 12 Sub 13 Tota See work Part XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 12 Sub 13 Tota See work Part XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 13 Tota See work Part XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 13 Tota See work Part XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 13 Tota See work Part XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e Sub 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743
e 12 Sub 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculate.  VI-B Relationship of Activities to the	Accompli		<u> </u>	13 <u>-</u> es	98,743

orm 99	0-PF (	2016) KEYE:	S FO	UNDATIO	N						9	1-1939	734	Pa	ge 1 <b>3</b>
Part X	VII	nformation F	Rega	rding Tra	nsfers	To and	Trans	action	is and	Relationsh	ips With I	Noncha	ritable		
		Exempt Orga	iniza	tions								<del></del>			
de	scribed	rganization dire d in section 501 o political organ	(c) of	the Code (	engage i other tha	n any of n section	the follo 501(c)(	wing wi 3) orgar	th any o	ther organizati s) or in section	ion i 527,	,		Yes	No
a Tra	ansfers	from the repor	ting fo	oundation to	a nonc	narıtable	exempt	organız	ation of						
(1)	Cash												1a(1)	-	X
(2)	Othe	r assets										-	1 a (2)		X
		nsactions:													
` '	•	s of assets to a										• •	1 b (1)		<u>X</u>
• • •		nases of assets al of facilities, e					ınızatıon			•		• •	1 b (2) 1 b (3)		X
		bursement arra		•	ci assets	•							1 b (3)		X
٠,,		s or loan guarai	-							•			1 b (5)		X
(6)	Perfo	rmance of serv	ices o	r members	hip or fui	ndraising	solicitat	ions					1 b (6)		X
c Sh	naring o	of facilities, equi	ıpmen	nt, mailing l	ists, othe	r assets,	or paid	employ	ees				1 c		X
<b>d</b> If the	the ans goods	swer to any of the , other assets, or saction or sharin	he abo	ove is 'Yes, ces given by	comple the repo	te the fol	lowing sidation If	chedule the four	. Colum	in <b>(b)</b> should all eceived less that so ther assets	lways show an fair marke	the fair net value in	narket val	ue of	
(a) Line		(b) Amount involve	<del></del>			itable exen	<u> </u>		, <u> </u>	Description of tra	<del></del>			ngement	
N/A							· · · ·								
	_														
		<del></del>													
	_		-+												
	$\neg   \neg$	·	<u> </u>												
<del></del> .															
	$-\vdash$	<del></del>							<del> </del> -	<del></del>					
			<del></del>						<del> </del> -			<del></del>	<del></del>		
			-+						<del>                                     </del>				<del></del>		
de	escribe	ndation directly of d in section 501 complete the fol	(c) of	the Code (	ed with, o	r related in section	to, one o n 501(c)(	r more ta (3)) or ir	ax-exem <sub>l</sub> section	ot organizations n 527?	; 		Yes	s [X]	No
	(a)	Name of organ	ızatıor	1	<b>↓</b>	<b>(b)</b> Type	of orga	nızatıon	<u> </u>	ļ	(c) Descript	ion of rela	ationship		
N/A					<del> </del>					<del> </del>					
					+					<del> </del>					
					+					<del>  - · · · · · </del>					
					1					1					
Sign	Under pe correct,	enalties of perjury, I can complete Declar	declare ration of	that I have exa f preparer (other	mined this or than taxp	return, inclu ayer) is bas	ding accom ed on all in	panying si formation	of which p	reparer has any kn	owledge	my knowledg	e and belief, May the		
Here		2	y I	L.	-		161	12/1	7	ل،حیہ۔ President			this retur	n with the shown	ne below
	Signat	ure of officer or trust	ee				Date			ritle			_ (see inst	ructions Yes	)?     No
		Print/Type preparer	's name	•		Preparer's	signature	211	Ao_	Date	Check	lif	PTIN		لسليا
Paid		Michael R	Han	nilton		Micha	erk	Hamii	tollo	2 5/17/17	self-em	ployed	P0123	<u>3452</u>	
Prepa	rer	Firm's name		CHAEL F							Firm's EIN	▶ 91-1	993754		
Use O	nly	Firm's address		835 Bel			te_325	5							
BELLEVUE,				WA 9	8005					Phone no	425-	454-30	33		

BAA

Form **990-PF** (2016)

2016	Federal Statements	Page 1		
	KEYES FOUNDATION	91-1939734		
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income	(d) Charitable Purposes		
ACCOUNTING FEES	Total $\frac{\$}{\$}$ 1,800. $\frac{\$}{\$}$ 1,350. $\frac{\$}{\$}$ 0. $\frac{\$}{\$}$	450. 450.		
Statement 2 Form 990-PF, Part I, Line 16c Other Professional Fees				
INVESTMENT	(a) (b) Net (c)  Expenses Investment Adjusted  per Books Income Net Income  \$ 9,733. \$ 7,300. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0.	(d) Charitable Purposes 3 2,433. 3 2,433.		
Statement 3 Form 990-PF, Part I, Line 18 Taxes				
FIT FOREIGN/OTHER	185. 139.	(d) Charitable Purposes 5 -944. 46. 5 -898.		
Statement 4 Form 990-PF, Part I, Line 23 Other Expenses				
BANK FEES/OTHER	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$ 97. \$ 73.       \$ 0.         Total       \$ 97. \$ 73.       \$ 0.	(d) Charitable Purposes \$ 24. \$ 24.		
Statement 5 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or Mon DOREEN KEYES DAVID KEYES	re Contributors			

#### Statement 6 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

Name:

DOREEN KEYES

Care Of:

Street Address:

P.O. BOX 50088 BELLEVUE, WA 98015

City, State, Zip Code:

Telephone:

425-455-9996

E-Mail Address: Form and Content:

Submission Deadlines: Restrictions on Awards:

THE DIRECTORS WILL MAKE ANNUAL DISTRIBUTIONS FROM THE FOUNDATION TO OTHER CHARITABLE ENTITIES QUALIFIED AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE CODE, FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL PURPOSES, AS FURTHER DEFINED BY THE BOARD. ADDITIONAL INFORMATION AVAILABLE UPON REQUEST.

#### Statement 7 Form 990-PF, Part XV, Line 3a **Recipient Paid During the Year**

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	1	Amount
HUALALAI OHANA FOUNDATION PO BOX 5227 KAILUA KONA HI 96745			TO SUPPORT GENERAL CHARITABLE ACTIVITIES CARRIED ON BY CHARITABLE ORGANIZATION	\$	4,000.
MILLIONAIR CLUB CHARITY 2515 WESTERN AVE SEATTLE WA 98121			SAME		8,000.
UNION GOSPEL MISSION PO BOX 202 SEATTLE WA 98111			SAME		8,000.
NW HARVEST PO BOX 12272 SEATTLE WA 98102			SAME		10,000.
HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVE N SEATTLE WA 98109			SAME		10,000.
NW KIDNEY CENTER 700 BROADWAY SEATTLE WA 98122			SAME		250.

	. – –	•			
2016	Federal Stat	Page 3			
	KEYES FOUNI	DATION			91-1939734
Statement 7 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year					
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant		Amount
AMERICAN HEART ASSOC		<u> </u>	SAME	\$	250.
MAKAH CULTURAL CENTER PO BOX 160 NEAH BAY WA 98357			SAME		5,000.
FRIDAY HARBOR FOOD BANK			SAME		2,500.
AMERICAN LUNG ASSOC 822 JOHN STREET SEATTLE WA 98109			SAME		100.
SENIOR SERVICES 2208 SECOND AVE #100 SEATTLE WA 98121			SAME		2,000.
SAN JUAN ISL COMMUNITY FOUND PO BOX 1352 FRIDAY HARBOR WA 98250			SAME		2,500.
SEATTLE HUMANE SOCIETY 13212 SE EASTGATE WAY BELLEVUE WA 98005			SAME		500.
HAWAII ISLAND HUMANE SOCIETY 74-5225 QUEEN KAAHUMANU HWY KAILUA-KONA HI 96740			SAME		8,000.
ALZHEIMERS ASSOCIATION 100 WEST HARRISON STREET N200 SEATTLE WA 98119			SAME		2,500.
SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY SEATTLE WA 98122			SAME		20,000.
U W FOUNDATION PO BOX 359505 SEATTLE WA 98195			SAME		2,000.
NOAH ANIMAL SHELTER 31300 BRANDSTROM RD STANWOOD WA 98292			SAME		2,500.
RUNNING STRONG			SAME		100.
SALVATION ARMY			SAME		3,000.

2016	Federal State	Page 4			
	KEYES FOUND	91-1939734			
Statement 7 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year					
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant		Amount
HABITAT FOR HUMANITY			SAME	\$	3,000.
HOPELINK			SAME		1,500.
MAYO CLINIC			SAME		500.
DISABLED AMERICAN VETS			SAME		100.
HOSPICE OF SAN JUAN ISLAND			SAME		1,500.
SAN JUAN PUBLIC SCHOOL FOUNDATION			SAME		500.
ANIMAL PROTECTION SAN JUAN ISLAND			SAME		1,500
AMERICAN CANCER SOCIETY			SAME		500.

Total \$ 100,300.