Form **990-PF** Department of the Treasury Internal Revenue Service **Return of Private Foundation**

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

For	caleñ	dar year 2017 or tax year beginning		, and ending	,	
Na	me of	foundation			A Employer identification	number
H	UG:	H ÁND PATRICIA O'KANE F	OUNDATION			
C	1/0	HUGH O'KANE			<u>27-431</u> 3631	
Nur	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_1	90	PIPING ROCK ROAD			516-759-09	44
Cit	y or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
L	OC	UST VALLEY, NY 11560				
G (Check	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	X Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, emputation
H (Check	type of organization: X Section 501(c)(3) ex	cempt private foundation		E If private foundation sta	tus was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tio <u>n</u>	under section 507(b)(1)	(A), check here
1 Fa	air ma	rket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fi	om P	Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1)	(B), check here
_	\$	5,875,219. (Part I, colur	nn (d) must be on cash basis	S.)		
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	ıncome	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	2,002,402.		N/A	
	2	Check X if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	318.	318.		STATEMENT 1
	4	Dividends and interest from secu	92,764.	92,764.		STATEMENT 2
	5a	Gross rents				
	b	Net rental income or (loss)				
Φ	6a	Net gain or (loss) from sale of assets not on line 10				
euc	b	Gross sales price for all assets on line 6a				İ
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		!
ш	8	Net short-term capital gain				,
	9	Income modifications Gross sales less returns				,
	10a	and allowances			DECEIVE	, [
	l	Less Cost of goods sold			RECEIVE	
	1	Gross profit or (loss)			200	
	11	Other income	2 005 404	93,082	JUN 0 3 2019	98
_	12	Total. Add lines 1 through 11	2,095,484.	93,0821	U	0.
	13	Compensation of officers, directors, trustees, etc	J		OGDEN U	T
	14	Other employee salaries and wages				
es	•	Pension plans, employee benefits Legal fees				
Sus		Accounting fees STMT 3	5,000.	3,500.		1,500.
xpe		Other professional fees	3,000.	3,300.		1,300.
ē m	l	Interest				
Operating and Administrative Expens		Taxes STMT 4	2,065.	0.	-	0.
Stri	l	Depreciation and depletion	2,003.			i
Ē	I	Occupancy				<u> </u>
Adn		Travel, conferences, and meetings				
þ	l	Printing and publications	155.	0.		155.
g	l	Other expenses STMT 5	275.	0.		275.
atin.	ı	Total operating and administrative				
)er:		expenses. Add lines 13 through 23	7,495.	3,500.		1,930.
Ö	1	Contributions, gifts, grants paid	237,850.	-,		1,930. 237,850.
	1	Total expenses and disbursements				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1	Add lines 24 and 25	245,345.	3,500.		239,780.
	1	Subtract line 26 from line 12:		-,		
	1	Excess of revenue over expenses and disbursements	1,850,139.			
	1	Net investment income (if negative, enter -0-)	,	89,582.		
		Adjusted net income (if negative, enter -0-)			N/A	1

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		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
<u>_</u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	`Cash - non-interest-bearing			
	2	Savings and temporary cash investments	299,994.	147,731.	147,731.
	3	Accounts receivable			,_ ,_ ,_ <u>,</u>
		Less; allowance for doubtful accounts ▶			<u> </u>
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			أه مصا
		Less: allowance for doubtful accounts ▶			
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 6	1,883,896.	3,886,298.	5,727,488.
	l c	Investments - corporate bonds	•		
	11	Investments - land buildings, and equipment basis		_	
		Less accumulated depreciation	•		
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation	- - ·		
	15	Other assets (describe >			
	l	Total assets (to be completed by all filers - see the	· _		
		instructions. Also, see page 1, item I)	2,183,890.	4,034,029.	5,875,219.
_	17	Accounts payable and accrued expenses			
	18	Grants payable		•	}
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
Ë	l	Other liabilities (describe >	· · · · · · · · · · · · · · · · · · ·		
	23	Total liabilities (add lines 17 through 22)	0.	0.	,
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31			
ès	24	Unrestricted			
au	25	Temporarily restricted			Ì
Net Assets or Fund Balance	26	Permanently restricted			ļ
nd		Foundations that do not follow SFAS 117, check here			
ī		and complete lines 27 through 31.			i
ŏ	27	Capital stock, trust principal, or current funds	2,515,652.	2,515,652.	'
Set		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	-331,762.	1,518,377.	j
ě	30	Total net assets or fund balances	2,183,890.	4,034,029.	
_					
	31	Total liabilities and net assets/fund balances	2,183,890.	4,034,029.	
Р	art		alances		
_		net assets or fund balances at beginning of year - Part II, column (a), line		T	_
		st agree with end-of-year figure reported on prior year's return)		1	2,183,890.
	5.4				1,850,139.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	4,034,029.
		eases not included in line 2 (itemize)		5	0.
		I not accepte on fund balances at end of year (line 4 minus line 5) - Part II on	Numn (h) June 20	6	4.034.029.

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lf	"Yes," the foundation doesn't qualify under s	section 4940(e). Do not complete this part	t.		
1	Enter the appropriate amount in each colu	mn for each year; see the instructions be	fore making any entries.		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ratio (col. (b) divided by col. (c))
	2016	167,815.	3,264,061.		.051413
	2015	169,162.	3,258,167.		.051919
	2014	145,420.	3,447,576.		.042180
	2013	231,395.	3,059,891.		.075622
	2012	66,456.	2,822,676.		.023544
3	Total of line 1, column (d) Average distribution ratio for the 5-year ba the foundation has been in existence if less Enter the net value of noncharitable-use as	s than 5 years	O, or by the number of years	3	.244678 .048936 3,677,240.
5	Multiply line 4 by line 3	5	179,949.		
6	Enter 1% of net investment income (1% of	Part I, line 27b)		6	896.
7	Add lines 5 and 6			7	180,845.
8	Enter qualifying distributions from Part XII,	, line 4		8	239,780.

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

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See the Part VI instructions.

HUGH AND PATRICIA O'KANE FOUNDATION 27-4313631 Form 990-PF (2017) C/O HUGH O'KANE Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here land enter "N/A" on line 1. _ (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: **b** Domestic foundations that meet the section 4940(e) requirements in Part V, check here \(\bigs \subset X \) and enter 1% 896 of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 896. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 896. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 0. 6b b Exempt foreign organizations - tax withheld at source 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded > Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b 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. 1c c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ (2) On foundation managers. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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 6 х . remain in the governing instrument? 7 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 8a Enter the states to which the foundation reports or with which it is registered. See instructions.

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X

8b

10

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)

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

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
-	If "Yes," attach statement. See instructions	12	-	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► HOMLER & HOMLER, LLP Telephone no. ► 516	-747-1	191	
	Located at ► 25 SOUTH SERVICE ROAD, JERICHO, NY ZIP+4 ▶	<u>11753</u>	<u></u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year	1	I/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):	1.		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	0	1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	0	'	
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	0		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		'	
	If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X		İ	
		°		•
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
		יטי ר		<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check here	_		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1c		$\overline{\mathbf{x}}$
•	before the first day of the tax year beginning in 2017? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10	 	
2	defined in section 4942(j)(3) or 4942(j)(5)):			
	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
a	before 2017?	0		
	If "Yes," list the years ,, ,, ,, ,, ,, ,			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2 b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			- 1
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1	.
	during the year?	0		
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			}
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		.	
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/I	A 3b	↓	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		.	ليدا
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
		Form 99	U-PF	(2017)

Part VII-B	Statements Regarding Activities for Which I	-orm 4/20 May Be I	Required (continu	ued)		
5a During the	year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry	on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influer	ice the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,			
•	ter registration drive?			s X No		
	e a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provid	e a grant to an organization other than a charitable, etc., organizatio	n described in section				!
	d)(4)(A)? See instructions			s X No		
` '	e for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				Ì
•	evention of cruelty to children or animals?			s X No		
	ver is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	37/3		1
	4945 or in a current notice regarding disaster assistance? See instri			N/A	5b	 ;
	ons relying on a current notice regarding disaster assistance, check in					
	er is "Yes" to question 5a(4), does the foundation claim exemption fi			s 🔲 No	}	
•	e responsibility for the grant?	I.	I/A Ye	s L NO		
	ach the statement required by Regulations section 53.4945-5(d).	nov promiume on				'
	ndation, during the year, receive any funds, directly or indirectly, to benefit contract?	pay premiums on		s X No		
	ndation, during the year, pay premiums, directly or indirectly, on a p	sersonal benefit contract?		3 22 110	6b	X,
	Sb. file Form 8870.	ersonal benefit contract.		-		1
	e during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		
	I the foundation receive any proceeds or have any net income attribu			N/A	7b	<u> </u>
Part VIII	Information About Officers, Directors, Trust		nagers, Highly			
	Paid Employees, and Contractors					
List all office	cers, directors, trustees, and foundation managers and t		T:	7-02		
	(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense t. other
	(a) Name and address	to position	enter -0-)	compensation	allowa	ances
				0		^
SEE STA	rement 7		_0.	0.	 	<u> </u>
		_		•		
<u> </u>					 	
					Ì	
	•					
2 Compensa	tion of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Nor	ne and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense t. other
(a) Nai	the and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	compensation	allowa	ances
N	ONE				1	
					ļ	
					ļ	
		1			1	
			 	·	 	
	6.00	<u> </u>	<u></u>		<u> </u>	
Fotal number o	f other employees paid over \$50,000			Enem	990-PF	(2017)
				FUIII		12011)

Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	7	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod	ical information such as the uced, etc.	Expenses
1 N/A		
2		
		<u> </u>
3		
4		
		•
Don't IV D. O. C. D. L. Lit. Landson de la Company de la C		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on largest program.	ince 1 and 2	Amount
	illes I aliu 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
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P	art X Minimum Investment Return (All domestic foundations	must complete this pa	rt Foreign foui	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	ble, etc., purposes:			
a	Average monthly fair market value of securities		!	1a	3,441,941. 291,298.
b	Average of monthly cash balances		:	1b	291,298.
C	Fair market value of all other assets		i	1c	
d	Total (add lines 1a, b, and c)			1d	3,733,239.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	3,733,239
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	nt, see instructions)		4	55,999
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and	on Part V, line 4		5	3,677,240
6	Minimum investment return. Enter 5% of line 5			6	183,862
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations, check here ▶ ☐ and do not complete this par		g foundations ar	d certain	
1	Minimum investment return from Part X, line 6		,	1	183,862
2a	Tax on investment income for 2017 from Part VI, line 5	2a	896.		
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	896
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	182,966
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	182,966
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	rt XIII, line 1		7	182,966
Ρ	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	ırposes:			020 500
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	239,780
þ	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charit	able, etc., purposes		2	· · · · ·
3	Amounts set aside for specific charitable projects that satisfy the:			_	
а	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	$\textbf{Qualifying distributions}. \ \textbf{Add lines 1a through 3b. Enter here and on Part V, line 8,}$			4	239,780.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	vestment			
	income. Enter 1% of Part I, line 27b			5	896
6	Adjusted qualifying distributions Subtract line 5 from line 4			6	238,884
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether	the foundation of	qualifies for	the section

4940(e) reduction of tax in those years.

C/O HUGH O'KANE

Part XIII	Undistributed	Income	(see instructions)
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,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				182,966.
2 Undistributed income, if any, as of the end of 2017				1
a Enter amount for 2016 only			52,078.	
b Total for prior years:		0.		1
3 Excess distributions carryover, if any, to 2017:	-	0.	***	•
a From 2012				t
b From 2013				r
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				ļ
Part XII, line 4: ► \$ 239, 780.			0.70	
a Applied to 2016, but not more than line 2a			52,078.	<u></u>
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.			102 066
d Applied to 2017 distributable amount	4 726			182,966.
e Remaining amount distributed out of corpus	4,736.			0.
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				ł :
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,736.			<u> </u>
b Prior years' undistributed income. Subtract				į
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				i į
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	i
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2018				0.
7 Amounts treated as distributions out of				i 1
corpus to satisfy requirements imposed by				Ì
section 170(b)(1)(F) or 4942(g)(3) (Election		1		. {
may be required - see instructions)	0.			+ {
8 Excess distributions carryover from 2012			:	ĺ
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.	4 736			}
Subtract lines 7 and 8 from line 6a	4,736.			
Analysis of line 9:				İ
a Excess from 2013				1
b Excess from 2014				1
c Excess from 2015				1
d Excess from 2016 e Fxcess from 2017 4,736.				
e Excess from 2017 4,736.		<u> </u>		Form 000 DE (0017)

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C/O HUGH O'KANE

27-4313631 Page 11

BOYS AND GIRLS OF CLIFTON N/A PUBLIC DEVELOPMENT OF YOUTH 822 CLIFTON AVENUE CLIFTON, NJ 07013 1,000. BROOKS SCHOOL N/A PUBLIC TO PROVIDE THE MOST 1160 GREAT POND ROAD MEANINGFUL EDUCATIONAL .	Part XV Supplementary Informat	ion (continued)			
Show any relationship to select the state of the selection of the selectio	3 Grants and Contributions Paid During th		Payment		
Name and address (home or busness) or youndation manager (notes) a Paid during the year AUTISM RESEARCH INSTITUTE 1828 ADANS AVENUE SAN DIEGO, CA 92116 N/A PUBLIC CONDUCTING AND SPONSORING RESEARCH AIMED AT THEROUTING THE DUALITY OF LIFE FOR TODAY'S GENERATION OF 1,090. DOSTON COLLEGE 140 COMMONWHALTH AVENUE CRESTRIVE HILL NA 02467 BOYS AND GIRLS OF CLIFTON N/A PUBLIC SCHOLARSHIP FUND. 1,090. SOYS AND GIRLS OF CLIFTON N/A PUBLIC DEVELOPMENT OF YOUTH 222 CLIFTON AVENUE CLIFTON AN 07013 SROOKS SCHOOL 160 GREAT FOOD ROAD NORTH ANDOVER, MA 01845 N/A PUBLIC TO FROVIDE THE MOST HEANINGFUL EDUCATIONAL EXPERIENCE OWN STUDENTS WILL KAVE IN THEIR LIVES. 500. CACHOLIC CHARITIES 1050 BALLENGER AVENUE, SUITE 400 ALEXANDIRIA, VA 22314 N/A FUBLIC PROVIDE LEADERSHIP AND SUPPORT FOR THE WORK OF LOCAL AGAINSTIES IN THEIR LIVES. 500. TORY TORY NONE TORY NONE TORY TORY NONE TORY TORY NONE NONE	Recipient	If recipient is an individual,	Foundation	Purpose of grant or	_
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AND ARCHITECTURAL 5,000. HOBE SOUND COMMUNITY CHEST N/A PUBLIC RAISE FUNDS FOR AND TO 11450 SE DIXIE HIGHWAY, SUITE 106 PROVIDE FINANCIAL, HOBE SOUND, FL 33455 ADVISORY, AND VOLUNTEER SUPPORT TO THOSE QUALIFYING 5,000.	BROOKLYN, NY 11232			ļ l	
HOBE SOUND COMMUNITY CHEST 11450 SE DIXIE HIGHWAY, SUITE 106 HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 THOSE QUALIFYING PUBLIC RAISE FUNDS FOR AND TO PROVIDE FINANCIAL, ADVISORY, AND VOLUNTEER SUPPORT TO THOSE QUALIFYING 5,000.				· •	F 000
11450 SE DIXIE HIGHWAY, SUITE 106 HOBE SOUND, FL 33455 ADVISORY, AND VOLUNTEER SUPPORT TO THOSE QUALIFYING 5,000.	HODE COUNTY CONSTRUCTOR	NT / N	DUBL TC		5,000.
HOBE SOUND, FL 33455 ADVISORY, AND VOLUNTEER SUPPORT TO THOSE QUALIFYING 5,000.		N/A	FORFIC	1	
VOLUNTEER SUPPORT TO THOSE QUALIFYING 5,000.	•			, ,	
THOSE QUALIFYING 5,000.	HODE 300MD, FL 33433				
					5 000
iotal from continuation sneets 1 185 150.	Total from continuation sheets				185 150

27-4313631

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient ENHANCING THE QUALITY HOPE FOR THE WARRIORS N/A PUBLIC 55 WATER STREET OF LIFE FOR THE MANY US MILITARY MEMBERS NEW YORK, NY 10041 AND THEIR FAMILIES NATIONWIDE, WHO HAVE 1,000. N/A PUBLIC PROMOTE SOCIAL HUDSON GUILD 441 WEST 26TH STREET SERVICES 500. NEW YORK, NY 10001 JUPITER ISLAND GARDEN CLUB N/A PUBLIC TO UNITE ITS MEMBERS IN AN ACTIVE INTEREST PO BOX 1410 IN THE CULTIVATION OF HOBE SOUND, FL 33475 TROPICAL TREES AND PLANTS WITH THE 250. JUPITER ISLAND HISTORICAL SOCIETY N/A PUBLIC EDUCATIONAL ORGANIZATION 2 BRIDGE ROAD HOBE SOUND FL 33455 250. N/A PUBLIC LIBRARY JUPITER ISLAND LIBRARY 705 MILITARY TRAIL PUBLIC LIBRARY 150. JUPITER, FL 33458 JUPITER ISLAND MEDICAL CLINIC N/A PUBLIC MEDICAL CLINIC 100 ESTRADA SQUARE 250. HOBE SOUND FL 33455 JUPITER MEDICAL CENTER FOUNDATION N/A PUBLIC TO SUSTAIN AND ENHANCE 1210 SOUTH DIXIE HIGHWAY THE MISSION OF JUPITER MEDICAL CENTER TO JUPITER, FL 33458 DELIVER EXCELLENT AND 2,500. COMPASSIONATE N/A PUBLIC JUVENILE DIABETES RESEARCH FOUNDATION PROVIDE RESEARCH AND SUPPORT TO THOSE 26 BROADWAY, 14TH FLOOR AFFECTED BY TYPE ONE NEW YORK, NY 10004 DIABETES 1.000. N/A PUBLIC VOLUNTEER FIRE LOCUST VALLEY FIRE DEPT. DEPARTMENT 228 BUCKRAM ROAD 200. LOCUST VALLEY, NY 11560 PUBLIC HELP FUND CANCER MEMORIAL SLOAN KETTERING CANCER N/A RESEARCH. CENTER 1275 YORK AVENUE 2,500, NEW YORK, NY 10065 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient LAND CONSERVATION PUBLIC NORTH SHORE LAND ALLIANCE N/A 151 POST ROAD 7,000. OLD WESTBURY NY 11568 NORTH SHORE WILDLIFE SANCTUARY N/A PUBLIC 63 MIDWAY AVENUE TO PRESERVE OR TO AID LOCUST VALLEY, NY 11560 IN THE PRESERVATION OF ALL TYPES OF WILD 250. NATURE. PUBLIC COMMITTED TO OLD BROOKVILLE PBA N/A PROTECTING LIFE & PO BOX 344 PROPERTY WITH A GLEN HEAD, NY 11545 PROACTIVE APPROACH TO 250. LAW ENFORCEMENT OLD WESTBURY GARDENS N/A PUBLIC PRESERVE LANDSCAPE, GARDENS AND P.O. BOX 430 ARCHITECTURE 1,000. OLD WESTBURY, NY 11568 PUBLIC RESEARCH, ADVOCACY AND PARTNERS IN HEALTH N/A 888 COMMONWEALTH AVE. 3RD FLOOR PUBLICATIONS RELATED TO HEALTH WORLDWIDE, 1,000. BOSTON MA 02215 PLANTING FIELDS FOUNDATION N/A PUBLIC PRESERVING AND INTERPRETING 1395 PLAINTING FIELDS ROAD PLANTAREASING FIELDS OYSTER BAY, NY 11771 AR. BORETUM STATE HISTORIC PARK AS THE 750. PUBLIC EDUCATION SAM HOUSTON STATE UNIVERSITY N/A 1803 AVENUE I 200. HUNTSVILLE TX 77341 SAMADI ROBOTICS FOUNDATION N/A PUBLIC DEDICATED TO 485 MADISON AVENUE PREVENTING, TREATING, AND ULTIMATELY FINDING NEW YORK, NY 10022 A CURE FOR PROSTATE 2,500. CANCER N/A PUBLIC HELPS CHILDREN IN 120 SAVE THE CHILDREN COUNTRIES 501 KINGS HIGHWAY EAST, SUITE 400 1,000. FAIRFIELD CT 06825 PUBLIC ST. DOMINIC HIGH SCHOOL N/A EDUCATION 110 ANSTICE STREET 2,500. OYSTER BAY, NY 11771 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient RELIGIOUS PUBLIC N/A ST. DOMINIC PARISH FUND 93 ANSTICE STREET 50,000, OYSTER BAY NY 11771 ST. GEORGE'S SCHOOL N/A PUBLIC SUPPORT TO HELP PO BOX 1910 PROVIDE A LEARNING ENVIRONMENT WHICH NEWPORT, RI 02840-0190 ENCOURAGES EACH 3,500. STUDENT TO ACHIEVE HIS N/A PUBLIC SEARCH FOR BETTER ST. JUDE CHILDREN'S RESEARCH HOSPITAL TREATMENTS AND CURES 501 ST. JUDE PLACE FOR CHILDHOOD MEMPHIS, TN 38105-1942 500. DISEASES. THE BARTON CENTER N/A PUBLIC DIABETES EDUCATION 30 ENNIS ROAD, PO BOX 356 200. NORTH OXFORD MA 01537 N/A PUBLIC HELP FUND FACULTY THE GREEN VALE SCHOOL SALARIES, CURRICULUM 250 VALENTINE'S LANE DEVELOPMENT, STUDENT OLD BROOKVILLE, NY 11545-2523 ACTIVITIES, FINANCIAL AID, AND FACILITIES 27,000. N/A PUBLIC PROVIDING FOOD AND THE INN SHELTER TO HOMELESS 211 FULTON AVENUE 250. HEMPSTEAD NY 11550 EDUCATION PUBLIC THE LANGLEY SCHOOL N/A 1411 BALL HILL ROAD 7,000. MCLEAN, VA 22101 N/A PUBLIC EDUCATION. UNIVERSITY OF NOTRE DAME UNIVERSITY OF NOTRE DAME 3,500. NOTRE DAME, IN 46556 WINTHROP UNIVERSITY HOSPITAL N/A PUBLIC MEDICAL RESEARCH 259 FIRST STREET 11,000. MINEOLA NY 11501 TO SAVE THE LIVES OF ALI FORNEY CENTER N/A PUBLIC LGBTQ YOUNG PEOPLE. 224 WEST 35TH STREET NEW YORK, NY 10001 500, TO SAVE THE LIVES OF **Total from continuation sheets**

HUGH AND PATRICIA O'KANE FOUNDATION C/O HUGH O'KANE 27-4313631 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient N/A BANNER LAKE CLUB BLAST PROGRAM PUBLIC TO IMPROVE THE QUALITY 12212 SE LANTANA AVE. LIFE FOR THE HOBE HOBE SOUND , FL 33455 SOUND RESIDENTS, PRIMARILY THOSE IN AND AROUND THE BANNER LAKE 2,500. CURE ALZHEIMERS FUND N/A PUBLIC FUNDING RESEARCH WITH 34 WASHINGTON ST., SUITE 200 THE HIGHEST WELLESLEY HILLS, MA 02481 PROBABILITY OF PREVENTING SLOWING OR REVERSING ALZHEIMER'S 1,000. N/A PUBLIC HELP KIDS LEARN TO SECOND STORY LOVE CREATING WRITING. P,O, BOX 694 DUNN LORING VA 22027 1,000. ST JOHNLAND N/A PUBLIC NURSING AND 395 SUNKEN MEADOW ROAD REHABILITATION. KINGS PARK, NY 11754 250. SUMMER SEARCH N/A PUBLIC TO HELP STUDENTS FROM 101 HOWARD LOW-INCOME BACKGROUNDS TRANSFORM WHAT THEY SAN FRANCISCO, CA 94105 BELIEVE IS POSSIBLE FOR THEMSELVES 500. HOBE SOUND NATURE CENTER N/A PUBLIC DEDICATING TO 13640 SE FEDERAL HIGHWAY PROMOTING HOBE SOUND, FL 33455 ENVIRONMENTAL AWARENESS IN PEOPLE OF 200. ALL AGES PUBLIC GLEN COVE HOSPITAL N/A MEDICAL RESEARCH. ST. ANDREWS LANE GLEN COVE, NY 11542 1,000.

Total from continuation sheets

Part XV Supplementary Information

DISODERS.

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - AUTISM RESEARCH INSTITUTE

CONDUCTING AND SPONSORING RESEARCH AIMED AT IMPROVING THE QUALITY OF LIFE FOR TODAY'S GENERATION OF CHILDREN AND ADULTS WITH AUTISM SPECTRUM

NAME OF RECIPIENT - CATHOLIC CHARITIES

PROVIDE LEADERSHIP AND SUPPORT FOR THE WORK OF LOCAL AGENCIES IN THEIR EFFORTS TO REDUCE POVERTY, SUPPORT FAMILIES AND EMPOWER COMMUNITIES.

NAME OF RECIPIENT - CHILDREN'S HOSPITAL FOUNDATION

FUNDING & ADVOCATING FOR PEDIATRIC INITIATIVE THAT IMPROVE THE STATUS OF HEALTHCARE AND THE QUALITY OF LIFE FOR CHILDREN IN OUT REGION.

NAME OF RECIPIENT - CHOATE ROSEMARY HALL

TO PROVIDE NEW RESOURCES FOR LEARNING AND DISCOVERY, EXPAND THE FINANCIAL AID PROGRAM TO STUDENTS WHO NEED IT AND IMPROVE ITS FACILITIES.

NAME OF RECIPIENT - DOCTORS WITHOUT BORDERS

PROVIDED MEDICAL CARE TO PEOPLE IN NEARLY 70 COUNTRIES WORLDWIDE,

SAVING LIVES THREATENED BY VIOLENCE, NEGLECT, OR CATASTROPHE.

NAME OF RECIPIENT - FRIENDS OF LOCUST VALLEY LIBRARY

INCREASE AWARENESS OF, FOCUS ATTENTION ON, AND EXPAND USE OF THE

LIBRARY AND PROMOTE EDUCATIONAL ACTIVITIES.

NAME OF RECIPIENT - GLEN COVE BOYS AND GIRLS CLUB

HUGH AND PATRICIA O'KANE FOUNDATION C/O HUGH O'KANE

27-4313631

Part XV	Supplementary	/ Information
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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

DEVELOPMENT OF YOUTH

TO PROVIDE A CARING ENVIRONMENT TO INSPIRE AND ENABLE ALL YOUNG PEOPLE TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE AND RESPONSIBLE CITIZENS.

NAME OF RECIPIENT - GREEN WOOD HISTORICAL FUND

TO MAINTAIN GREEN-WOODS MONUMENTS AND BUILDINGS OF HISTORICAL, CULTURAL AND ARCHITECTURAL SIGNIFICANCE; ADVANCE PUBLIC KNOWLEDGE AND

APPRECIATION OF THIS SIGNIFICANCE; AND PRESERVE THE NATURAL HABITAT AND

PARKLANDS OF ONE OF NEW YORK CITY'S FIRST GREEN SPACES.

NAME OF RECIPIENT - HOBE SOUND COMMUNITY CHEST

RAISE FUNDS FOR AND TO PROVIDE FINANCIAL, ADVISORY, AND VOLUNTEER

SUPPORT TO THOSE QUALIFYING NONPROFIT SOCIAL SERVICE AGENCIES THAT

CONTRIBUTE TO THE SUSTAINED IMPROVEMENT IN THE LIVES OF NEEDY PEOPLE IN

THE HOBE SOUND COMMUNITY.

NAME OF RECIPIENT - HOPE FOR THE WARRIORS

ENHANCING THE QUALITY OF LIFE FOR THE MANY US MILITARY MEMBERS AND

THEIR FAMILIES NATIONWIDE, WHO HAVE BEEN ADVERSELY AFFECTED BY INJURIES

OR DEATH IN THE LINE OF DUTY.

NAME OF RECIPIENT - JUPITER ISLAND GARDEN CLUB

TO UNITE ITS MEMBERS IN AN ACTIVE INTEREST IN THE CULTIVATION OF

TROPICAL TREES AND PLANTS WITH THE PURPOSE OF BEAUTIFYING THE ISLAND

AND THE HOBE SOUND MAINLAND.

NAME OF RECIPIENT - JUPITER MEDICAL CENTER FOUNDATION

723655 04-01-17

HUGH AND PATRICIA O'KANE FOUNDATION 27-4313631 C/O HUGH O'KANE Part XV Supplementary Information 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution TO SUSTAIN AND ENHANCE THE MISSION OF JUPITER MEDICAL CENTER TO DELIVER EXCELLENT AND COMPASSIONATE HEALTHCARE AND ADVANCE THE WELL-BEING OF THE PEOPLE THEY SERVE. NAME OF RECIPIENT - PLANTING FIELDS FOUNDATION PRESERVING AND INTERPRETING PLANTAREASING FIELDS AR. BORETUM STATE HISTORIC PARK AS THE PREMIER PUBLIC GARDEN AND GOLD COAST ESTATE FOR TODAY AND TOMORROW BY EDUCATING, AND ENRICHING, AND ENTERTAINING THE VISITING PUBLIC. NAME OF RECIPIENT - ST. GEORGE'S SCHOOL SUPPORT TO HELP PROVIDE A LEARNING ENVIRONMENT WHICH ENCOURAGES EACH STUDENT TO ACHIEVE HIS OR HER PERSONAL BEST. NAME OF RECIPIENT - THE GREEN VALE SCHOOL HELP FUND FACULTY SALARIES, CURRICULUM DEVELOPMENT, STUDENT ACTIVITIES, FINANCIAL AID, AND FACILITIES MAINTENANCE. NAME OF RECIPIENT - ALI FORNEY CENTER TO SAVE THE LIVES OF LGBTQ YOUNG PEOPLE. TO SAVE THE LIVES OF LGBTQ YOUNG PEOPLE. NAME OF RECIPIENT - BANNER LAKE CLUB BLAST PROGRAM TO IMPROVE THE QUALITY LIFE FOR THE HOBE SOUND RESIDENTS, PRIMARILY

THOSE IN AND AROUND THE BANNER LAKE COMMUNITY REQUIRING INCOME ASSISTANCE

HUGH AND PATRICIA O'KANE FOUNDATION

C/O HUGH O'KANE	27-4313631
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
NAME OF RECIPIENT - CURE ALZHEIMERS FUND	
FUNDING RESEARCH WITH THE HIGHEST PROBABILITY OF PREVENTIN	G SLOWING OR
REVERSING ALZHEIMER'S DISEASE.	
	
	

Part XVI-A. Analysis of Income-Producing Activities

iter gross amounts unless otherwise indicated.	Unrelate	d business income		by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	Code	· · · · · · · · · · · · · · · · · · ·	1 1	-	
a b	_			-	··
	_			··· 	
cd					
e	1 1				
f					
g Fees and contracts from government agencies	_				
Membership dues and assessments					
Interest on savings and temporary cash					
nvestments			14	318.	
Dividends and interest from securities			14	318. 92,764.	
Net rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal		_			
property					
Other investment income					
Gain or (loss) from sales of assets other					
han inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory		 ,			
Other revenue:					
·	_				
b	_				
C					
d		······································			
e	— 	0	 	93,082.	
Subtotal. Add columns (b), (d), and (e)		0	•		
Total Add line 12, columns (b), (d), and (e)				13	93,00
e worksheet in line 13 instructions to verify calculations					
art XVI-B Relationship of Activitie	s to the Acco	mplishment of l	Exempt P	urposes	
e No. Explain below how each activity for which	income is reported ii	n column (e) of Part XVI	-A contribute	d importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other t)	han by providing fur	nds for such purposes).			
			•		
		·_·			
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1					

723621 01-03-18

Form 99			<u>IUGH O'K</u>				27-4313631		ige 13
Part	XVII	J .	-	ansfers to a	and Transactions a	nd Relationships Wi	th Noncharitable	•	
4 D.		Exempt Organ		av of the follows	no with any other organization	an described in section FO1(s)		Yes	No
					ng with any other organizations?	on described in section 501(c)		162	140
		from the reporting found	·-					}	l
	ansiers) Cash		iation to a noncha	illable exempt of	yanızanon or.		1a(1)		Y
	•	rassets					1a(2)		X
-		sactions:					1.0,27		
		of assets to a noncharita	able exempt organ	ızatıon			16(1)		X
		hases of assets from a no					1b(2)		X
(3)	Renta	al of facilities, equipment,	or other assets				1b(3)		Х
(4)	Reim	bursement arrangements	3				15(4)		X
(5)	Loan	s or loan guarantees					1b(5)		_X
(6)	Perfo	rmance of services or mo	embership or fund	lraising solicitatio	ons		1b(6)		X
	_	f facilities, equipment, ma	=				<u>1c</u>		X
		-		-	• •	vays show the fair market valu	-	ets,	
		• • •				e in any transaction or sharing	g arrangement, show in		
(a) Line r		 the value of the goods, (b) Amount involved 			e exempt organization	(4) 0			
(a) Line /	-	(b) Amount involved	(c) Name	N/A	e exempt organization	(U) Description of transfers	, transactions, and sharing an	angeme	nts
	 			N/A	 	 			
	+		-						
	_				<u> </u>				
									
	\bot					<u> </u>			
	-		<u> </u>		·				
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	-								
						 			
	_								
2a s 1	he four	ndation directly or indirec	tly affiliated with	or related to one	or more tax-exempt organiz	rations described			
		501(c) (other than section			or more tan enompt or game		Yes	X	l No
		omplete the following sch			_				_
		(a) Name of org	ganization		(b) Type of organization	(c) Descrip	tion of relationship		
		N/A							
		·· ···							
		· -							
	Under		Abot I base avanced	the column is also	and a sobodules and	statements, and to the best of my k			
Sign				_		ation of which preparer has any kno	May the IDS d	scuss the	าเร
Here		Thish-C	Vance	1/1	13-/25/19	PRESIDENT	shown below? X Yes	See ins	itr 1
	Sign	nature of officer or trustee	1	 ,	Date	Title	[🔼 Yes		No
		Print/Type preparer's na		Preparer's s		Date Check	X If PTIN		
		HOMLER & H		0	* * * * / /	self- empl	<u>~</u>		
Paid		CPA'S, P.C		Louis	ence Month	05/13/19	P00759	410	
Prepa		Firm's name ► HOM		MLER, C	PAS, P.C.		N ► 83-25629		
Use (Only				<u> </u>				
		Firm's address ▶ 70	0 VETERA	NS MEMO	RIAL HIGHWAY	, STE. 32			

723622 01-03-18

HAUPPAUGE, NY 11788

Phone no.

(516)747-1191

Form **990-PF** (2017)

FORM 990-PF INTERES	T ON SAVIN	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1	
SOURCE MORGANSTANLEY SMITHBARNEY HOLDINGS LLC TOTAL TO PART I, LINE 3		REVE	(A) REVENUE PER BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
			318.	318.			
		318.		318.			
FORM 990-PF	DIVIDENDS	S AND INTER	EST FR	OM SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
MORGANSTANLEY SMITHBARNEY-885-10 612-531	92,764.		0.	92,764.	92,76	54.	
TO PART I, LINE 4	92,764.		0.	92,764.	92,76	54.	
FORM 990-PF		ACCOUNTI	NG FEE	S		STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTEI NET INCOM		
ACCOUNTING		5,000.		3,500.		1,500.	
TO FORM 990-PF, PG 1	 L, LN 16B	5,000.		3,500.		1,500.	

FORM 990-PF	TAX	ES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
FEDERAL TAX	2,065.	0.		0.		
TO FORM 990-PF, PG 1, LN 18	2,065.	0.		0.		
FORM 990-PF	OTHER EXPENSES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
FILING FEE BANK CHARGE	250. 25.	0.		250. 25.		
TO FORM 990-PF, PG 1, LN 23	275.	0.		275.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6		
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE		
SECURITIES			3,886,298.	5,727,488.		
TOTAL TO FORM 990-PF, PART I	•	3,886,298. 5,727,4				

	IST OF OFFICERS, D ND FOUNDATION MANA	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
HUGH O'KANE 190 PIPING ROCK ROAD LOCUST VALLEY, NY 11560	DIRECTOR & PRE	SIDENT 0.	0.	0.
PATRICIA O'KANE 190 PIPING ROCK ROAD LOCUST VALLEY, NY 11560	DIRECTOR, VICE 0.00	PRESIDENT & 0.	0.	0.
HUGH R. O'KANE 300 HIGHWOOD CIRCLE OYSTER BAY COVE, NY 11771	DIRECTOR & TRE	ASURER 0.	0.	0.
KATHLEEN O'KANE TOBIN 67 COVE ROAD OYSTER BAY COVE, NY 11771	DIRECTOR 0.00	0.	0.	0.
ALICE O'KANE MILLER 1956 BARTON HILL ROAD RESTON, VA 20191	DIRECTOR 0.00	0.	0.	0.
JOHN O'KANE 133 WOODS ROAD LOCUST VALLEY, NY 11560	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.
	RT XV - LINE 1A FOUNDATION MANAGE	RS	STATI	EMENT 8

NAME OF MANAGER

HUGH O'KANE PATRICIA O'KANE Hugh and Patricia O'Kane Foundation c/o Hugh O'Kane 190 Piping Rock Road Locust Valley, NY 11560

Employer Identification Number: 27-4313631

Form 990-PF - Amended - Tax Year 2017

Explanation:

When preparing this taxpayer's Form 990-PF for the tax year 2018, it became known that the Average Monthly Fair Market Value of Securities and Average of Monthly Cash Balances reported on Form 990-PF for the tax year 2017 were incorrect. This amended return reflects the correction of the Average Monthly Fair Market Value of Securities and Average of Monthly Cash Balances, and results in changes to Parts X, XI, XII, XIII of Form 990-PF for the tax year 2017. These corrections have no effect on the amount of tax due for 2017.