**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 calendar year 2018 or tax year beginning		, and ending	*	
Name of foundation		• .	A Employer identification	number
KEARNYBANK FOUNDATION, I	NC.	•	47-3699249	
Number and street (or P O box number if mail is not delivered to	street address)	Room/suite	B Telephone number	
120 PASSAIC AVE	,	<u> </u>	973 244-45	10
City or town, state or province, country, and ZIP or fore FAIRFIELD, NJ 07004-351		•	C If exemption application is pe	ending, check here
G Check all that apply Initial return	- Initial return of a	former public charity	D 1. Foreign organizations	s, check here
Final return	Amended return		2 Foreign organizations me	eting the 85% test
Address change	Name change	2	Foreign organizations me check here and attach co	mputation
	(3) exempt private foundation		E If private foundation sta	_
Section 4947(a)(1) nonexempt charitable trust  I Fair market value of all assets at end of year J Aco	Other taxable private found	Accrual	under section 507(b)(1)	
·	X Other (specify) MODIFI		F If the foundation is in a under section 507(b)(1)	
_►\$ 10,765,675. (Part I,			anger section 201(n)(1)	(b), check here
Part II Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may		(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received			N/A	处数据的
2 Check X if the foundation is not required to attach Sch	8 2517238711367433		AND PERMIT	<b>种学级公司等的</b>
3 Interest on savings and temporary cash investments	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
4 Dividends and interest from securities`	270,226.	270,226.		STATEMENT 4
5a Gross rents	au cush a Troffe Active, for Selection of Introduction	THE ACTION OF THE PROPERTY OF THE PROPERTY OF	- Antology to sell anticology in all positions from selection	
b Net rental income or (loss)		THE SECOND OF THE SECOND SECON	Parting of the property of the contract of the	
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 3,033,355	136,945.		では、または、これがある。 では、また、これがは、また。	子中的2000年147年2月11日 1970年1月 1970年1月2日 1970年1月
assets on line 6a	THE UNION THAN PRINTED	136,945.	ACTIVITY OF THE PARTY OF THE PARTY OF THE	The state of the s
7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain	Britanian (Comment		Thirth is the bridge of the base of this Fill	
9 Income modifications		THE PROPERTY OF THE PROPERTY O		
Gross seles less returns 10a and allowances	1013-1012 - 1011 1711	O STANDARDE CONTRACTOR	<b>阿里拉拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯</b>	
b Less Cost of goods sold	SECTION SERVICES			ernanderes
c Gross profit or (loss)	, , , , , , , , , , , , , , , , , , , ,	<b>全是是不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>	•	KOTOTAKE KATELOK
11 Other income		t)		\$P\$
12 Total. Add lines 1 through 11	407,171.	407,171.		是自然地域的心态的
13 Compensation of officers; directors, business etc.	$\neg$ 0.	0.		0.
14 Other employee salanes and ways ED	,,,	ļ	,	
15 Pension plans employee benefits	SS	,		201
16a Legal fees NOV 2 1 STMT	$\begin{array}{c c} 391. \\ $	0.		391.
b Accounting reds STMT	114,248.			12,442.
c Other professional fees STMT OGDEN, UT	114,240.	44,240.		70,000.
17 Interest OGDEN, OT 18 Taxes STMT 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	5 3,000.	0.	,	0.
19 Depreciation and depletion	3,000			
20 Occupancy		•.		* Manager 1
21 Travel, conferences, and meetings				
22 Printing and publications			,	,
	6 25,673.	0.	•	25,673.
24 Total operating and administrative		, , , , , , , , , , , , , , , , , , , ,	•	
24 Total operating and administrative expenses. Add lines 13 through 23	155,754.	44,248.	- 1475-1841-1841-1847-1850-1840-1851 Ann baine and a code	108,506.
23 Contabations, girts, grants paid	450,345.	"新游戏"的"神"的"		450,345.
26 Total expenses and disbursements.	606 000	44 242		FE0 0E1
Add lines 24 and 25	606,099.	44,248.		558,851.
27 Subtract line 26 from line 12	-198,928.			
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)		362,923.		MERCEL HAR BELLEVIA
C Affirsted net income (if negative, enter -0-)			N/A	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

11131028 756359 1610152.000

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	12,271,207.
2	Enter amount from Part I, line 27a	2	-198,928.
3	Other increases not included in line 2 (itemize)  SEE STATEMENT 7	3	15,910.
4	Add lines 1, 2, and 3	4	12,088,189.
5	Decreases not included in line 2 (itemize) ► UNREALIZED LOSS ON INVESTMENTS	5	1,322,514.
6	. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	10,765,675.

3,629.

190,304.

558,851.

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

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

7 Add lines 5 and 6

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Enter 1% of net investment income (1% of Part I, line 27b)

	990-PF (2018) KEARNYBANK FOUNDATION, INC.	40/-> 40	140(h) 4040(a) av 4	47-	3699249 Page 4
	m:VII Excise Tax Based on Investment Income (Section 49			948 - 3	see instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and	d enter "N/A	" on line 1.		
	Date of ruling or determination letter (attach copy of letter if m				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	$\triangleright X$	and enter 1%	1 1	3,629.
	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,			2	0.
3	Add lines 1 and 2			3	3,629.
4.	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only,	others, en	er -0-)	4	. 0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5	3,629.
6	Credits/Payments:			ZŚW	
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	374.		
b	Exempt foreign organizations - tax withheld at source	6Ь	0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c	4,000.		
	Backup withholding erroneously withheld	6d	0.		
	Total credits and payments. Add lines 6a through 6d	<u></u>		7	4,374.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	ittached		8	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9	•
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10	745.
11	Enter the amount of line 10 to be Credited to 2019 estimated tax		745. Refunded	11	0.
	nt:VII-A Statements Regarding Activities		1	1	
• • •	During the tax year, did the foundation attempt to influence any national, state, or local legistration of the state of th	gislation or	did it participate or interven	: in	Yes No
•••	any political campaign?	<b>3</b>			1a X
H	Did it spend more than \$100 during the year (either directly or indirectly) for political purp	ooses? See	the instructions for the defi-	nition `	1b X
~	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie				是包括 医原生物
	distributed by the foundation in connection with the activities.	, o o i u i j			
	Did the foundation file Form 1120-POL for this year?		•		1c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during t	the vear			42 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
٠	(1) On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation management [1]		0.		
	Enter the reimbursement (if any) paid by the foundation during the year for political exper			-	
-	managers. > \$	iloitui c tax i	Imposed on roundation		
2	Has the foundation engaged in any activities that have not previously been reported to the	- IDCO	•		المقضفة استنشف المستشد
2	If "Yes," attach a detailed description of the activities				
		: IKO			2 X
•	·		at articles of incornoration	<b>N</b> r	
3	$\label{thm:condition} Has the foundation made any changes, not previously reported to the IRS, in its governing the state of the IRS and the state of the IRS and the state of the IRS are stated as the state of the IRS and the state of the IRS are stated as the stated as $		nt, articles of incorporation, i	or	
	Has the foundation made any changes, not previously reported to the IRS, in its governin bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	g instrumei	nt, articles of incorporation, i	or	3 X
<b>4</b> a	Has the foundation made any changes, not previously reported to the IRS, in its governin bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the y	g instrumei	nt, articles of incorporation, i		3 X 4a X
4 a	Has the foundation made any changes, not previously reported to the IRS, in its governin bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the y If "Yes," has it filed a tax return on Form 990-T for this year?	g instrumei ear?	nt, articles of incorporation, i		3 X 4a X 4b
4a	Has the foundation made any changes, not previously reported to the IRS, in its governin bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the y If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, tormination, dissolution, or substantial contraction during the year.	g instrumei ear?	nt, articles of incorporation, i		3 X 4a X
4 a b 5	Has the foundation made any changes, not previously reported to the IRS, in its government by laws, or other similar instruments? If "Yes," attach a conformed copy of the changes. Did the foundation have unrelated business gross income of \$1,000 or more during the year. If "Yes," has it filled a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year. If "Yes," attach the statement required by $General Instruction T$	g instrumei ear? or?	nt, articles of incorporation, i		3 X 4a X 4b
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4a b 5 6 . 7	Has the foundation made any changes, not previously reported to the IRS, in its governing bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. Did the foundation have unrelated business gross income of \$1,000 or more during the year. If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, discolution, or substantial contraction during the year. If "Yes," attach the statement required by *General Instruction T**  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied. By language in the governing instrument, or  By state legislation that effectively amends the governing instrument so that no mandal remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," council to the states to which the foundation reports or with which it is registered. See instruction DE  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the of each state as required by *General Instruction G?* If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of	g instrumenter?  or?  l either:  tory direction  mplete Partections.  Attorney (  section 49-	ins that conflict with the stat II, col. (c), and Part XV General (or designate) I2(j)(3) or 4942(j)(5) for cal	N e law	3 X 4a X 4b X 5 X 6 X 7 X
4a b 5 6 7 7 8a	Has the foundation made any changes, not previously reported to the IRS, in its government bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. Did the foundation have unrelated business gross income of \$1,000 or more during the year. If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, tormination, discolution, or substantial contraction during the year. If "Yes," attach the statement required by *General Instruction T**  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied.  By language in the governing instrument, or  By state legislation that effectively amends the governing instrument so that no mandate remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," continued the states to which the foundation reports or with which it is registered. See instruction DE  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the of each state as required by *General Instruction G?* If "No," attach explanation.	g instrumenter?  or?  l either:  tory direction  mplete Partections.  Attorney (  section 49-	ins that conflict with the stat II, col. (c), and Part XV General (or designate) I2(j)(3) or 4942(j)(5) for cal	N e law	3 X 4a X 4b S X 6 X 7 X

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(a) Name and address of each employee paid more than \$50,000

NONE

(b) Inter, and address of each employee paid more than \$50,000

(c) Compensation and delered compensation and delered compensation of the employee paid more than \$50,000

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

	7-36992	249 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
EVERFI, INC. FINANCIAL LITE	RACY	
3299 K ST NW, STE 400, WASHINGTON, DC 20007 PROGRAM PARTNE	RS	70,000.
		_,,,
	ŀ	
	$\longrightarrow$	
	<del></del>	
Total number of others receiving over \$50,000 for professional services	▶	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
	_	
	<del></del>	<del>.</del>
2	$\dashv$	
	$\neg$	
3		
4		
	_	
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3	_	
	-	
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	Forr	n <b>990-PF</b> (2018)

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For	rm 990-PF (2018) KEARNYBANK FOUNDATION, INC.		47-3699249	Page 8
ĮP.	art:X Minimum Investment Return (All domestic foundations must complete this p	art Foreign founda	ations, see instructions)	
1 a	•		1a 11,433	,816. ,189.
b		<u> </u>	1b 2/4 1c	,105.
	Fair market value of all other assets		1d 11,708	005
	Total (add lines 1a, b, and c)  Reduction claimed for blockage or other factors reported on lines 1a and		11 11,700	,003.
t	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d	<b>—</b>	3 11,708	
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)			,620.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	<u> </u>	5 11,532	
6	Minimum investment return. Enter 5% of line 5			,619.
	Part/XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ng foundations and o		<del></del>
<u> </u>	foreign organizations, check here   and do not complete this part.)			
1	Minimum investment return from Part X, line 6		1 576	,619.
2a		3,629.		
Ъ				
C			2c 3	,629.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3 572	,990.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5 572	,990.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7 572	,990.
ĮP.	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	<u> </u>	<u>1a 558</u>	<u>,851.</u>
b	Program-related investments - total from Part IX-B	<u> </u>	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<u> </u>	2	
3	Amounts set aside for specific charitable projects that satisfy the			
a	Suitability test (prior IRS approval required)	<u> </u>	3a	
b	Cash distribution test (attach the required schedule)	_	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	<u> </u>	4 558	<u>,851.</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1		600
	income. Enter 1% of Part I, line 27b		5 3	<u>,629.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	L		,222.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	r the foundation qua	lifies for the section	

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for 2018 from Part XI, line 7				572,990.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			496,799.	
b Total for prior years:				
b rotarior prior yours.		0.		i 1
3 Excess distributions carryover, if any, to 2018				
a From 2013				
b From 2014				
c From 2015				
d From 2016				1
e From 2017				
	0.			
f Total of lines 3a through e	0.			<del></del>
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 558,851.				
			496,799.	
a Applied to 2017, but not more than line 2a			430,133.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			(2.052
d Applied to 2018 distributable amount				62,052.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2017. Subtract line	,			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018 Subtract				
lines 4d and 5 from line 1. This amount must			i	
be distributed in 2019		•		510,938.
7 Amounts treated as distributions out of		· · · · · · · · · · · · · · · · · · ·		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	0.			
· ·	<u> </u>			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.			
	U•			
10 Analysis of line 9.				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018		<u> </u>	L	Form 990-PF (2018)

823581 12-11-18

Form **990-PF** (2018

Form 990-PF (2018) ' <b>KEARNY</b> E	BANK FOUNDAT	ION, INC.		47-369	99249 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective for	or 2018, enter the date of	the ruling	<b>▶</b>		
b Check box to indicate whether the found	d <u>ation is a private operati</u>	ng foundation described i		4942(j)(3) or 494	12(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		, <u>.</u>
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,				/	
line 4 for each year listed		1			
d Amounts included in line 2c not					
used directly for active conduct of	1				
exempt activities				ļ	
e Qualifying distributions made directly		]	./		
for active conduct of exempt activities.		/			
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter:					
(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	1				
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizatións as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	had \$5,000 or more	e in assets
at any time during	the year-see instr	ructions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation w			ributions received by the	foundation before the close	of any tax
year (but only if they have contributed	more than \$5,000). (See s	section 507(a)(2).)			
NONE					
b List any managers of the foundation w			or an equally large portion	on of the ownership of a par	tnership or
other entity) of which the foundation h	as a 10% of greater intere	SL.			
NONE	<del></del>	<del></del>			
2 Information Regarding Contribut		• • • •	•		-A- 4 4 IA
Check here  if the foundation the foundation makes gifts, grants, etc	•	•	_		Sts for funds. If
	<u> </u>				
a The name, address, and telephone nun	iber or email address of the	ne person to wnom applic	ations should be addres:	sea.	
SEE STATEMENT 13					
b The form in which applications should	be submitted and informa	tion and materials they s	nould include		
c Any submission deadlines:					
d Any restrictions or limitations on awar	ds. such as by geographic	al areas, charitable fields	kinds of institutions or	other factors	
2 . ary room out on a minimum of a war	zz, zas ac ay goograpino	a. a. odoj onarnasio nalusj	so o. montanono, or		

823601 12-11-18

3 Grants and Contributions Paid During the Y		Payment	·	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		-
Paid during the year				
•				
100 mmyryd y Tymg abolnin - Tag			HOHOTNO	
180 TURNING LIVES AROUND, INC. 1 BETHANY ROAD, BLDG 3, SUITE 42	N/A	PC	HOUSING	
HAZLET, NJ 07730				5,000
ALGONQUIN ARTS THEATRE	N/A	₽C	COMMUNITY	
173 MAIN STREET				
MANASQUAN, NJ 08736				2,500
BIG BROTHERS BIG SISTERS OF MONMOUTH	N/A	PC	COMMUNITY	
& MIDDLESEX COUNTIES				
305 BOND STREET ASBURY PARK NJ 07712				2,500
	•			,
BLOOMINGDALE SENIOR CENTER	N/A	PC	QUALITY OF LIFE	
101 HAMBURG TURNPIKE	, , , , , , , , , , , , , , , , , , ,		DONALLI OF BILD	
BLOOMINGDALE, NJ 07403				2,500
BOYS & GIRLS CLUB OF HUDSON COUNTY	N/A	PC	COMMUNITY	
225 MORRIS BLVD			1	
JERSEY CITY, NJ 07302	 NTINUATION SHEE	<u> </u>	▶ 3a	10,000 450,345
Total SEE CO  b Approved for future payment	MIINOAIION BIIBE		3a	330,313
- Tippiores in little payment		j		
NONE				
NONE				
		,		
		<del> </del>	<del>                                     </del>	
			1	
				ı
				•
Total		٠	<b>▶</b> 3b	G

Part XVI-A Analysis of Income-Producing Activities

Catan aveca amounts unless athermas indicated	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated.      Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a	Code				· • · · · ·
b					
C	1 1				
d					
e					
f		· - · · · · · · · · · · · · · · · · · ·			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			ļ		
4 Dividends and interest from securities			14	270,226.	
5 Net rental income or (loss) from real estate			<u> </u>		:
a Debt-financed property					
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal					
property	<b></b>		_		
7 Other investment income					
8 Gain or (loss) from sales of assets other			1.0	126 045	
than inventory			18	136,945.	
9 Net income or (loss) from special events	<u> </u>	<del></del>	ļ		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a b	•	<u>.</u>	<del> </del>		
			<del> </del>		
	1 1				
d					
12 Subtotal Add columns (b), (d), and (e)	·	0.		407,171.	0.
13 Total. Add line 12, columns (b), (d), and (e)			<b></b>		407,171.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	to the Acco	mplishment of Exe	empt	Purposes	•
Line No. Explain below how each activity for which income			contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing lun	os for such purposes).			
	<del> </del>				
	<del></del>				
	<del> </del>				
	<del></del>				
		_ ,_,			
				-	_
	•				<del>-</del>
					5 000 DE (0040)

П	_	_	l

Sign

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 111/12/19 Signature of officer or trustee Date Title

L.	May the IRS discuss this return with the preparer shown below? See instr

Preparer's signature prepa I clu Paid JOSEPH L. ALI CPA **Preparer** Firm's name ▶ PKF O'CONNOR DAVIES, LLP **Use Only** 

Firm's address ▶ 665 FIFTH AVENUE

NEW YORK, NY 10022

Print/Type preparer's name

Check [ self- employed 11/2/19

P02093808 Firm's FIN ► 27-1728945

Phone no. 212-286-2600

Part XV Supplementary Information 3 Grants and Contributions Paid During the N				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	711104111
CENTER FOR FOOD ACTION	N/A	₽C	QUALITY OF LIFE	
192 W. DEMAREST AVENUE				
ENGLEWOOD, NJ 07631				3,50
CHILDHOOD LEUKEMIA FOUNDATION	N/A	PC	QUALITY OF LIFE	
807 MANTOLOKING ROAD, SUITE 202	\\\^\^\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		DONDILL OF BILD	
BRICK, NJ 08723				7,50
CHRISTINE'S HOPE FOR KIDS FOUNDATION	N/A	PC	QUALITY OF LIFE	,
810 BEAR TAVERN ROAD, SUITE 301		1		
EWING, NJ 08628	+			10,00
COMMUNITY MEDICAL CENTER FOUNDATION	N/A	PC	QUALITY OF LIFE /	
99 HIGHWAY 37 WEST	,		COMMUNITY	
roms river, nj 08755				2,50
				·
CROHN'S & COLITIS FOUNDATION, INC.	N/A	PC	QUALITY OF LIFE	
45 WILSON AVENUE	[ · · ·			
MALAPAN, NJ 07726	•			5,20
CUMAC ECHO, INC.	N/A	₽C	QUALITY OF LIFE /	
PO BOX 2721, 223 ELLISON ST. PATERSON, NJ 07509			COMMONITI	5,00
mendon, no orses	,			3,55
GIRL SCOUTS OF NORTHERN NEW JERSEY	N/A	PC	COMMUNITY	
95 NEWARK POMPTON TURNPIKE	N/A	Ť.	COMMONITI	
RIVERDALE, NJ 07457				25,00
HABCORE, INC.	N/A	₽C	HOUSING	
PO BOX 2361				1, ,,
RED BANK, NJ 07701				10,00
HABITAT FOR HUMANITY OF BERGEN COUNTY	N/A	₽C	HOUSING	
121 CARVER AVENUE	-			
NESTWOOD, NJ 07675				10,00
HABITAT FOR HUMANITY OF GREATER	N/A	PC	HOUSING	
NEWARK		İ		
58 PARK PLACE, 4TH FLOOR				50.00
NEWARK, NJ 07102	<u> </u>	1		50,00
Total from continuation sheets				427,84

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
HABITAT FOR HUMANITY OF MORRIS COUNTY	N/A	₽C	HOUSING	
274 SOUTH SALEM STREET				
RANDOLPH, NJ 07869				10,00
HOMESHARING, INC.	N/A .	PC	HOUSING	
120 FINDERNE AVENUE				
BRIDGEWATER, NJ 08807		<del> </del>		5,00
INTERFAITH HOSPITALITY NETWORK OF	N/A	₽C	HOUSING	
OCEAN COUNTY				
407 LEXINGTON AVE				
TOMS RIVER, NJ 08753	<del>-</del>			5,00
JEWISH COMMUNITY CENTER OF STATEN	N/A	₽C	COMMUNITY	
ISLAND, INC.				
1466 MANOR ROAD				
STATEN ISLAND, NY 10314				2,50
JUNIOR ACHIEVEMENT OF NEW JERSEY	N/A	PC	EDUCATION	
360 PEAR BLOSSOM DRIVE				
EDISON, NJ 08837				60,64
LACEY BRANCH OF THE OCEAN COUNTY	N/A	PC	COMMUNITY / EDUCATION	
LIBRARY				
10 EAST LACEY ROAD				4 00
FORKED RIVER, NJ 09731	<u> </u>		<del></del>	4,00
LITERACY NEW JERSEY	N/A	PC .	EDUCATION	
100 MENLO PARK #314 EDISON, NJ 08837				5,00
EDISON, NO COOS.				
LUNCH BREAK, INC.	N/A	PC	QUALITY OF LIFE /	
121 DRS. JAMES PARKER BLVD RED BANK, NJ 07701			COMMUNITY	5,00
LUPUS FOUNDATION OF AMERICA	N/A	PC	QUALITY OF LIFE	
NORTHEAST REGION OFFICE, WE WORK, 315 WEST 36TH ST NEW YORK, NY 10038				7,50
				.,,,,,
MAIN STREET COUNSELING CENTER	N/A	PC	QUALITY OF LIFE /	
8 MARCELLA AVENUE WEST ORANGE, NJ 07052			COMMUNITY	10,00
Total from continuation sheets	<del></del> .	1		,50

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	GOTHI DOLOT	_
MARY'S PLACE BY THE SEA	N/A	PC	DUALITY OF LIFE	
22 MAIN AVENUE				2 0
OCEAN GROVE, NJ 07756			+	3,0
WELLDOWN ANDS ANDS	7/2	₽C	COMMUNITY	
MEADOWLANDS YMCA	N/A	1	COMMONITI	
390 MURRAY HILL PARKWAY EAST RUTHERFORD, NJ 07073			1	100,0
EAST RUTHERFORD, RU 07073				
MPALC WITH A MICCION	N/A	₽C	QUALITY OF LIFE /	
MEALS WITH A MISSION 63 HARRISON AVENUE	N/A	rc	COMMUNITY	
GARFIELD, NJ 07026			COMMONITI	2,5
				-,-
METROPOLITAN FIRE ASSOCIATION, INC.	N/A	PC	COMMUNITY	
460 BRIELLE AVENUE	[···			
STATEN ISLAND, NY 10314				2,5
				· · · · · · · · · · · · · · · · · · ·
NATIONAL COUNCIL FOR JEWISH WOMEN	N/A	₽C	COMMUNITY / EDUCATION	
ESSEX COUNTY				
70 SOUTH ORANGE AVE, SUITE 120				10,0
LIVINGSTON, NJ 07039				
MEN CIMY VIDG. INC.	7/2	₽C	COMMUNITY	
NEW CITY KIDS, INC. 511 E. 22ND STREET, 2ND FLOOR	N/A	FC	COMMONITI	
PATERSON, NJ 07514				2,5
NORTHERN OCEAN HABITAT FOR HUMANITY	N/A	PC	HOUSING	
1187 WASHINGTON STREET, SUITE 3				
TOMS RIVER, NJ 08753				5,0
OASIS	N/A	PC	COMMUNITY	
51 MILL STREET				
PATERSON, NJ 07501				10,0
ON YOUR MARK	N/A	PC	COMMUNITY / EDUCATION	•
645 FOREST AVENUE				
STATEN ISLAND, NY 10310				1,5
PRESCHOOL ADVANTAGE, INC.	N/A	PC	COMMUNITY	
25 LINDSLEY DRIVE, SUITE 307 MORRISTOWN, NJ 07960				2,5
Total from continuation sheets		<del></del>	•	<u> </u>

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient EDUCATION N/A Ьc PROJECT LITERACY OF GREATER BERGEN COUNTY 355 MAIN STREET 2,500. HACKENSACK, NJ 07601 RISING TIDE CAPITAL, INC. N/A РC COMMUNITY 384 MARTIN LUTHER KING DRIVE JERSEY CITY, NJ 07305 15,000. ROBESON CLASSIC FOOTBALL ALL-STARS. N/A ÞС COMMUNITY INC. PO BOX 582 MAPLEWOOD, NJ 07040 10,000. SUMMIT SPEECH SCHOOL N/A QUALITY OF LIFE 705 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974 2,500. THE ARC, OCEAN COUNTY CHAPTER PC COMMUNITY / EDUCATION N/A 815 CEDAR BRIDGE AVE LAKEWOOD, NJ 08701 2,000. THE LACEY FOOD BANK, INC. N/A QUALITY OF LIFE / COMMUNITY 102 STATION DRIVE 3,000. FORKED RIVER, NJ 08731 QUALITY OF LIFE / TRINITY HEALING CENTER, INC. N/A 7304 5TH AVENUE PMB3 272 COMMUNITY BROOKLYN, NY 11209 5,000. DUALITY OF LIFE / WOMEN RISING, INC. N/A ÞС COMMUNITY 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306 2,500. WORLD ORGANIZATION FOR POSITIVE N/A ÞС COMMUNITY ACTION 227 RIVERDALE ROAD POMPTON LAKES, NJ 07442 2,500. Total from continuation sheets

<b>.</b>	CAPITAL		/ <b>a</b> \	(7)	
	GAINS DIVIDENDS	S	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
97.	50,67	— - 1.	270,226.	270,226.	
97. ====================================	50,671.		270,226.	270,226.	
	LEGAL	FE	ES	SI	CATEMENT 2
				(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	391.		0.		391.
	391.		0.		391.
EX	(A) IPENSES	NE'	(B) T INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	12,442.		0.	<del></del>	12,442.
В	12,442.	_	0.		12,442.
ОТНЕ	R PROFES	SIO	NAL FEES	SI	PATEMENT 4
				(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	44,248.	44,248.			0.
		0.			
	70,000.		0.		70,000.
	EX PE	LEGAL  (A) EXPENSES PER BOOKS  391.  ACCOUNTINA  (A) EXPENSES PER BOOKS  12,442.  (B) 12,442.  OTHER PROFES  (A) EXPENSES PER BOOKS	LEGAL FEI  (A) EXPENSES NET PER BOOKS MEI  391.  ACCOUNTING II  (A) EXPENSES NET PER BOOKS MEI  12,442.  OTHER PROFESSION  (A) EXPENSES NET PER BOOKS MEI  12,442.	LEGAL FEES  (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME  391. 0.  391. 0.  ACCOUNTING FEES  (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME  12,442. 0.  OTHER PROFESSIONAL FEES  (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME  12,442. 0.  OTHER PROFESSIONAL FEES	LEGAL FEES  (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME  391. 0.  391. 0.  ACCOUNTING FEES  (A) (B) (C) ADJUSTED NET INCOME  ACCOUNTING FEES  (A) (B) (C) ADJUSTED NET INVEST- PER BOOKS MENT INCOME  12,442. 0.  OTHER PROFESSIONAL FEES  (A) (B) (C) ADJUSTED NET INCOME  (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME  (C) ADJUSTED NET INCOME

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAX	3,000.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	3,000.	0.		0.	
FORM 990-PF	OTHER E	XPENSES	S'	татемент 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DESCRIPTION  INSURANCE SOFTWARE MISCELLANEOUS	EXPENSES	NET INVEST-	ADJUSTED	' CHARITABLE	

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 7
DESCRIPTION	AMOUNT
GAINS ON DISTRIBUTION OF 4,300 SHARES OF KRNY STOCK AS GRANT	15,910.
TOTAL TO FORM 990-PF, PART III, LINE 3	15,910.

FORM 990-PF U.S. AND S	STATE/CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT 8
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHMENT A SEE ATTACHMENT A	X	х	398,129. 174,614.	398,129 174,614
TOTAL U.S. GOVERNMENT OBLIGAT	ONS	-	398,129.	398,129
TOTAL STATE AND MUNICIPAL GOV	174,614.	174,614		
TOTAL TO FORM 990-PF, PART II	, LINE 10A	_	572,743.	572,743
FORM QQU-DF	CODDODATE	<b>ピカンしょ</b>		<b>СТАТЕМЕНТ 9</b>
	CORPORATE	STOCK	DOOK WALKE	FAIR MARKET
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
DESCRIPTION  KEARNY FINANCIAL CORP (KRNY)			BOOK VALUE  6,354,874. 1,518,725.	FAIR MARKET
FORM 990-PF  DESCRIPTION  KEARNY FINANCIAL CORP (KRNY) SEE ATTACHMENT A  TOTAL TO FORM 990-PF, PART II	495,700 SHARE		6,354,874.	FAIR MARKET VALUE
DESCRIPTION  KEARNY FINANCIAL CORP (KRNY) SEE ATTACHMENT A	495,700 SHARE	- :S - =	6,354,874. 1,518,725.	FAIR MARKET VALUE 6,354,874 1,518,725 7,873,599
DESCRIPTION  KEARNY FINANCIAL CORP (KRNY) SEE ATTACHMENT A  TOTAL TO FORM 990-PF, PART II	495,700 SHARE	- :S - =	6,354,874. 1,518,725.	FAIR MARKET VALUE 6,354,874 1,518,725
DESCRIPTION  KEARNY FINANCIAL CORP (KRNY)  SEE ATTACHMENT A  TOTAL TO FORM 990-PF, PART II  FORM 990-PF	495,700 SHARE	- :S - =	6,354,874. 1,518,725. 7,873,599.	FAIR MARKET VALUE  6,354,874 1,518,725 7,873,599  STATEMENT 10  FAIR MARKET

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS - SEE ATTACHMENT A	FMV	1,531,242.	1,531,242.
GOVERNMENT AGENCY OBLIGATIONS - SEE ATTACHMENT A	FMV	132,835.	132,835.
TOTAL TO FORM 990-PF, PART II, LINE	13	1,664,077.	1,664,077.

47-3699249

KEARNYBANK FOUNDATION, INC.

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT 12

GRANTEE'S NAME

EVERFI

GRANTEE'S ADDRESS

3299 K ST NW, STE 400 WASHINGTON, DC 20007

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

30,000. 11/21/16

7,500.

PURPOSE OF GRANT

FINANCIAL LITERACY

DATES OF REPORTS BY GRANTEE

4/17/2017

RESULTS OF VERIFICATION

TO OUR KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS.

KEARNYBANK FOUNDATION, INC.

GRANTEE'S NAME

EVERFI

GRANTEE'S ADDRESS

3299 K ST NW, STE 400 WASHINGTON, DC 20007

GRANT AMOUNT

DATE OF GRANT AMOUNT EXPENDED

35,000.

12/20/17

PURPOSE OF GRANT

FINANCIAL LITERACY

DATES OF REPORTS BY GRANTEE

**PENDING** 

RESULTS OF VERIFICATION

TO OUR KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS.

FORM 990-PF

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

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

TARYN CLAUS 120 PASSAIC AVE FAIRFIELD, NJ 07004-3510

TELEPHONE NUMBER

973 244-4503

EMAIL ADDRESS

TCLAUS@KEARNYFEDERALSAVINGS.NET

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

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