Internal Revenue Service

2949104406111

## **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.

**2019** 

Form **990-PF** (2019)

2019 For calendar year 2019 or tax year beginning SEP 24, 2019 and ending DEC 31. A Employer identification number Name of foundation 84-3220278 KEELEY CARES, INC. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 500 S. EWING AVE. 314-421-5933 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here SAINT LOUIS, MO 63103-2944 X Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated 04 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accruat If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ▶\$ (Part I, column (d), must be on cash basis.) Analysis of Revenue and Expenses Part I (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) expenses per books income ıncome (cash basis only) N/A Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 8a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 0 0 Total, Add lines 1 through 11 0. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest SCANNED OCT 2 0 202 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications RECEIVED 23 Other expenses
24 Total operating
expenses. Add
Contributions, of 24 Total operating and administrative S 0. 1111 00 10 2020 expenses. Add lines 13 through 23 0 တ် 0 25 Contributions, gifts, grants paid 0. 26 Total expenses and disbursements OGDEN, UT 0 0. Add lines 24 and 25 27 Subtract line 26 from line 12: 0 a Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

P	Part III Analysis of Changes in Net Assets or Fund Balances							
	30	Total liabilities and net assets/fund balances						
Net	29	Total net assets of fund parances						
₹.	29	Total net assets or fund balances						
SS	28	Retained earnings, accumulated income, endowment, or other funds						
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund						
ō	26	Capital stock, trust principal, or current funds						

Foundations that do not follow FASB ASC 958, check here ▶ 🗶

- dreini		
Total net assets or fund balances at beginning of year - Part II, column (a), line 29		
(must agree with end-of-year figure reported on prior year's return)	1	_0.
Enter amount from Part I, line 27a	2	0.
Other increases not included in line 2 (itemize)	3	0.
Add lines 1, 2, and 3	4	0.
Decreases not included in line 2 (itemize)	5	0.
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	0.

Form 990-PF (2019)

1 Cash - non-interest-bearing

3 Accounts receivable ▶

4 Pledges receivable

disqualified persons 7 Other notes and loans receivable

8 Inventories for sale or use

13 Investments - other

18 Grants payable 19 Deferred revenue

**Fund Balances** 

Less accumulated depreciation 15 Other assets (describe ▶

b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans

5 Grants receivable

2 Savings and temporary cash investments

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

9 Prepaid expenses and deferred charges

14 Land, buildings, and equipment: basis

instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses

21 Mortgages and other notes payable 22 Other liabilities (describe > \_

23 Total liabilities (add lines 17 through 22)

24 Net assets without donor restrictions 25 Net assets with donor restrictions

and complete lines 26 through 30.

26 Capital stock, trust principal, or current funds

and complete lines 24, 25, 29, and 30.

16 Total assets (to be completed by all filers - see the

Loans from officers, directors, trustees, and other disqualified persons

Foundations that follow FASB ASC 958, check here

10a Investments - U.S. and state government obligations

KEELEY CARES

Part II Balance Sheets Attached schedules and amounts in the description

6 Receivables due from officers, directors, trustees, and other

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.

7

8

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7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

	PF (2019) KEELEY CARES, INC.			<u>84-32</u>	<u> 20278</u>		Page 4
Part V			or 4	948 - se	<u>e instru</u>	ıctio	<u>ns)</u>
1a Exer	npt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	nter "N/A" on line 1.		1			
Date	of ruling or determination letter: (attach copy of letter if nece	essary-see instructions)					
b Dom	estic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	,	1			0.
of Pa	art I, line 27b						1
c All o	ther domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part I, line 12, col. (b)				_	1
2 Tax	under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth	hers, enter -0-)		2		-	0.
	lines 1 and 2	•		3			0.
4 Subi	itle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	hers, enter -0-)		4			0.
	based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,		5			0.
	its/Payments:					_	
	estimated tax payments and 2018 overpayment credited to 2019	6a	0.				•
	npt foreign organizations - tax withheld at source	6b	0.				
	paid with application for extension of time to file (Form 8868)	6c	0.				
	cup withholding erroneously withheld	6d	0.				
	credits and payments. Add lines 6a through 6d	- Cu		7			0.
	r any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attac	ched		8			0.
	due. If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9			0.
	payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10			
	r the amount of line 10 to be: Credited to 2020 estimated tax	Refunde		11			
	II-A Statements Regarding Activities		,u 🚩	,,,			
	ng the tax year, did the foundation attempt to influence any national, state, or local legisl	ation or did it participate or in	ervene	ın		Yes	No
	political campaign?	ation of did it participate of in-	OI VOIIC		1a	1	X
-	t spend more than \$100 during the year (either directly or indirectly) for political purpos	ec? See the instructions for th	e defin	ition	1b		X
	e answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies o		ic deliii	ition	10		<del></del> ,
	ibuted by the foundation in connection with the activities.	rany materials published of					
	•				1c	+	X
	the foundation file Form 1120-POL for this year?	woor			16		
	r the amount (if any) of tax on political expenditures (section 4955) imposed during the		Λ				i
	On the foundation. > \$ 0. (2) On foundation managers.		<u>0.</u>				l i
	r the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax imposed on foundatio	n				+
	agers. ► \$	000				-	~ ·
	the foundation engaged in any activities that have not previously been reported to the IR	197			2		X
	es," attach a detailed description of the activities.						,
	the foundation made any changes, not previously reported to the IRS, in its governing in	istrument, articles of incorpor	ation, o	ſ		-	- ' 37
•	ws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•			3		X
	the foundation have unrelated business gross income of \$1,000 or more during the year	7		3T / 3	4 <u>a</u>		X
	es," has it filed a tax return on Form 990-T for this year?			N/A	. 4b	<u> </u>	v
	there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	es," attach the statement required by General Instruction T.						,
	the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	iner:					'
	language in the governing instrument, or						1
-	state legislation that effectively amends the governing instrument so that no mandatory	directions that conflict with the	ne state	law			
	ain in the governing instrument?				6	-	<u>X</u>
7 Did 1	he foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl	lete Part II, col. (c), and Part X	V		7		X
							. :
	r the states to which the foundation reports or with which it is registered. See instruction	ns. ►			— İ		
<u>M</u> (					_		, i
	e answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or designate)		*:			l
	ch state as required by General Instruction G? If "No," attach explanation			N/A	. <u>8b</u>		<del></del>
	e foundation claiming status as a private operating foundation within the meaning of sec		for cale	ndar		_	:-
year	2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," comp	plete Part XIV			9	ļ	<u> </u>
<u>10 Did a</u>	any persons become substantial contributors during the tax year? if "Yes," attach a schedul	e listing their names and addresses	1		10		<u> </u>
					Form <b>99</b> 0	)-PF	(2019)

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Form 990-PF (2019) KEELEY CARES, INC.

Part 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	X	
	Website address ► <u>WWW.KEELEYCOMPANIES.COM/KEELEYCARES</u>			
14	The books are in care of ► MARY SLY  Telephone no. ► 314-42		<u>933</u>	
	Located at ► 500 S. EWING AVENUE, SUITE G, ST. LOUIS, MO ZIP+4 ►63	<u> 103</u>		<del></del>
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	N	/A	
16	At any time during calendar year 2019, 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			,
Da	foreign country ► Int VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
Г			Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	140
18	During the year, did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			,
	(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?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(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)?			
	(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.)			
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		
	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			
	before the first day of the tax year beginning in 2019?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines  6d and 6e) for tax year(s) beginning before 2019?  Yes X No			,
	If "Yes," list the years \( \bigsim_ \),			ı
U	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.)  N/A	2b	-	- 1
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
-	during the year?			
b	If "Yes," did it have excess business holdings in 2019 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 Form 4720,			- 1
	Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A	3b -		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	_	]	
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		<u> </u>

2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Form **990-PF** (2019)

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

Form 990-PF (2019) KEELEY CARES, INC.		220278 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	$\neg$	
	_	
T. t Laumhar of athera recommand ourse CCO 000 for professional command		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	etical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
1 N/A		
2		
3		
	<del></del>	
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 control of the description of the descrip		···
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

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Form **990-PF** (2019)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see in	structions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	0.
	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	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return Enter 5% of line 5	6	0.
$\overline{}$	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)	]	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	art XII Qualifying Distributions (see instructions)	-	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	l 1a	0.
	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 charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		-
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3Ь	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		-
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for the se	

Form **990-PF** (2019)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	·		•	
line 7				0.
2 Undistributed income, if any, as of the end of 2019				<u>-</u>
a Enter amount for 2018 only			0.	1
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				,
e From 2018				
<del></del>	0.		<u> </u>	
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part XII, line 4: ►\$ 0.				
			0.	
a Applied to 2018, but not more than line 2a			<u> </u>	
b Applied to undistributed income of prior		0		i
years (Election required - see instructions)	·	0.		
c Treated as distributions out of corpus				,
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (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:				
a 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		0.		
assessed		<u>U•</u>	<del>-</del> ·	
d Subtract line 6c from line 6b. Taxable		o .		
amount - see instructions		<b>U</b> •		
e Undistributed income for 2018. Subtract line			0	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				^
be distributed in 2020				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 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.	-			
Subtract lines 7 and 8 from line 6a	0.		<del></del>	
0 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016			i	
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

	CARES, IN			84-32	220278 Page 1
Part XIV Private Operating F	oundations (see	e instructions and Part V	II-A, question 9)	N/A	/
1 a If the foundation has received a ruling	or determination letter	that it is a private operating			
foundation, and the ruling is effective fo	or 2019, enter the date	e of the ruling	<b>▶</b>		
b Check box to indicate whether the foun	dation is a private ope	rating foundation described	ın section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(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					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly			<del>                                     </del>	-	
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		<del>-//</del>		<del>-  </del>	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter		<del></del>	-	<del> </del>	
2/3 of minimum investment return					
shown in Part X, line 6, for each year					
listed			+	<del></del>	
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,	1				
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(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					
(4) Gross investment income	<u> </u>		(A) - (	1 105 000	<u> </u>
Part XV Supplementary Info					ore in assets
at any time during		istructions.)	N/A		
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			tributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed i	nore than \$5,000). (Se	ee section 507(a)(2).)			
b List any managers of the foundation wh			(or an equally large port	ion of the ownership of a p	artnership or
other entity) of which the foundation ha	is a 10% or greater int	terest.			
2 Information Regarding Contribut			=		
	•	ons to preselected charitable	•		uests for funds. If
the foundation makes gifts, grants, etc.	, to individuals or orga	inizations under other condi	tions, complete items 2a	, b, c, and d.	
a The name, address, and telephone num	iber or email address (	of the person to whom appli	cations should be addres	ssed:	
<b>b</b> The form in which applications should l	oe submitted and infor	rmation and materials they s	hould include:		
			· <u></u>		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geograp	phical areas, charitable fields	, kınds of institutions, or	other factors:	

KEELEY CARES, INC. 84-3220278 Page 11 Form 990-PF (2019) Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of recipient Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year NONE ▶ 3a Total **b** Approved for future payment NONE

Total

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

Enter gross amounts unless atherway indicated	I Unrelate	ed business income	Exclu	ided by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Alliquit	code	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property		-			
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	<u> </u>		0.
13 Total Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)	<del></del>			<u> </u>	
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom	no ie roportod	un column (a) of Part VI/I-A	contril	outed importantly to the accord	nnlichment of
the foundation's exempt purposes (other than b			COILLI	Juled importantly to the accor	inplishing it of
	, p. c				
	<u> </u>	- · · · · · · · · · · · · · · · · · · ·		<del></del>	
		<del></del>			
	<del> </del>	<del></del>			
				· · · · · · · · · · · · · · · · · · ·	
	<del></del>			· ·	

orm 990-PF (201	(9) KEELEY	CARES,	INC.		<u>84-3220278</u>	Page 1
Part XVII	Information Rega	arding Trai	nsfers to a	and Transactions and Relationships	With Noncharitable	
	Exempt Organiza	ations				

	•	rectly engage in any of the followin		described in section 501(c)		res	NO
•		nizations) or in section 527, relating					
a Trans	fers from the reporting founda	ation to a noncharitable exempt or	ganization of:				
(1) (	ash				1a(1)		X
(2)	Other assets				1a(2)		X
<b>b</b> Other	transactions:						
(1) S	ales of assets to a noncharital	ble exempt organization			1b(1)		X
(2) F	urchases of assets from a no	ncharitable exempt organization			1b(2)		X
(3) F	tental of facilities, equipment,	or other assets			1b(3)		X
(4) F	teimbursement arrangements				1b(4)		X
(5) L	oans or loan guarantees				1b(5)		X
		embership or fundraising solicitatio	ns		1b(6)		X
٠,		uling lists, other assets, or paid em			1c		X
		_		ays show the fair market value of the goo	ds, other ass	ets.	
				in any transaction or sharing arrangemen		,	
	-	other assets, or services received.		any transaction of onating arrangement	,		
a) Line no	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers, transactions,	and sharing ar	angeme	ents
<b>a</b> , c	(b) / intodik intolvou	N/A	o o o o o o o o o o o o o o o o o o o	(a) becampion of nations, nations,		a igo inc	
		N/A					
			-	· · ·			
			<del></del>	· · · · · · · · · · · · · · · · · · ·			
		<del> </del>					
				-			
	-						
2a Is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiza	itions described			
	•	in 501(c)(3)) or in section 527?	or more tare enough or garman		Yes	x	] No
	s," complete the following sch	· · · · · ·					٠,٠٠
<u>U 11 163</u>	(a) Name of org		(b) Type of organization	(c) Description of relati	onship		
_		an Lation	(b) Typo or or garneactors	(4) 2000. p	оор		
	N/A						
- T							
1.				atements, and to the best of my knowledge tion of which preparer has any knowledge	May the IRS o		
Sign	N RVV	,	1 -1 -1	<b>\</b>	shown below	See in:	str
Here	X 18/ 4		× 7/15/2020	TREASURER	X Yes		_ No
	Signature of officer or trustee		Date	Title			
	Print/Type preparer's na	ame Preparer's si	gnature	Date Check I if PT	IN		
				self- employed			
Paid `	LANCE G. W	EISS, CPA	ne nue 0	)7/14/20 F	00199	160	
Prepar	er Firm's name ► SFW	<del></del>		Firm's EIN ► 43-			
Use Or							
		10 DES PERES RD	. SUITE 300				
		INT LOUIS, MO 6		Phone no. 314-	-569-3	333	
	טע	<u> </u>	<u> </u>	Tritolic ilo. DIE	Form <b>990</b>		(2019)
							(2013)

	- LIST OF OFFICERS, DIRECTORS S AND FOUNDATION MANAGERS		STATEMENT 1	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MARY SLY 500 S. EWING AVENUE, SUITE G ST. LOUIS, MO 63103	PRESIDENT 1.00	0.	0.	0.
MIKE RUPINSKI 500 S. EWING AVENUE, SUITE G ST. LOUIS, MO 63103	SECRETARY 1.00	0.	0.	0.
DAVID FISCHER 500 S. EWING AVENUE, SUITE G ST. LOUIS, MO 63103	TREASURER 1.00	0.	0.	0.
LAWRENCE P. KEELEY 500 S. EWING AVENUE, SUITE G ST. LOUIS, MO 63103	DIRECTOR 1.00	0.	0.	0.
CHAD JOHNSON 500 S. EWING AVENUE, SUITE G ST. LOUIS, MO 63103	DIRECTOR 1.00	0.	0.	0.
TOM BIRKEMEIER 500 S. EWING AVENUE, SUITE G ST. LOUIS, MO 63103	DIRECTOR 1.00	0.	0.	0.
JULIE JAMES KEELEY 500 S. EWING AVENUE, SUITE G ST. LOUIS, MO 63103	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.