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2009

Open to Public
InspectionForm **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending		C Name of organization KBR CHARITABLE FOUNDATION, INC		D Employer identification number 26-0301417
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 601 JEFFERSON, SUITE KT3595		E Telephone number (713) 753-5148
		City, town, or country State ZIP + 4 HOUSTON TX 77002	F Group Exemption Number	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$** 362,738

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	262,357
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	750
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 262,357 of contributions reported on line 1)	6a	99,631
b Less: direct expenses other than fundraising expenses	6b	141,326	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-41,695	
7a Gross sales of inventory, less returns and allowances			
b Less: cost of goods sold			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	221,412	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	229,000
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ►)	16	0
	17 Total expenses. Add lines 10 through 16	17	229,000
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,588
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	17,340
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,752

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	17,340	22 9,752
23 Land and buildings		23
24 Other assets (describe ►)	0	24 0
25 Total assets	17,340	25 9,752
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,340	27 9,752

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

(HTA)

99-12

10

SCANNED SEP 14 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III)**Expenses**What is the organization's primary exempt purpose? RAISE FUND FOR CHARITABLE ORGS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 2

(Grants \$ 229,000) If this amount includes foreign grants, check here ☐

28a 229,000

29

(Grants \$ 0) If this amount includes foreign grants, check here ☐

29a 0

30

(Grants \$ 0) If this amount includes foreign grants, check here ☐

30a 0

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses. (add lines 28a through 31a)

32 229,000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
William P. Utt	Title Pres. & CEO			
601 Jefferson Ave., 34th floor Houston TX 77002	Hr/WK 1 00	0	0	0
Andrew D. Farley	Title SVP & General Counsel			
601 Jefferson Ave., 34th floor Houston TX 77002	Hr/WK 1 00	0	0	0
Klaudia J. Brace	Title SVP			
601 Jefferson Ave., 34th floor Houston TX 77002	Hr/WK 1 00	0	0	0
Vincent A. Alspach	Title VP - Tax			
601 Jefferson Ave., 34th floor Houston TX 77002	Hr/WK 1.00	0	0	0
Robert F. Bell	Title Asst Sec			
601 Jefferson Ave., 34th floor Houston TX 77002	Hr/WK 1 00	0	0	0
Charmane R. Whatley	Title Asst Sec			
601 Jefferson Ave., 34th floor Houston TX 77002	Hr/WK 1.00	0	0	0
Judy Kilgore	Title Tax Officer - Dir of Tax			
601 Jefferson Ave., 34th floor Houston TX 77002	Hr/WK 1.00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
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	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. _____ %		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes _____		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? _____		X
b If "Yes," has it filed a tax return on Form 990-T for this year? _____	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N _____		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a NONE		
b Did the organization file Form 1120-POL for this year? _____		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? _____		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved _____ 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 _____ 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities _____ 39b N/A		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► NONE, section 4912 ► NONE; section 4955 ► NONE		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I _____		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____ ► NONE		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization _____ ► NONE		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T _____		X
41 List the states with which a copy of this return is filed. ► NONE		
42 a The organization's books are in care of ► LOUISE TROTTER Telephone no ► (713) 753-5148 Located at ► 601 JEFFERSON AVE, SUITE KT3595 City HOUSTON ST TX ZIP + 4 ► 77002		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? _____ If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? _____ If "Yes," enter the name of the foreign country: ► _____		X
42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year _____ ► 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ _____		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ _____		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

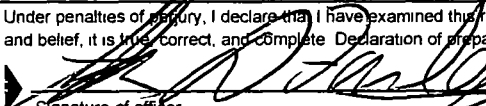
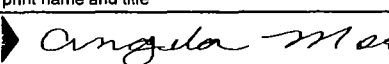
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	 Signature of officer		Date <u>11/30/10</u> <u>8-13-10</u>		
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <u>ERNST & YOUNG, US LLP</u> <u>111 MONUMENT CIRCLE, SUITE 2600, INDIANAPOLIS, IN 46204</u>		Date <u>8/9/2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <u>P00244342</u>
	EIN <u>34-6565596</u>		Phone no <u>(317) 681-7000</u>		
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KBR Charitable Foundation, Inc

Employer identification number

26-0301417

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions)

12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐b **33 1/3% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			233,417	245,183	262,357	740,957
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	233,417	245,183	262,357	740,957
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						740,957

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	233,417	245,183	262,357	740,957
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			847	1,186	750	2,783
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	847	1,186	750	2,783
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	234,264	246,369	263,107	743,740
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

KBR CHARITABLE FOUNDATION, INC

OMB No 1545-0047

2009

**Open To Public
Inspection**

Employer identification number

26-0301417

Form 990-EZ filers are not required to complete this part.

- | | | | | | | |
|---|--------------------------|----------------------------------|-----|---|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations | N/A | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | | g | <input type="checkbox"/> | Special fundraising events |
| d | <input type="checkbox"/> | In-person solicitations | | | | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
N/A				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Golf Tournament (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	361,987	0	0	361,987
	2 Less: Charitable contributions	262,357	0	0	262,357
	3 Gross income (line 1 minus line 2)	99,630	0	0	99,630
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	49,589	0	0	49,589
	6 Rent/facility costs	38,852	0	0	38,852
	7 Food and beverages	3,254	0	0	3,254
	8 Entertainment	0	0	0	0
	9 Other direct expenses	49,630	0	0	49,630
	10 Direct expense summary. Add lines 4 through 9 in column (d).				(141,325)
	11 Net income summary. Combine line 3, column (d), and line 10.				-41,695

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d).				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7.				0

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: N/A		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain.		
N/A		
11 Does the organization operate gaming activities with nonmembers? N/A	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? N/A	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a None	
b	An outside facility	13b %	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ N/A		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? N/A	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party		
	Name ▶ N/A		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$ 0		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? N/A	17a	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

KBR CHARITABLE FOUNDATION, INC.
FOR THE TAX YEAR ENDED - 12/31/09

EIN: 26-0301417

STATEMENT 1

Organization	Address	Mission Statement	Amount of Grant Given	Relationship Organization Has With Recipient
Houston Area Women's Center	1010 Waugh Drive Houston, Texas 77019	To end domestic and sexual violence	15,000	None
Community in Schools (Fort Hood)	4520 E Central Expressway, Ste 106, Killeen, Texas 76543	The mission of Communities In Schools is to champion the connection of needed community resources with schools to help young people successfully learn, stay in school and prepare for life	25,000	None
Camp for All Foundation	10500 NW Frwy Ste 220 Houston, Texas 77092	To create a special place that would embrace those who because of an illness or disability had limited opportunities to experience the thrill of camp	15,000	None
Susan G Komen for the Cure Houston	2425 Fountainview Dr Ste 210 Houston, Texas 77057	To save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures	15,000	None
Fifth Ward Enrichment Program, Inc	4014 Market Street Ste 105 Houston, Texas 77020	To empower boys to become responsible men and productive members of their families and community	20,000	None
Cosmos Foundation	9431 W Sam Houston Parkway S, Ste 202, Houston, Tx 77099	To prepare students for higher learning in a safe, caring, and collaborative atmosphere through a quality learner-centered educational program with a strong emphasis on math, science, engineering and technology	25,000	None
Buffalo Bayou Partnership	1113 Vine Street Ste 200 Houston, Texas 77002	To develop and facilitate improvements to the Buffalo Bayou greenway system	20,000	None
Coastal Conservation Association	6919 Portwest Ste 100 Houston, Texas 77024	Conservation and restoration of our coastal marine resources	15,000	None
Discovery Green Conservancy	1500 McKinney Houston, Texas 77010	To build and maintain a backyard for downtown Houston which is uncommonly beautiful, informal and welcoming	15,000	None
Galveston Bay Foundation	17330 Highway 3 Webster, Texas 77598	To preserve, protect and enhance Galveston Bay	15,000	None
Hermann Park Conservancy	6201 Golf Course Drive, Houston, Texas 77030	Dedicated to the stewardship and improvement of Hermann Park - today and for generations to come	15,000	None
March of Dimes	3000 Wesleyan St Ste 100 Houston, Texas 77027	To improve the health of babies by preventing birth defects, premature birth, and infant mortality	25,000	None
The Matt Musil All-Star Charities	P O Box 310537 Houston, Texas 77231	To support Harris County Hospital District Foundation and Saving Animals	1,000	None
Shriner's Hospital	6977 Main Street Houston, Texas 77030	To provide children from birth to 18 residing in the state of Texas and northern area of Mexico, highly specialized care for diseases of bone, joint and muscles, completely free of charge	8,000	None
TOTAL GRANTS GIVEN			\$ 229,000	

KBR CHARITABLE FOUNDATION, INC.
FOR THE TAX YEAR ENDED - 12/31/09

EIN: 26-0301417

STATEMENT 2

THE KBR CHARITABLE FOUNDATION, INC. IS A NON-PROFIT CORPORATION FOCUSED ON PURSUING PHILANTHROPIC ACTIVITIES IN ORDER TO RAISE FUNDS FOR 501(C)(3) CHARITABLE ORGANIZATIONS. THE KBR CHARITABLE FOUNDATION, INC. HAD ITS 3RD ANNUAL CHARITY GOLF TOURNAMENT ON SEPTEMBER 25, 2009 CONDUCTED BY VOLUNTEERS. IT WAS HELD AT CYPRESSWOOD GOLF COURSE IN SPRING, TEXAS. REVENUES FOR THE GOLF TOURNAMENT WERE RAISED BY ADVANCED SALES OF 98 4-PERSON TEAM SPONSORSHIPS. THIS YEAR'S PROCEEDS FROM THE TOURNAMENT BENEFITED THE CAMP FOR ALL FOUNDATION, HOUSTON AREA WOMEN'S CENTER, THE MARCH OF DIMES, FIFTH WARD ENRICHMENT PROGRAM, BUFFALO BAYOU PARTNERSHIP, COASTAL CONSERVATION ASSOCIATION, GALVESTION BAY FOUNDATION, COMMUNITY IN SCHOOLS (FORT HOOD), SUSAN G. KOMEN FOR THE CURE HOUSTON, COSMOS FOUNDATION, DISCOVERY GREEN CONSERVANCY, HERMANN PARK CONSERVANCY, THE MATT MUSIL ALL-STAR CHARITIES, AND SHINER'S HOSPITAL. FUTURE TOURNAMENT PROCEEDS AS WELL AS OTHER FUNDRAISING ACTIVITIES WILL BENEFIT VARIOUS 501(C)(3) CHARITIES AS DETERMINED BY THE OFFICERS AND DIRECTORS OF THE FOUNDATION.