

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Return of Organization Exempt From Income Tax

2010

OMB No 1545-0047

	order section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung
	benefit trust or private foundation)
partment of the Treasury	

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public *

A	For the	2010 calend	dar year, or tax year beginning , 2010, and en	nding		, 20
В	Check if a	applicable	C Name of organization THE KIRKLEY FOUNDATION INC			D Employer identification no.
۲٦,	Address o	change	Doing Business As		·	26-1089130
一	Name cha	-	Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephone number
二	ntual retu		175 17TH ST NW	Noonysale		(205) 932-3707
一	Terminate					70,644
=			City or town, state or country, and ZIP + 4 FAYETTE, AL 35555			
二	Amended		<u> </u>	_		G Gross receipts \$
٬ لــا	Applicatio	on pending	F Name and address of principal officer LILLIAN KIRKLEY	H(a) ist	this a group r iliates?	etum for
			175 17TH ST NW, FAYETTE, AL 35555			= =
			501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	H(b) Are	e all affiliates No " attach a	included? Yes Mo list (see instructions) on number
7	Nebsite:	▶ N/A			oup exemption	on number
$\overline{}$		organization X	Corporation	008 N	State of le	gal domicile AL
Pa	<u>rt l: </u>	Summar	<u>y</u>		_	
	1	Briefly descr	be the organization's mission or most significant activities: TO PROVIDE A SET	TING IN	WHICH	PEOPLE CAN COME
		TOGETHER	IN ORGANIZED GROUPS FOR FELLOWSHIP AND SPIRITUAL ENRICH	MENT.		
e G						
I o					•	
y e	2	Check this b	ox ▶ if the organization discontinued its operations or disposed of more than 25%	of its net	assets.	
t n	3		oting members of the governing body (Part VI, line 1a)			5
ia	4	Number of in	ndependent voting members of the governing body (Part VI, line 1b)		4	5
S C	5		r of individuals employed in calendar year 2010 (Part V, line 2a) · · · · · · · ·		5	
e e	6		r of volunteers (estimate if necessary) · · · · · · · · · · · · · · · · · · ·		6	
_		Takal		\	7	
	/'a	Not uprolete	d husiness tayable manne from Form 900 T. line 34			
	+ 6	Net unielate	d business taxable income from Form 990-T, line 34 · · · ·	(a)	• • • 7	
R	20	C1-b	s and grants (Part VIII, line 1h) · · · · · · · · · · · · · · · · · · ·	Prior		Current Year
e) ≥ 8	Contribution	s and grants (Part VIII, line 1n)	1621	59,76	59 70,271
ė	9 .	Program ser	vice revenue (Part VIII, line 2g)	00		0
n	30	Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d) · · · · ·		2,2	L2 373
ë						0
	(12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12) · · · · · ·		61,98	70,644
	₫3	Grants and	simılar amounts paıd (Part IX, column (A), lines 1-3) • • • • • • • • • • • • • • • •			0
E	14	Benefits paid	to or for members (Part IX, column (A), line 4) · · · · · · · · · · · · · · · · · ·			0
x	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	 		0
p e	₁16a	Professional	fundraising fees (Part IX, column (A), line 11e)		·	0
n	≈b	Total fundra	sing expenses (Part IX, column (D), line 25)▶ 0	Algorithm Ro	Free Contraction	御 (教学等語: 1977)
s e	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,3	65 1,075
8	18	Total expens	ses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,3	65 1,075
		-	s expenses. Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·		58,6	
Net	+			Seginning of (
Asset	20	Total assets	(Part X, line 16)	~g===y u (252,9	
or Fund	1		es (Part X, line 26)			022,521
Bal-	-		or fund balances Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · ·		252,9	52 322,521
ance				 -	232,3.	322,321
	rt II		re Block lare that I have examined this return, including accompanying schedules and statements, and to the best of my	booutodaa		
			complete Declaration of pregarer (other than officer) is based on all information of which preparer has any kno			
		, _ >	0.00.00			
۵.			illian / grelly)			05-05-2011
Sig	n	Signatu	e of officer		D	ate
Hei	e e	LILL	IAN KIRKLEY, PRESIDENT			
		Type or	print name and title			
		Print/Type pro	eparer's name Preparer's signature Date	Che	eck X f	PTIN
Pai	d	RICHARD	MCCABE CPA 05-05-2011		-employed	
_	parer	Firm's name	MCCABE AND ASSOCIATES	Firm's EIN	>	
	Only		s > 321 A 1ST AVE NE	Phone no	205-	-932-8096
		'	FAYETTE AL 35555			
Mav	the IR	S discuss this	return with the preparer shown above? (see instructions)	• • • • •		· · · · X Yes No
			on Act Notice, see the separate instructions.		EEA	
			•			

Form	990 (2010) THE KIRKLEY FOUNDATION INC	,	26-1089130 Page 2
Pa	Statement of Program Service Accor Check if Schedule O contains a response to any	nplishments question in this Part III	
1	Briefly describe the organization's mission:	·	
	TO PROVIDE A SETTING IN WHICH PEOPLE C	AN COME TOGETHER IN ORGANIZED GROUPS	FOR FELLOWSHIP AND
	SPIRITUAL ENRICHMENT.		
2	Did the organization undertake any significant program se	rvices during the year which were not listed on	
	the prior Form 990 or 990-EZ? ••••••••• If "Yes," describe these new services on Schedule O.		· · · · · · · Yes X No
3	Did the organization cease conducting, or make significant services?		· · · · · · · · · Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the Section 501(c)(3) and 501(c)(4) organizations and section		
	allocations to others, the total expenses, and revenue, if a	ny, for each program service reported.	
4a	(Code:) (Expenses \$ 700 THE BOARDS PRIMARY FOCUS DURING THE IN RENOVATION AND CONSTRUCTION PROCESS TO		SO AS TO BEGIN THE
	YEAR END THE FUNDS THAT WERE RAISED IN		
	SEVERAL CHURCHS IN THE AREA HAVE ALREA		
	(Code) (European &		
4b	(Code) (Expenses \$	including grants of \$) (Reve	nue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Reve	enue \$)
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of	f \$) (Revenue \$)
4e	Total program service expenses ▶	700	

	1990 (2010) THE KIRKLEY FOUNDATION INC 26-10891	.30	Р	age 3
· <u>IRai</u>	では、 Checklist of Required Schedules			
1	le the organization described in section 501(c)(3) or 4047(a)(1) (other than a private foundation)? If "Vee "		Yes	No
'	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A · · · · · · · · · · · · · · · · · ·		.,	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	_X	
3	candidates for public office? If "Yes," complete Schedule C, Part I · · · · · · · · · · · · · · · · · ·			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3_		<u> X</u>
•				٠,,
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	ا ء ا		
•	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·			
-	·	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II • • • • • • • • • • • • • • • • • •	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		İ	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_		
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI · · · · · · · · · · · · · · · · · ·	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X • • • • •	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional • • • • • • • • • • • • • • • • • • •	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV • • • • • • • • • • • • • • • • • •	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV · · · · · · · · · · · · · · · · · ·	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	1	

Pa	Checklist of Required Schedules. (continued)	_		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II · · · · · · · · · · · · · · · · · ·	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III • • • • • • • • • • • • • • • • •	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? • • • • • • • • • • • • • • • • • • •	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? • • • • • • • • • • • • • • • • • • •	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ļ		
	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 · · · · · · · · · · · · · · · · · ·	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III • • • • • • • • • • • • • • • • •	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		Х
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ا
	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١
	Part I · · · · · · · · · · · · · · · · · ·	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			١,,
		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	v
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33	 	X
34	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		v
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	 	X
35	Did the organization receive any payment from or engage in any transaction with a	33		^
а	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 · · · · · · · · · · · · · · · · · ·			
35	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
36	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 	<u> </u>	├ ^
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			!
	Part VI · · · · · · · · · · · · · · · · · ·	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u>"</u>	t^-	├ ^
70	19? Note. All Form 990 filers are required to complete Schedule O · · · · · · · · · · · · · · · · · ·	38	x	
	The second secon			

Part V Statements Regarding Other IRS Filings and Tax Compliance Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable • • • • • • • • • • | 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a If "Yes," to line 5a or 5b, did the organization file Form 8886-T? C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · / 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7h h If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • 10b Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • If "Yes," enter the amount of tax-exempt interest received or accrued during the year · · · · · · · · 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Did the organization receive any payments for indoor tanning services during the tax year?

Parit VII

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management		
		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · 1a 5		
þ	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		
	any other officer, director, trustee, or key employee?		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct		
	supervision of officers, directors or trustees, or key employees to a management company or other person? • • • • • • • • • • • • • • • • • • •	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	lacksquare	<u>X</u>
6	Does the organization have members or stockholders?		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		
	of the governing body? • • • • • • • • • • • • • • • • • • •		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? • • • • • • • • • • • • • • • • • • •		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		
	the year by the following.		
а	The governing body? • • • • • • • • • • • • • • • • • • •	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		ł
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O • • • • • • • • • • • • • • • • • •	<u> </u>	<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
		Yes	No
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	<u> </u>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1	
	affiliates, and branches to ensure their operations are consistent with those of the organization? • • • • • • • • • • • • • • • • • • •	ļ	—
11a		۱	
	form? · · · · · · · · · · · · · · · · · · ·	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1,7
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · · · · · · · · · · · · · ·	-	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1	
	rise to conflicts? • • • • • • • • • • • • • • • • • • •		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		l
40	describe in Schedule O how this is done · · · · · · · · · · · · · · · · · · ·	-	77
13	Does the organization have a written whistleblower policy?		X
14	· · · · · · · · · · · · · · · · · · ·		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ll I	
		1	V
a	The organization's CEO, Executive Director, or top management official • • • • • • • • • • • • • • • • • • •	+	X
b	Other officers or key employees of the organization ••••••••••••••••••••••••••••••••••••		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
IVa	with a taxable entity during the year? • • • • • • • • • • • • • • • • • • •		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		
	the organization's exempt status with respect to such arrangements? ••••••••••••••••••••••••••••••••••••		Х
<u></u>	tion C. Disclosure	1	
<u>360</u>	List the states with which a copy of this Form 990 is required to be filed AL		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)		
	available for public inspection. Indicate how you make these available. Check all that apply.		
	Own website Another's website X Upon request		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest		
	policy, and financial statements available to the public.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the		
	organization. ► LILLIAN KIRKLEY (205) 932-3707		
	175 17TH ST NW FAYETTE, AL 35555		

-orm	990	(2010)	

THE KIRKLEY FOUNDATION INC

26-1089130

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B) (C)				(O)	(E)	(F)			
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Post I t d nri duri i s e v t c i e t de o u r a o I r	I t	Ģ	K e y e	at apply H c e i o m o m o m o m o m o m o m o m o m o m	F o r m e r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1) DANNY HAYES										
TREASURER		X	_	<u> </u>	L		_	<u></u>	0	
(2) KELLY WILLS	ļ				1					
VICE PRESIDENT		X						(0	
(3) LILLIAN KIRKLEY						1				
PRESIDENT	20.00	X		X	_		_	9	0	
(4) MARTY MONTGOMERY		•		l						
DIRECTOR	10.00	X						(0	
5) MAYOR RAY NELSON				ļ						
SECRETARY		X						(0	
(6)										
(7)				T						
(8)			-							
(9)										
(10)	-									
(11)										
(12)			-		$oxed{}$					
(13)										
(14)										
(15)										
(16)					T		T			

PERMITA COCCOTA CHICAGO, Frustees		1				, , , , , , , , , , , , , , , , , , , 	.po.			
(A)	(B)	l			C) 			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)		I t nr su t s i t t e	011-00	K	at apply) H c e m g mp h e n s t s e t e d	H o L E	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
(17)			ľ							
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)					_					
(25)										
(26)										
(27)										
(28)				1						
1b Sub-total · · · · · · · · · · · · · · · · · · ·	1 A · ·	d abov	/e) v	who	rece	ived n	► ► hore	0 than \$100,000 in		0 0 0 Yes No
 Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J f For any individual listed on line 1a, is the sum of report the organization and related organizations greater that individual 	for such indivertable competents of the competent of the competents of the competent of the c	vidual ensation If "Ye	on a	nd com	ther plet	comp	ensa edule	ation from J for such		· 3 X
5 Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If "Yes," co	•		-			_		on or individual		· 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated compensation from the organization.	d independe	nt conf	ract	tors	that	receiv	ed n	nore than \$100,00	0 of	
(A) Name and business address					_			(B) Description of s	ervices	(C) Compensation
Total number of independent contractors (including b more than \$100,000 in compensation from the organi		I to the	se I	liste	d ab	ove) w	ho r	eceived		

Part \	<u>/III </u>	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u> </u>	1a	Federated campaigns · · · · · · 1a		·	TOVERLED		312, 313, 01 314
	b	Membership dues · · · · · · · · 1b	 	1			
Contri-		Fundraising events · · · · · · 1c					
butions,	C		<u> </u>	{			
gaits, grants	d	Related organizations · · · · · · 1d					
and	е	Government grants (contributions) • • 1e	<u> </u>				
other similar	f	All other contributions, gifts, grants, and similar amounts not included above	70,271				
amounts	я	Noncash contributions included in lines 1a-1f:		1			}
	h	Total. Add lines 1a-1f		70,271			}
-	- ''	Total: Add lines 14-11	T	70,272			
	0-		Business Code				
	2a						
Program	b						
Service	C			<u> </u>			
Revenue	d		_				
	е						
	f	All other program service revenue • • • • • •					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes other similar amounts)	t, and	373	373		
		Income from investment of tax-exempt bond pro					
		Royalties					
		•	T -			 	
	0-	(I) Real	(li) Personal	1			
		Gross Rents · · · · · ·					
		Less: rental expenses • • • •					
		Rental income or (loss) • • •					
	d	Net rental income or (loss)	• • • • • • • •	•			
		Gross amount from sales of assets other than inventory	(ii) Other				
		Less: cost or other basis and sales expenses • • • •					
0		Gain or (loss) · · · · · ·	·				
t h			· · · · · · •		<u> </u>		
e		. 101 34 0. (1000)					
r		Gross income from fundraising		'			
R		events (not including \$					
e		of contributions reported on line 1c).	ļ				j
V		See Part IV, line 18 \cdots \cdots a		ŀ		,	
e n		Less: direct expenses $\cdots \cdots b$	<u> </u>				
ü	С	Net income or (loss) from fundraising events	· · · · · · · • •				
в	9a	Gross income from gaming activities.					
		See Part IV, line 19 \cdots a					
	b	Less: direct expenses $\cdot \cdot \cdot \cdot \cdot \cdot b$					
	С	Net income or (loss) from gaming activities •	• • • • • • •]			
	10a	Gross sales of inventory, less returns and allowances · · · · · · · · a					
	h	Less: cost of goods sold · · · · · · b		1			
		Net income or (loss) from sales of inventory					
	Ť		1				
	11a	Miscellaneous Revenue	Business Code	 			
							
	Ь			 	 		
	C						<u> </u>
		All other revenue · · · · · · · · · · · · ·					
		Total. Add lines 11a-11d · · · · · · · ·					
	12	Total revenue. See instructions · · · · · ·	<u> </u>	70,644	373	C	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not require	ed to complete column	s (B), (C), and (D).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	-			·-
	organizations in the U.S. See Part IV, line 21 · · · · ·				
2	Grants and other assistance to individuals in			w	
	the U.S. See Part IV, line 22 · · · · · · · · · · · ·			1	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·	_			
4	Benefits paid to or for members · · · · · · · · [
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)		-		
	and section 403(b) employer contributions) • • • • •				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	·			
11	Fees for services (non-employees):				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				•
С	Accounting · · · · · · · · · · · · · · · · · · ·	375		375	
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees · · · · · · · · · · ·				
g	Other	700	700		
12	Advertising and promotion · · · · · · · · · · · ·				
13	Office expenses · · · · · · · · · · · · · · · · · ·				
14	Information technology · · · · · · · · · · · · · · · · · · ·				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel · · · · · · · · · · · · · · · · · · ·		-		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials • • • • •				
19	Conferences, conventions, and meetings • • • • • •				
20	Interest · · · · · · · · · · · · · · · · · · ·		·		
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization • • • • • •				
23	Insurance · · · · · · · · · · · · · · · · · · ·				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				a
	line 24f amount exceeds 10% of line 25, column				-,
	(A) amount, list line 24f expenses on Schedule O.)				
а					
b					
C					
d					
0					
f	All other expenses · · · · · · · · · · · · · · · · · ·				
25	Total functional expenses. Add lines 1 through 24f · ·	1,075	700	375	0
26	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				

- W -	Polance Cheet			
art X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	74,091	1	37,50
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L · · · · · · · · · · · · · · · · · ·		5	
6	Receivables from other disqualified persons (as defined under section	 -		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
١	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	,=,=,-
9	Prepaid expenses and deferred charges		9	
10a	and the second of the second o			
'00	other basis. Complete Part VI of Schedule D · · · · · 10a 285,012			
h	Less: accumulated depreciation · · · · · · · · · · · · · · · 10b	178,861	10c	285,0
11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·	170,001	11	203,0.
12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	
13	Investments - program-related. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	 	13	
14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
15	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
16	Total assets. Add lines 1 through 15 (must equal line 34) · · · · · · · · ·	252,952	16	322,52
17	Accounts payable and accrued expenses · · · · · · · · · · · · · · · · · ·	202,752	17	322,32
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key		21	
**	employees, highest compensated employees, and disqualified			
	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D · · · · · · · · · · · · · · · · · ·		25	
26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	0	26	
120	Organizations that follow SFAS 117, check here▶ X and		20	
F	complete lines 27 through 29, and lines 33 and 34.			
u 27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	252,952	27	322,5
n 27 d 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets · · · · · · · · · · · · · · · · · · ·		29	
B	Organizations that do not follow SFAS 117, check here ▶		 -~ 	
a I	and complete lines 30 through 34.			
a ₃₀	Capital stock or trust principal, or current funds		30	-
n 30 c 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e 32	Retained earnings, endowment, accumulated income, or other funds		32	
5	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	252,952	33	322,52
33				

Form	990	(2010).
		_

THE KIRKLEY FOUNDATION INC

26-1089130

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	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	• • • •	••	· <u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12) · · · · · · · · · · · · · · · · · · ·		70,6	544
2	Total expenses (must equal Part IX, column (A), line 25)		1,0	75
3	Revenue less expenses. Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	(69,5	569
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	25	52,9	952
5	Other changes in net assets or fund balances (explain in Schedule O) 5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	32	22,5	521
201	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			•□
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		ii ii	
	Schedule O.		i i	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	x	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.	: #	!	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		 	l i
	issued on a separate basis, consolidated basis, or both:		i	
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	- 1	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
	EEA	Form 9	990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

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.

2010

ગોલાકો હોલ્લા ત્લોક્સ્લા

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE KIRKLEY FOUNDATION INC 26-1089130 Reason for Public Charity Status (All organizations must complete this part.) See instructions (Partil The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) R 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. c Type III-Functionally integrated a Type I b Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (N) is the organization (vi) Is the (v) Did you notify (VE) Amount of organization (described on lines 1-9 in col (1) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US? Yes No Yes Yes (A) (B) (C) (D) (E) **Total**

Part III Support So

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 or if the organization failed to qualify under

Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by each						
	person (other than a governmental unit or			·	ļi		
	publicly supported organization) included				i i] 1	
	on line 1 that exceeds 2% of the amount	1		e d	1	1	
	shown on line 11, column (f)				<u></u>		
6	Public support. Subtract line 5 from In 4				<u> </u>		
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on ••••••••						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) • • • • • • • • • •			:			
11	Total support. Add lines 7 through 10 •	· ·		1.50			
12	Gross receipts from related activities, etc.	(see instructions)	• • • • • • • • •	• • • • • • •		12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organızatıon's firs	t, second, third, fo	urth, or fifth tax ye	ear as a section 50	(c)(3)	•••••
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2010 (line 6,		=	nn (f))			<u> </u>
15	Public support percentage from 2009 Sche					15	<u> </u>
16a	33 1/3% support test - 2010. If the organiz						
	and stop here. The organization qualifies						• • • • • • □
b	33 1/3% support test - 2009. If the organi						
4-	box and stop here. The organization quali						•••••
17a	10%-facts-and-circumstances test - 2010 more, and if the organization meets the "fa	cts-and-circumsta	ances" test, check	this box and stop	here. Explain in P	art IV how the	
	organization meets the "facts-and-circums		_				
b	10%-facts-and-circumstances test - 200	_					
	more, and if the organization meets the "fa						. —
18	organization meets the "facts-and-circums Private foundation. If the organization did		-				

Partill

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sec</u>	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		3,050	198,463	59,769	70,271	331,553
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						·
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to the organization without charge • • • • • •						
6	Total. Add lines 1 through 5 · · · · · ·		3,050	198,463	59,769	70,271	331,553
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •			,			
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 • • •						
С	Add lines 7a and 7b · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						331,553
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning In) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 · · · · · · · · [3,050	198,463	59,769	70,271	331,553
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,266	2,212	373	3,851
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · ·			1,266	2,212	373	3,851
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	o	3,050	199,729	61,981	70,644	335,404
14	First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	▶ □
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2010 (line 8, c					15	98.85 %
16	Public support percentage from 2009 Sched	·		• • • • • • • •	• • • • • • • •	_16	98.69 %
	ction D. Computation of Investmer			 			
17	Investment income percentage for 2010 (line					17	1.15 %
18	Investment income percentage from 2009 S	chedule A, Part III	, line 17 • • • • •	• • • • • • • • •	• • • • • • • • •	18	1.31 %
	33 1/3% support tests - 2010. If the organia 17 is not more than 33 1/3%, check this box	and stop here. Ti	he organization qua	alifies as a publicly	supported organi	zation • • • • •	▶\
D	33 1/3% support tests - 2009. If the organization 18 is not more than 33 1/3%, check this						▶ □
20		•	_		• • •	_	. =

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

Open to Public

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizations	s: Complete Part III.	J	v, into oou (i toxy tux), i	
	of organization			Employer ide	entification number
TH	E KIRKLEY FOUNDATION INC			26-108	9130
Pai	Complete if the organi	zation is exempt under section	on 501(c) or is		
1	Provide a description of the organization	s direct and indirect political campaign	activities in Part I	V	IIIZALIOII.
2	Political expenditures · · · · · · ·				
3	Volunteer hours			- ,	
•	V O I I I I I I I I I I I I I I I I I I			_	
Dã	TT-B: Complete if the organi	zation is exempt under section	on 501(c)(3)		
1	Enter the amount of any excise tax incur				
2	Enter the amount of any excise tax incur				
3	If the organization incurred a section 495	·			· Yes No
о 4а	Was a correction made? • • • • • •				· Tyes No
	If "Yes." describe in Part IV.				· Lites Livo
			504(-)	4 4	
	Enter the amount directly expended by the	ization is exempt under section for section 527 over		ept section 501(c)(3)
1	activities • • • • • • • • • • • •		•	▶ ¢	
_				· · · · · · • • • <u> </u>	
2	Enter the amount of the filing organization	•			
	527 exempt function activities • • • •			· · · · · · · • \$	
3	Total exempt function expenditures. Add				
	line 17b • • • • • • • • • • • • • • • • • • •				
4	Did the filing organization file Form 1120				
5	Enter the names, addresses and employ	er identification number (EIN) of all se	ction 527 political	organizations to which the	filing
	organization made payments. For each of	organization listed, enter the amount pa	aid from the filing o	organization's funds. Also	enter
	the amount of political contributions rece	ived that were promptly and directly de	livered to a separa	ate political organization, s	uch
	as a separate segregated fund or a politi	cal action committee (PAC). If addition	al space is neede	d, provide information in P	art IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)			_		
(3)					
(4)					
(5)					
(6)					

Sche	dule C (Form 990 or 990-EZ) 2010 THE KIRKLEY	FOUNDATION IN		•	26-1089	130 Pag	ge 2
Pa	rr*II-A. Complete if the organization	on is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	tion under	
	section 501(h)).						
A	Check ▶ ☐ if the filing organization belongs	to an affiliated group					
В	Check ▶ ☐ if the filing organization checked	box A and "limited o	ontrol" provisions ap	pply.			
	Limits on Lot	bying Expenditure	S		(a) Filing	(b) Affiliated	
	(The term "expenditures"	means amounts pa	aid or incurred.)		organization's totals	group totals	
1a	Total lobbying expenditures to influence public	opinion (grass roots	lobbying) · · · ·				
b	Total lobbying expenditures to influence a legis	slative body (direct lo	bbying) · · · · ·		· · ·		
С	roter to as your growth of the contract of the	•	• • • • • • • • • •				
d	o mon overmby barbace expenditation		• • • • • • • • • •				
е	Total exempt purpose expenditures (add lines	1c and 1d) · · · ·	• • • • • • • • • •	• • • • • • • •			
f	Lobbying nontaxable amount. Enter the amount	nt from the following t	table in both				
	columns.						
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	it is :			¥″.
	Not over \$500,000	20% of the am	ount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.			27
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000.	State of the state	19	
	Over \$17,000,000	\$1,000,000.				A THOMAS	7
g	Grassroots nontaxable amount (enter 25% of li	ine 1f) • • • • • •		• • • • • • • • • • • • • • • • • • • •			
h	Subtract line 1g from line 1a. If zero or less, en	nter -0- • • • • • •	• • • • • • • • •	• • • • • • • • •			
i	Subtract line 1f from line 1c If zero or less, ent	ter -0- • • • • • •	• • • • • • • • •	• • • • • • • • •			
j	If there is an amount other than zero on either	line 1h or line 1i, did	the organization file	Form 4720		-	
	reporting section 4911 tax for this year? • •	• • • • • • • • •	• • • • • • • • •	• • • • • • • • • • •		Yes]No
	(Some organizations tha columns belo	ow. See the instruc	01(h) election do no tions for lines 2a th	ot have to complete arough 2f on page 4			
	Lobb	ying Expenditures	During 4-Year Ave	raging Period			
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
C	Total lobbying expenditures						
d	Grassroots nontaxable amount						

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

	(election under section 501(h)).	(a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or	i (1	
	referendum, through the use of:			
а	Volunteers? · · · · · · · · · · · · · · · · · · ·		Х	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? • • • • • • • •		X	
C	Media advertisements? • • • • • • • • • • • • • • • • • • •		X	
d	Mailings to members, legislators, or the public?		X	
е	Publications, or published or broadcast statements?		_X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? • • • • • • • • • • • • • • • • • • •		Х	
	Other activities? If "Yes," describe in Part IV · · · · · · · · · · · · · · · · · ·		Х	
J	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? • • • • • • • • • • • • • • • • • • •		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? • • • • • • • • • • • • • • • • • • •	<u> </u>		4.
<u>ıza</u>	Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), C	or sec	ction
	501(c)(6).	•		Yes No
1	Were substantially all (90% or more) dues received nondeductible by members? • • • • • • • • • • • • • • • • • • •			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? • • • • • • • • • • • • • • • • • •			2
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
	Complete if the organization is exempt under section 501(c)(4), section 501(c)			<u></u>
<u> </u>	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines			
	"Yes."		o un	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Dues, assessments and similar amounts from members • • • • • • • • • • • • • • • • • • •	• •	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).			
a	Current year · · · · · · · · · · · · · · · · · · ·		2a	
b	Carryover from last year · · · · · · · · · · · · · · · · · · ·		2b	
C	Total · · · · · · · · · · · · · · · · · · ·		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues • • • • • • •	• •	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditure next year? • • • • • • • • • • • • • • • • • • •		4	
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5	
	Supplemental Information	4. 4		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 1; Part I-B	10 11. F	AISO,	
com	plete this part for any additional information			
—				
				
	· · · · · · · · · · · · · · · · · · ·			

SCHEDULE D (Form 990)

. Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2010

Operator Mobile St.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

tarne	of the organization	Employer identification number
<u>CH</u>	E KIRKLEY FOUNDATION INC	26-1089130
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds	
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year • • • • • • • • • • • • • • • • • • •	
2	Aggregate contributions to (during year) · · · ·	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control? • • • • • •	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pai	Conservation Easements. Complete if the organization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an histori	cally important land area
	Protection of natural habitat Preservation of a certified	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation
	easement on the last day of the tax year.	
	· · · · · · · · · · · · · · · · · · ·	Held at the End of the Tax Year
а	Total number of conservation easements	· · 2a
b	Total acreage restricted by conservation easements · · · · · · · · · · · · · · · · · · ·	· · 2b
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	
_	structure listed in the National Register.	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	
•	the tax year	gg
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
•		ng me you.
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	e vear
•	S	io you
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense s	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	
	the organization's accounting for conservation easements.	
På	rt III	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	ent and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	rance of public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items.	•
	(i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	· · · · · · • > \$
	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	,
а	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	> \$
b		
-	•	

	tule D (Form 990) 2010 THE KIRKLEY FOU						26-10891		Page 2
Pa		Collections of	of Art, Hist	orical T	reasures, c	or Othe	r Similar Ass	ets (con	tinued)
3	Using the organization's acquisition, accession	n, and other record	ls, check any	of the foll	owing that are	a signific	ant use of its		
	collection items (check all that apply):								
а	Public exhibition	d 🔲 L	oan or excha	nge progra	ams				
b	Scholarly research	e 🗌 C	ther_						
C	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explai	n how they fu	rther the d	organization's	exempt pu	rpose in		
	Part XIV.								
5	During the year, did the organization solicit or r	receive donations	of art, histori	cal treasu	res, or other si	milar			
	assets to be sold to raise funds rather than to t	be maintained as	part of the or	ganization	's collection?			· 🗌 Ye	s No
Pa	Escrow and Custodial Arra	ingements. C	omplete if or	ganization	answered "Ye	es" to Fon	n 990,		
	Part IV, line 9, or reported an amou								
1a	Is the organization an agent, trustee, custodiar								
	included on Form 990, Part X? · · · · · ·	• • • • • • • •	• • • • •	• • • • •	• • • • • •		• • • • • • •	· TYe	s No
ь	If "Yes," explain the arrangement in Part XIV a	nd complete the f	ollowing table):					
							Amo	unt	
C	Beginning balance · · · · · · · · · · · · · · · · · · ·								
d	Additions during the year • • • • • • • • • • • • • • • • • • •								
е	Distributions during the year • • • • • • •								
f	Ending balance · · · · · · · · · · · · · · · · · · ·						·		
2a	Did the organization include an amount on For	m 990, Part X, line	e 21? · · ·	• • • • •	• • • • • •	• • • • •	• • • • • • • •	· Ye	s No
b	If "Yes," explain the arrangement in Part XIV.								
Pa	nt V Endowment Funds. Complete	if the organization	n answered "	Yes" to Fo	rm 990, Part I	V, line 10	•		
		(a) Current year	(b) Pric	or year	(c) Two years t	back (d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance • • • • • • • •								
b	Contributions								
C	Net investment earnings, gains, and losses •								
đ	Grants or scholarships · · · · · · · · · ·								
е	Other expenditures for facilities							1	
	and programs • • • • • • • • • • • • • • • • • • •						<u> </u>	!! {}	
f	Administrative expenses • • • • • • • •							ij.	
g	End of year balance · · · · · · · · · · ·								
2	Provide the estimated percentage of the year e	end balance held	as:						
а	Board designated or quasi-endowment	%							
b	Permanent endowment								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	sion of the organiz	ation that are	held and	administered t	for the		_	
	organization by:								Yes No
	(i) unrelated organizations · · · · · · · ·	• • • • • • • • •	• • • • • •	• • • • •	• • • • • • •	• • • • •	• • • • • • • •	3a(i)	
	(II) related organizations · · · · · · · · ·	• • • • • • • • •	• • • • •	• • • • •	• • • • • • •	• • • • •	• • • • • • • •	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations I	•			• • • • • • •	• • • • •	• • • • • • • •	3b	
4	Describe in Part XIV the intended uses of the c								
<u> JPa</u>	ում VII Land, Buildings, and Equip	oment. See Fo	rm 990, Part	X, line 10.	·				
	Description of investment	(a) Cost or (inves	other basis stment)		st or other (other)		umulated ciation	(d) Book	value
1a	Land · · · · · · · · · · · · · · · · · · ·	• • •	281,616						281,616
b	Buildings · · · · · · · · · · · · · · · · · · ·		3,396						3,396
С	Leasehold improvements • • • • • • • • • • • • • • • • • • •	• • •							
d	Equipment · · · · · · · · · · · · · · · · · · ·	• • •							
е	Other • • • • • • • • • • • • • • • • • • •	• • •							
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Pa	ırt X, column	(B), line 1	0(c).) · · ·		• • • • •		285,012

THE KIRKLEY FOUNDATION INC

Part VII	Investments - Other Securitie	s. See Form 990, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
, ,	denvatives · · · · · · · · · · · · · · · · · · ·	• • •		
	eld equity interests • • • • • • • • • • • • •	• • •		
(3) Other				·
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			<u> </u>	
(G) (H)				
(l)				
	(h) must a rul Farm 200 Part V and (D) to a 40)	•		
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12) Investments - Program Relate			
	(a) Description of investment type	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		•		
(8)				
(9)				
(10)				
$\overline{}$	(b) must equal Form 990, Part X, col (B) line 13)	V 600 45	<u>.</u>	
Part IX	Other Assets. See Form 990, Part			
(1)		(a) Description		(b) Book value
(2)				
(3)		· · · · · · · · · · · · · · · · · · ·		
(4)			···	
(5)	***************************************			····
(6)				
(7)				<u> </u>
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col. (B)		•••••••	
Part X	Other Liabilities. See Form 990, Pa			
1. (1) Fodoral	(a) Description of liability	(b) Amount		
(2)	income taxes		\dashv	
(3)			-	
(4)		·····		
(5)			-	
(6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col (B) line 25)	>		
	SC 740) Footnote. In Part XIV, provide the t	text of the footnote to the organization	n's financial statements that reports th	e
	s liability for uncertain tax positions under F			

Sched	ule D (Form 990) 2010 THE KIRKLEY FOUNDATION INC	26-1089130	Page 4
Pa	t XI' Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12) · · · · · · · · · · · · · · · · · · ·	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments • • • • • • • • • • • • • • • • • • •	4	
5	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	5	
6	Investment expenses • • • • • • • • • • • • • • • • • •	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 · · · · · · · · · · · · · · · · · ·	10	
Pai	T XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements · · · · · · · · · · · · · · · · · · ·	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	12.4	
а	Net unrealized gains on investments · · · · · · · · · · · · · · · · · · ·		
b	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·		
c	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	10.5 5	
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · 4a	4	
ь	Other (Describe in Part XIV.) · · · · · · · · · · · · · · · · · · ·		
c	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4436k	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
1	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	per Keturn	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	51-20-1	
a	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •		
-	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	- (43)	
b	Other losses · · · · · · · · · · · · · · · · · ·		
C d	Other (Describe in Part XIV.) · · · · · · · · · · · · · · · · · · ·		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
•			
a		- 20	
b	The Court (Describe in Fait Air.)		
	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5 ()	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	TXIVE Supplemental Information Plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1		.
	2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete		
tnis p	part to provide any additional information.		
			
		· · · · · · · · · · · · · · · · · · ·	
			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2010

Open (of Public

Name of the organization Employer identification number THE KIRKLEY FOUNDATION INC 26-1089130 01. Governing body meeting documentation (Part VI, line 8a) THE BOARD HAD NUMEROUS MEETINGS DURING THE YEAR IN WHICH MINUTES WERE MAINTAINED BY THE BOARD SECRETARY. 02. Form 990 governing body review (Part VI, line 11) A COPY OF THE 990 WAS PROVIDED TO THE BOARD AND THE PRESIDENT AND TREASURER BOTH REVIEWED THE 990 AND APPROVED ITS CONTENTS PRIOR TO FILING. 03. Governing documents, etc, available to public (Part VI, line 19) THE BOARD PLANS TO ISSUE A STATEMENT IN THEIR WEBSITE, WHEN COMPLETED, THAT ANNUAL FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.