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

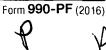
### **Return of Private Foundation**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Ford	alen	dar year 2016 or tax year beginning		, and e	nding					
Nan	ne of	foundation				A Employer identification	number			
K	IR	BY FAMILY FOUNDATION, I	NC.			26-1605385				
Nun	ber a	nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number				
P. O. BOX 16838					706-733-77	65				
_		own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	ending, check here			
		NANDINA, FL 32035			<u> </u>					
G	песк	all that apply: Initial return Final return	Initial return of a fo	ormer public c	enarity	D 1 Foreign organization:	s, cneck nere			
		Address change	Name change			2 Foreign organizations me check here and attach co	eeting the 85% test,			
H C	heck	type of organization: X Section 501(c)(3) ex				E If private foundation sta				
	Se		Other taxable private founda	ation		under section 507(b)(1				
I Fa	ır ma	rket value of all assets at end of year   J   Accounti	ng method: X Cash	Accr	ual	F If the foundation is in a	60-month termination			
			ther (specify)	<del></del>		under section 507(b)(1	)(B), check here 🕨 🔲			
Da		615, 116. (Part I, colu					(d) p			
Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net in		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received	252,126.	<u>-</u>		N/A				
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary								
	3	cash investments	461.	·	350.		STATEMENT 2			
	4 5a	Dividends and interest from securities Gross rents	401.		330.		SIMIEMENI Z			
	b	Net rental income or (loss)								
an an	6a	Net gain or (loss) from sale of assets not on line 10	7,606.			##	STATEMENT 1			
ň	b	Gross sales price for all assets on line 6a 263,330.								
Revenue	7	Capital gain net income (from Part IV, line 2)		16	<u>5,793.</u>					
щ	8	Net short-term capital gain			····					
	9	Income modifications Gross sales less returns								
	10a	and allowances Less Cost of goods sold			U,					
		Gross profit or (loss)								
	11	Other income								
	12	Total Add lines 1 through 11	260,193.	16	6,143.					
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.			
	14	Other employee salaries and wages								
es		Pension plans, employee benefits Legal fees								
ens		Accounting fees		<del></del>		RECEIVED				
X		Other professional fees								
<u>8</u>	17	Interest				11	ф(			
Operating and Administrative Expense		Taxes			E2-683	MAY 16 2017	<del>9</del>			
ī.	19	Depreciation and depletion								
Ē	20	Occupancy			0	GDEN UT				
β	21 22	Travel, conferences, and meetings Printing and publications								
g ar	23	Other expenses STMT 3	1,828.		1,828.		0.			
atıu		Total operating and administrative	±/020V		<u> </u>		<u></u>			
per		expenses Add lines 13 through 23	1,828.		1,828.		0.			
0	25	Contributions, gifts, grants paid	111,000.				111,000.			
	26	Total expenses and disbursements								
		Add lines 24 and 25	112,828.		1,828.		111,000.			
		Subtract line 26 from line 12:	147 265							
	l	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	147,365.	16	4,315.					
	ì	Adjusted net income (if negative, enter -0-)			-,	N/A				





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P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>			
			(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	212,247.	363,210.	363,210.			
	ľ	Savings and temporary cash investments						
	3	Accounts receivable ►						
		Less: allowance for doubtful accounts	<del></del>					
	4	Pledges receivable						
	_	Less: allowance for doubtful accounts						
	5	Grants receivable			<del></del>			
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons						
	7	Other notes and loans receivable						
		Less: allowance for doubtful accounts ▶						
Assets	1	Inventories for sale or use	<del></del>		<del></del>			
Ass	l	Prepaid expenses and deferred charges			<del></del>			
•		Investments - U.S. and state government obligations	255 724	252 126	251 006			
	ĺ	Investments - corporate stock STMT 4	255,724.	252,126.	251,906.			
	1	Investments - corporate bonds			· · · · · · · · · · · · · · · · · · ·			
	'''	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation			<del></del>			
	l	Investments - mortgage loans			<del></del>			
	13	Investments - other						
	14	Land, buildings, and equipment: basis						
	45	Less accumulated depreciation	<del></del>					
		Other assets (describe   Tatal accets (to be completed by all filers - see the	<del></del>		<del></del>			
	סו	Total assets (to be completed by all filers - see the	467,971.	615,336.	615,116.			
	17	Instructions. Also, see page 1, item I) Accounts payable and accrued expenses	401,311.	015,550.	013,110.			
	1	Grants payable						
	18	Deferred revenue		<del></del>				
Liabilities		F						
iiq	20	Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable			t .			
Lia	ı	Other liabilities (describe )						
	22	Other Habilities (describe						
	23	Total liabilities (add lines 17 through 22)	0.	0.				
_		Foundations that follow SFAS 117, check here						
		and complete lines 24 through 26 and lines 30 and 31			•			
ès	24	Unrestricted						
anc	25	Temporarily restricted						
Bal	26	Permanently restricted						
р		Foundations that do not follow SFAS 117, check here						
Ē		and complete lines 27 through 31						
õ	27	Capital stock, trust principal, or current funds	0.	0.	•			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	34,832.	34,832.				
AS	29	Retained earnings, accumulated income, endowment, or other funds	433,139.	580,504.				
Net Assets or Fund Balances	30	Total net assets or fund balances	467,971.	615,336.	1			
_					•			
	31	Total liabilities and net assets/fund balances	467,971.	615,336.				
	art	III Analysis of Changes in Net Assets or Fund Ba	lances		_			
	art	Analysis of changes in Not Assets of Fana Se						
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	0	ļ				
		st agree with end-of-year figure reported on prior year's return)		1	467,971.			
		r amount from Part I, line 27a		2	147,365.			
		r increases not included in line 2 (itemize)		3	0.			
		lines 1, 2, and 3		4	615,336.			
		eases not included in line 2 (itemize)	<del></del>	5	0.			
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	615,336.			
					Form <b>990-PF</b> (2016)			

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<del></del>	nd Losses for Tax on		Income	(h) Have	nonurad 1			
2-story brick ware	e the kind(s) of property sold (e house; or common stock, 200 s	e.g., real estate, shs. MLC Co.)		( <b>b)</b> How a P - Pur D - Dor	chase nation	c) Date acqui (mo , day, yi	red (r.) (r	d) Date sold mo., day, yr.)
a PUBLICLY TRADED	SECURITIES							
<u>b</u>						_		
C								
<u>d</u>								·
<u>e</u>	(D.D. and a district	1 (10-		<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain oi e) plus (f) n		
a 263,330.			97,53	7		(-/   (-/		165,793
a 203,330.			51,55	<del>' •</del>				103,133
c								
d								
e								
Complete only for assets showing	gain in column (h) and owned b	y the foundation	on 12/31/69				n) gain minu	
(ı) F.M.V. as of 12/31/69	(j) Adjusted basis		cess of col. (i)			<), but not le _osses (fron	ss than -0-)	or
(1)1.1vi.v. as of 12/31/09	as of 12/31/69	over	col. (j), if any					
a								165,793
<u>b</u>					· · · · · · · · · · · · · · · · · · ·			
C								
<u>d</u>		<del>-</del>		<del></del>				
e		ton in Dont I line		5	T			
Capital gain net income or (net capit	if gain, also enter	ter in Part I, line -0- in Part I, line	<i>1</i> 7	}   2				165,793
Net short-term capital gain or (loss)	•		•					<del> </del>
If gain, also enter in Part I, line 8, co		and (0)		7				
If (loss), enter -0- in Part I, line 8				<u> </u>	<u> </u>		N/A	
Part V   Qualification Un	der Section 4940(e) fo	or Reduced	Tax on Net	Invest	ment Inco	me		·
For optional use by domestic private for	oundations subject to the section	n 4940(a) tax on	net investment in	come )				
f section 4940(d)(2) applies, leave this	part blank.							
				40				ار. <del>کا</del> این
Nas the foundation liable for the sectio f "Yes," the foundation does not qualify		, ,	•	100 /			L	Yes X No
Enter the appropriate amount in each				ntries.		<del></del>		·
(a)	(b)		<u> </u>	(c)			(d)	
Base periód years Calendar year (or tax year beginning		distributions	Net value of no		e-use assets	(col	Distribution (b) divided l	ratio by col. (c))
2015	·	34,000.		3!	51,807.	<u> </u>	<del>-`</del>	.09664
2014		0.			40,422.			.000000
2013		1,550.			24,284.			.06382
2012		1,254.			<u> 25,600.</u>			.04898
2011		8,308.			<u>30,228.</u>	ļ		.27484
? Total of line 1, column (d)						2		.48430
Average distribution ratio for the 5-	•	al on line 2 by 5,	or by the number	of years				00606
the foundation has been in existenc	e if less than 5 years					3		.09686
L. Fater the net value of appaheritable	una acceta for 0016 from Dort )	V line E				1		101 170
Enter the net value of noncharitable	-use assets for 20 to from Part	A, IIIIe 5				4		<u>484,179</u>
Multiply line 4 by line 3						5		46,898
Windspiy line 4 by line o								40,000
Enter 1% of net investment income	(1% of Part I, line 27b)					6		1,643
' Add lines 5 and 6						7		48,541
Enter qualifying distributions from F	Part XII, line 4					8		111,000
If line 8 is equal to or greater than li	ne 7, check the box in Part VI, li	ne 1b, and comp	olete that part usin	g a 1% tax	crate.			
See the Part VI instructions.	<u> </u>					<u> </u>		
823521 11-23-16							Form	990-PF (2016

		<u>5-160</u>		F	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	<u>8 - see</u>	instru	ction	າຣ)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1	1			
	Date of ruling or determination letter:(attach copy of letter if necessary-see instructions)				
b	· · · · · · · · · · · · · · · · · · ·	1		1,6	43.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1			
		2			0.
	· · · · · · · · · · · · · · · · · · ·	3		1,6	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			1,6	43.
	Credits/Payments:			=	
	2016 estimated tax payments and 2015 overpayment credited to 2016				
	Exempt foreign organizations - tax withheld at source	1			
	Tax paid with application for extension of time to file (Form 8868)  6c	- 1			
	Backup withholding erroneously withheld  6d				
		,			0.
	Total credits and payments. Add lines 6a through 6d				<u> </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			1 6	42
	' <del> </del>	9		1,6	<u>45.</u>
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	1			
	rt VII-A Statements Regarding Activities			Vasi	NIa
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or			
	distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .			.	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ▶ \$ 0 .			-	-
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		_X_
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				ĺ
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	.,	5		Х
-	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				İ
·	By language in the governing instrument, or				1
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>	J			İ
	remain in the governing instrument?	,	6		х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	Х	
•	Did the foundation have account 40,000 in 4030to accury time during the year " 1 105, Complete 1 are 11, cor (c), and 1 are XV		1		l
0.	Enter the states to which the foundation reports or with which it is required (see instructions)		ĺ		,
Od	Enter the states to which the foundation reports or with which it is registered (see instructions)				1
	If the appropriate line 7, has the foundation furnished a convert form 000 DE to the Attorney Consent (or decimants)				
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			٦,	ĺ
_	of each state as required by General Instruction G? If "No," attach explanation		_8b	X	<del></del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	.r			
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		F	orm <b>990</b>	)-PF	(2016)

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X

3b

4a

N/A

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

orm 990-PF (2016) KIRBY FAMILY FOUNDATION,		Name to the same t	<u> 26-16053</u>	85 Page <b>6</b>
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be F	sequirea (contin	ued)	
5a During the year did the foundation pay or incur any amount to:		F		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y£	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		<b>,</b>	
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations	Ì	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		<b>}</b>
expenditure responsibility for the grant?		/A 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945		,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j				1 1
a personal benefit contract?	ouy promiumo on	`	es X No	
<ul><li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a p</li></ul>	ersonal henefit contract?		1	6b X
If "Yes" to 6b, file Form 8870	or sorial sorion contrast			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?	ΓŢν	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		16	. —	7b
Part VIII Information About Officers, Directors, Trusto		nagers Highly		<u> </u>
Paid Employees, and Contractors	ees, i odiidadoli ivid	magers, mgm		
1 List all officers, directors, trustees, foundation managers and their	compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
ROBERT P. KIRBY	PRESIDENT/DIR	enter -0-)	compensation	allowantes
	  -   LVEOIDENI\DIV	ECTOR/SEC	KEIA	
	1.00	0.	0.	0
FERNANDINA, FL 32035	1.00		0.	0.
<del> </del>		<del> </del>		
		]		
		}		
				<del></del>
				Į
	<u></u>	<u> </u>	L	L
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(al) 0. at 1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) name and address of sach simple, so para more man possess	devoted to position	(6) compensation	compensation	allowances
NONE				
		<u> </u>		
			!	
		1		
			]	
Total number of other employees paid over \$50,000		<del></del>		0
τοται πατινόι οι οιμο στηριόχους μαιά άναι φουζούσ			Form	990-PF (2016)
			1 01111	220 : 1 (2010)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ition Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	_	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferenc	tical information such as the duced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on $1  N/A$	lines 1 and 2.	Amount
2		
All other program-related investments. See instructions		
3		
Total, Add lines 1 through 3		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	121,739.
_	Average of monthly cash balances	1b	369,813.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	491,552.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	491,552.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,373.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	484,179.
6	Minimum investment return. Enter 5% of line 5	6	24,209.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	24,209.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,643.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	22,566.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	22,566.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	22,566.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	111,000.
þ	Program-related investments - total from Part IX-B	1b	<u>0.</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	111,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		,
	income. Enter 1% of Part I, line 27b	5	1,643.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	109,357.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for	the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	<b>(d)</b> 2016
1 Distributable amount for 2016 from Part XI, line 7				22,566.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:	<del></del>			
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 6,797.				
<b>b</b> From 2012				
c From 2013 336.				
d From 2014				
e From 2015 16,732.				
f Total of lines 3a through e	23,865.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 111,000.				
a Applied to 2015, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				22,566.
e Remaining amount distributed out of corpus	88,434.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a))  6 Enter the net total of each column as		į		
indicated below:	112 200	i		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	112,299.			
<b>b</b> Prior years' undistributed income. Subtract	ļ	0		
line 4b from line 2b	****	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	`.	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract		- 10-177- , 1115-4		
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of		· · · · · · · · · · · · · · · · · · ·		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	_6,797.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	105,502.			
10 Analysis of line 9:		· · · · · · · · · · · · · · · · · · ·		
a Excess from 2012	1			
<b>b</b> Excess from 2013 336.				
c Excess from 2014	ĺ			
d Excess from 2015 16,732.	j			
e Excess from 2016 88, 434.	1			
00,4341			<del> </del>	Form 990-PE (2016)

Part XIV Private Operating Fo	oundations (see in			N/A	1005385 Page
1 a If the foundation has received a ruling or			— <del></del>	N/ A	
foundation, and the ruling is effective for					
<b>b</b> Check box to indicate whether the found:		=	un contion	4942(j)(3) or	] 4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig louiluation describet	Prior 3 years		1 4342())(3)
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	(4) 20.0	(5) 20 10	(4)-511	(-)	(0) 1001
investment return from Part X for		<u> </u>		ł	
each year listed		<del> </del>	<del> </del>	<del></del>	<del></del>
<b>b</b> 85% of line 2a			<del> </del>	<del> </del>	
c Qualifying distributions from Part XII,					
line 4 for each year listed d Amounts included in line 2c not			<del> </del>	<del> </del>	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		<del> </del>	+	<del>- </del>	
for active conduct of exempt activities.					
Subtract line 2d from line 2c		{			
3 Complete 3a, b, or c for the			<del> </del>		
alternative test relied upon:	,	J			
a "Assets" alternative test - enter: (1) Value of all assets					
` ′		<del> </del>	<del> </del>	<del></del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		ļ		)	
b "Endowment" alternative test - enter	<del></del>		<del> </del>		
2/3 of minimum investment return					1
shown in Part X, line 6 for each year listed		<b>\</b>		}	
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,				}	
dividends, rents, payments on		ļ			
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public				<del></del>	
and 5 or more exempt		,			
organizations as provided in section 4942(j)(3)(B)(III)		ļ			
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	mation (Comple	ete this part only	if the foundation	n had \$5,000 or	more in assets
at any time during the					
1 Information Regarding Foundation	n Managers	<del></del>	<del></del>	<del></del>	<del></del>
a List any managers of the foundation who	-	than 2% of the total co	ntributions received by th	he foundation before the	e close of any tax
year (but only if they have contributed m				no roundation botors and	ologo of any lan
ROBERT P. KIRBY					
b List any managers of the foundation who	own 10% or more of th	ne stock of a corporation	n (or an equally large por	rtion of the ownership o	f a partnership or
other entity) of which the foundation has			, and a quantition go por		General Alpha Al
NONE					
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship, etc., I	Programs:		
Check here ► X if the foundation of				s not accept unsolicited	requests for funds. If
the foundation makes gifts, grants, etc. (					
a The name, address, and telephone numb	per or e-mail address of	the person to whom an	olications should be add	ressed:	<del></del>
a The name, address, and telephone name	70, 0, 0 ,	po. oo;; to			
<b>b</b> The form in which applications should be	e submitted and informa	ition and materials they	should include:	<del> </del>	
c Any submission deadlines;			· <del>-</del>		
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable field	s, kinds of institutions, c	or other tactors.	

Total

KIRBY FAMILY FOUNDATION, INC.

enter gross amounts unless otherwise indicated.	<del></del>	usiness income	(C) Exclu-	y section 512, 513, or 514	(e)
	(a) Business	( <b>b)</b> Amount	sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7 intodit	
ab	1 1		-		
		<del></del>		<del></del>	
d	1 1				
	1 1				
e	<del>  -</del>				<del> </del>
g Fees and contracts from government agencies					·
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	461.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property		_ <del></del>			
6 Net rental income or (loss) from personal			1 (	ľ	
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	}				
than inventory			18	7,606.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	<del></del>				
1 Other revenue:					
a	1				
b	1	_ <del></del>			
c	! !	·			
d			<del></del>	<del></del>	
d			l l	1	
e			0.	8,067.	0
e 12 Subtotal Add columns (b), (d), and (e)	-		0.	8,067.	8.067
e 12 Subtotal Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)	·		0.		
e 12 Subtotal Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) 15 See worksheet in line 13 instructions to verify calculation	ns)			13	
e 12 Subtotal Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)	ns)			13	
e 12 Subtotal Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) 15 See worksheet in line 13 instructions to verify calculation	ns)	nplishment of	Exempt P	13	8,067
e 2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti	ns) ies to the Accon	nplishment of	Exempt Po	13	8,067
e 2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	nplishment of	Exempt Po	13	8,067
e 2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	nplishment of	Exempt Po	13	8,067
e 2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	nplishment of	Exempt Po	13	8,067
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	nplishment of	Exempt Po	13	8,067
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	nplishment of	Exempt Po	13	8,067
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	nplishment of	Exempt Po	13	8,067
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	nplishment of	Exempt Po	13	8,067
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	nplishment of	Exempt Po	13	8,067
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	aplishment of column (e) of Part XV is for such purposes	Exempt Po	13	8,067
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	nplishment of	Exempt Po	13	8,067
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	aplishment of column (e) of Part XV is for such purposes	Exempt Po	13	8,067
e 2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No Explain below how each activity for which	ns) ies to the Accon	aplishment of column (e) of Part XV is for such purposes	Exempt Po	13	8,067
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	aplishment of column (e) of Part XV is for such purposes	Exempt Po	13	8,067
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	aplishment of column (e) of Part XV is for such purposes	Exempt Po	13	8,067
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No Explain below how each activity for which	ns) ies to the Accon	aplishment of column (e) of Part XV is for such purposes	Exempt Po	13	8,067
e 2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No Explain below how each activity for which	ns) ies to the Accon	aplishment of column (e) of Part XV is for such purposes	Exempt Po	13	8,067

#### Form 990-PF (2016) KIRBY FAMILY FOUNDATION, INC. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations or indirectly engage in any of the following with any other organization described in section 501/c) of Yes No

זו טוט זו	ie organization directly or indir	ectly engage in any o	of the followin	g with any other organization	on described in seci	110H 50 I(C) 0I		163	140
the C	ode (other than section 501(c)	)(3) organizations) or	r in section 52	7, relating to political organ	nizations?		1 1		
a Trans	sfers from the reporting founda	ation to a noncharital	ble exempt org	ganization of:					
(1)	Cash						1a(1)		X
(2)	Other assets						1a(2)		X
<b>b</b> Other	transactions:						1 1		
(1) 5	Sales of assets to a noncharital	ble exempt organizat	ion				1b(1)		X
(2) F	Purchases of assets from a noi	ncharitable exempt o	rganization				1b(2)		X
(3) F	Rental of facilities, equipment,	or other assets					1b(3)		X_
(4) F	Reimbursement arrangements						16(4)		_X_
(5) L	oans or loan guarantees						1b(5)		X
(6) F	Performance of services or me	mbership or fundrais	sing solicitatio	ns			1b(6)		X
c Shari	ng of facilities, equipment, ma	iling lists, other asse	ts, or paid em	ployees			1c		X
d If the	answer to any of the above is	"Yes," complete the f	ollowing sche	dule. Column (b) should al	ways show the fair i	market value of the goods, o	ther ass	ets,	
	rvices given by the reporting fo			• •				-	
	nn (d) the value of the goods,				•				
a)Line no	(b) Amount involved			exempt organization	(d) Descriptio	n of transfers, transactions, and	sharing arr	angeme	ents
			N/A						
<del></del> -									
						· · · · · · · · · · · · · · · · · · ·			
				<del> </del>					
2a Is the	e foundation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organ	izations described				
ın se	ction 501(c) of the Code (other	r than section 501(c)	(3)) or in sect	tion 527?			Yes	X	No
b If "Ye	s," complete the following sch	edule.							
	(a) Name of org	janization		(b) Type of organization		(c) Description of relations	hip	-	
-	N/A							-	
				· · · · · · · · · · · · · · · · · · ·				·	
	<del></del>				<u> </u>				
					<u> </u>				
	Under penalties of perjury, I declare	that I have examined thi	s return, includir	ig accompanying schedules and	d statements, and to the	e best of my knowledge			=
	and belief, it is true correct, and cor					er has any knowledge retu	y the IRS o	e prepa	rer
Here	10/19/2m	lus Pro	_	1/11/201	7 PRESI		wn below X Yes		T
	Signature of officer or trustee		<u> </u>	Date 11 201	Title	DENT	a_ res		No
			Preparer's s	unature	Date	Check If PTIN			
	Print/Type preparer's na	2111JF	Trichaler 2.2	Igriature /	Date	self- employed			
Paid	300317	IDD OMM3			0 - / 1 1 / 1 -	, ,	0011	200	
	ABRAM J. S		00:/2	77770 2 22	05/11/17		$\frac{0011}{1076}$		<u>,                                      </u>
Prepar	1	OTTA MADD	OCK E	WÁNS & CO.,	CPAS	Firm's EIN ► 58-1	τ0./9	97	
Use O			<u>//</u>	<del></del>					
	Firm's address ► 70			, SUITE 200					
	AU	<u>IGUSTA, GA</u>	<u> 30901</u>			Phone no 706-7			
						F	orm <b>99</b> 0	0-PF	(2016)

#### Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Name of the organization

or 990-PF)

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

formation about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

2016

Employer identification number

	KIRBY FAMILY FOUNDATION, INC.	26-1605385
Organization type (chec	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
-	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions
General Rule		
	ation filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions total any one contributor Complete Parts I and II See instructions for determining a contribut	-
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supposition described in section 501(c)(3) filing Form 990 or 990-EZ), that the 33 1/3% supposition and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 putor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amore EZ, line 1 Complete Parts I and II	Sa, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or ed of cruelty to children or animals. Complete Parts I, II, and III	
year, contributi is checked, ent purpose Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled ter here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the <b>General Rule</b> applies to this organization because table etc., contributions totaling \$5,000 or more during the year	more than \$1,000 If this box ous, charitable, etc ,
but it <b>must</b> answer "No"	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its	•

Name of organization

Employer identification number

### KIRBY FAMILY FOUNDATION, INC.

26-1605385

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) · / Name, address, and ZIP + 4	· (c) Total contributions	(d) Type of contribution
1	P.O. BOX 16838  FERNANDINA, FL 32035	\$ 252,126.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
:		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZÍP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

## KIRBY FAMILY FOUNDATION, INC.

26-1605385

(a) No. from Part I   (a) No. from Part I   (a) No. from Part I   (a) No. from Part I   (a) No. from Part I	(b) Description of noncash property given  JBLICLY TRADED SECURITIES  (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)  \$ 252,126.  (c) FMV (or estimate) (See instructions)	(d) Date received  12/29/16 (d)
(a) No. from Part I  (a) No. from Part I  (a) No. from Part I	(b)	(c) FMV (or estimate)	
(a) No. from Part I  (a) No. from Part I  (a) No. from Part I		(c) FMV (or estimate)	
No. from Part I  (a) No. from Part I  (a) No. from Part I		FMV (or estimate)	(d)
No. from Part I  (a) No. from		(300 1100 00010)	Date received
No. from Part I  (a) No. from		\$	
No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
No. from		\$	
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Employer identification number

	FAMILY FOUNDATION, INC.			26-1605385
Part III	Exclusively religious, charitable, etc., contribute the year from any one contributor. Complete co	umns (a) through (e) and the follow	ing line entry. For organization	
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le space is needed	ess for the year (Enterthis into once	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and	I ZIP + 4	Relationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, and	(e) Transfer of gift		nsferor to transferee

KIRBY FAMILY FOUNDATION, INC.

Part XV Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		<del></del>	<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
BRIDGEWATER RECREATION CENTER, INC.	NONE	PC	COMMUNITY	
100 COMMONS WAY				
BRIDGEWATER, NJ 08807				1,000
CARR ORG	NONE	PC	COMMUNITY	
CARE.ORG L51 ELLIS STREET NE	NOINE	FC	COMMONITY	
ATLANTA, GA 30303				1,000
CITY HARVEST	NONE	PC	COMMUNITY	
6 EAST 32ND ST 5TH FLOOR				
NEW YORK, NY 10016				500
	•			
COMMUNITIES IN SCHOOLS	NONE	PC	COMMUNITY	
3570 WHEELER RD AUGUSTA, GA 30909				2,000
AUGUSTA, GA 30909				2,000
VARIANT FOR HIMANITAL	NONE	PC	COMMUNITY	
HABITAT FOR HUMANITY 1002 WALTON WAY	NONE		COMMONTIT	
AUGUSTA, GA 30901		-		1,000
HIMALAYAN CATARACT PROJECT	NONE	PC	COMMUNITY	
PO BOX 55				
WATERBURY, VT 05676				1,000
JACOBS & CUSHMAN - SAN DIEGO FOOD	NONE	PC	COMMUNITY	
BANK				1
9850 DISTRIBUTION AVE SAN DIEGO CA 92121	;			2,000
51.1. 21.200, 0 72.21				2,000
MIND	NONE	PC	CONGINITARY	
NPR 1111 NORTH CAPITOL ST, NE	NONE		COMMUNITY	
WASHINTON, WA 20002				1,500
		ļ		
OCEAN DISCOVERY INSTITUTE	NONE	PC	COMMUNITY	
2211 PACIFIC BEACH DR				
SAN DIEGO, CA 92109				1,000
ROOM TO READ	NONE	PC	COMMUNITY	1
465 CALIFORNIA STREET, SUITE 1000 SAN FRANCISCO CA 94104		ļ		2,000
Total from continuation sheets				106,000

Part XV

3 Grants and Contributions Paid During the Y Recipient	If recipient is an individual,	T		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	recipient		
	NONE	PC	DOLOG DATEN	
SPRINGFIELD VILLAGE PARK FOUNDATION 1200 BLOCK OF REYNOLDS STREET	NONE	PC	COMMUNITY	
AUGUSTA GA 30901				20,000
NOCODINI, ON SUSUE				20,000
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	NONE	PC	COMMUNITY	
262 DANNY THOMAS PLACE				
MEMPHIS, TN 38105				2,000
ST. VINCENT DE PAUL VILLAGE	NONE	PC	COMMUNITY	
3350 E STREET				
SAN DIEGO, CA 92102				500
SUSAN G KOMEN BREAST CANCER	NONE	PC	COMMUNITY	
FOUNDATION				
5005 LBJ FREEWAY, SUITE 250				
DALLAS, TX 75244				2,000
	ı			
THE INTERNATIONAL RESCUE COMMITTEE	NONE '	PC	COMMUNITY	
122 EAST 42ND STREET				
NEW YORK, NY 10168				1,000
TRICKLE UP	NONE	PC	COMMUNITY	
104 W 27TH ST #12				1 000
NEW YORK, NY 10001				1,000
WOUNDED WARRIOR PROJECT 701 GREENE ST, SUITE 104	NONE	PC	COMMUNITY	
AUGUSTA, GA 30901				1,000
CALVIN COOLIDGE PRESIDENTAL FOUNDATION	NONE	PC	COMMUNITY	
3780 VT-100A				İ
PLYMOUTH, VT 05056				10,000
UNITED THROUGH READING	NONE	PC	COMMUNITY	
1455 FRAZEE ROAD SUTE 500	, ,			
SAN DIEGO, CA 92108	<del>                                     </del>			500
VERMONT LAND TRUST	NONE	PC	COMMUNITY	
8 BAILEY AVE				1
MONTPELIER, VT 05602  Total from continuation sheets				2,500

Part XV Supplementary Informat				
3 Grants and Contributions Paid During th	If recipient is an individual,			
Recipient  Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient	<del> </del>	
NATIONAL RESOURCES DEFENSE COUNCIL	NONE	PC	COMMUNITY	
40 WEST 20TH STREET 11TH FLOOR NEW YORK, NY 10011				2,000
NEW TORK, HT 10011			-	2,000.
GERTRUDE HERBERT INSTITUTE OF ART,	NONE	PC	COMMUNITY	
INC				
506 TELFAIR ST				500
AUGUSTA, GA 30901				500.
				}
GOLDEN HARVEST FOOD BANK	NONE	PC	COMMUNITY	)
3310 COMMERCE DR				3 000
AUGUSTA, GA 30909				3,000.
			,	
PAINE COLLEGE UNCF	NONE	PC	COMMUNITY	j
1235 FIFTEENTH ST				1 000
AUGUSTA, GA 30901				1,000,
HARVARD BUSINESS SCHOOL	NONE	PC	COMMUNITY	
SOLDIERS FIELD				10.000
BOSTON, MA 02163		<del>                                     </del>		10,000,
WUSF RADIO	NONE -	PC	COMMUNITY	
4202 EAST FOWLER AVENUE TAMPA FL 33620-6870				1_000
TAMPA, PL 33020-0070				1,000,
		Į		
UNITED WAY OF THE CSRA	NONE	PC	COMMUNITY	
1765 BROAD ST AUGUSTA GA 30904				20,000
ROGODIA, ON SOSO4				20,000,
NATURE CONSERVANCY	NONE	PC	COMMUNITY	
4245 NORTH FAIRFAX DRIVE ARLINGTON VA 22203-1606				2,000
ARBINGTON VA 22205-1000				2,000,
CHILD PROTECTION CENTER	NONE	PC	COMMUNITY	
720 S ORANGE AVE SARASOTA_FL 34236				1,000
				=,500,
WOMEN FOR WOMEN	NONE	PC	COMMUNITY	
2000 M STREET, NW SUITE 200 WASHINTON, DC 20036				1,000,
Total from continuation sheets				1.000

KIRBY FAMILY FOUNDATION, INC. 26-1605385

Part XV | Supplementary Information

Part XV Supplementary Information								
3 Grants and Contributions Paid During the Year (Continuation)								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient						
MEALS ON WHEELS AMERICA	NONE	PC	COMMUNITY					
1550 CRYSTAL DRIVE SUITE 1004		İ						
ARLINGTON , VA 22202			<del></del>	5,000.				
BOYS AND GIRLS CLUBS OF AMERICA	NONE	PC	COMMUNITY					
1275 PEACHTREE STREET NE				ŀ				
ATLANTA, GA 30309-3506	<del> </del>	ļ	<del> </del>	5,000.				
INTERNATIONAL REFUGEE COMMITTEE	NONE	PC	COMMUNITY					
PO BOX 6068	NONE	•	COMMONITI	i.				
ALBERT LEA MN 56007-9847				1,000.				
		}						
		}						
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	ļ	<del> </del>		<del> </del>				
	1							
	+	<del> </del>	<del></del>					
		ļ						
	}							
		<u> </u>						
Total from continuation sheets				<u> </u>				

(A) DESCRIPTION OF PROP	ERTY				MANNER CQUIRED	DATE ACQUIRED	DATE S	OLE
PUBLICLY TRADED SEC	URITIES							
(B) GROSS SALES PRIC	COS	C) T OR BASIS		)) ISE OF LE	(E) DEPRE		(F) N OR LOS	S
263,3	30.	255,724.		0.		0.	7,6	06.
CAPITAL GAINS DIVID							7,6	0. 06.
FORM 990-PF	DIVIDEND	S AND INTE	REST	FROM SI	ECURITIE	S ST	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	;	(A) REVENT PER BOO		(B) INVEST- T INCOME	(C) ADJUST NET INC	
NORTHERN TRUST-DIVIDENDS NORTHERN TRUST-US	350	•	0.	:	350.	350.		
GOV'T INT	111	. •	0.	:	L11.	0.		
TO PART I, LINE 4	461		0.		161.	350.		
FORM 990-PF		OTHER	EXPEN	ISES		ST	ATEMENT	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVES INCO	r– AD	(C) JUSTED INCOME	(D) CHARITA PURPOS	
TRUST FEES MANAGEMENT FEES		, 960 868			50. 58.			0
	1, LN 23	1,828		1,8				0.

FORM 990-PF CORPORATE STOCK		STATEMENT 4
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PUBLICLY TRADED SECURITIES	252,126.	251,906.
TOTAL TO FORM 990-PF, PART II, LINE 10B	252,126.	251,906.