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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0052

For	calen	dar year 2010, or tax yea	ar beginning	<u>-</u>	, and end	ling		·
G	Check	all that apply:	Inıtıal return	Initial return of a fo	rmer public ch	arity	Final return	
	_		Amended return	Address chang	ge		Name change	
Na	me of	foundation	<u> </u>				A Employer identification	number
		THE HERBER	RT & ELAINE	KENDALL				
		CHARITABLE	E FOUNDATION	•			95-4077657	
Nu	nber a	nd street (or P O box number	if mail is not delivered to street	address)	F	Room/suite	B Telephone number	
1		1185 FIFE	LANE				(805)565-1	986
Cit	y or to	own, state, and ZIP code			•		C If exemption application is p	
-		SANTA BARI	BARA, CA 93	108			D 1. Foreign organizations	
Н	Check		X Section 501(c)(3) ex	empt private foundation			Foreign organizations me check here and attach co	eting the 85% test,
	Se	ction 4947(a)(1) nonexem		Other taxable private founda	tion			
I F			end of year J Accounti		Accrua	al	E If private foundation sta under section 507(b)(1)	
		Part II, col (c), line 16)		her (specify)			F If the foundation is in a	` "
	-\$	7,512	2 , 8 3 5 . (Part I, colu	mn (d) must be on cash t	oasis.)		under section 507(b)(1)	
Pa	art I	Analysis of Revenue an	nd Expenses	(a) Revenue and	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements
		The total of amounts in colunecessarily equal the amount	ımns (b), (c), and (d) may not its in column (a))	expenses per books	incon		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, gran	its, etc., received	878,424.			N/A	
	2		on is not required to attach Sch. B	- 1				
	3	Interest on savings and temporals investments	orary	3,619.	3	,619.		STATEMENT 1
	4	Dividends and interest fro	om securities	214,599.		,599.		STATEMENT 2
	5a	Gross rents						
	ь	Net rental income or (loss)						
4.	6a	Net gain or (loss) from sale of	assets not on line 10	2,020.		H		
Revenue	b	Gross sales price for all assets on line 6a	2,020.		······································	······································		
Š	7	Capital gain net income (from			2	,020.		
æ	8	Net short-term capital ga	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	9	Income modifications						
	10a	Gross sales less returns	i					
Ď		Less Cost of goods sold						
	C	Gross profit or (loss)				•		
Z	11	Other income		31,201.	21	,068.		STATEMENT 3
Ħ	12	Total Add lines 1 throug	jh 11	1,129,863.	241			
ラ	13	Compensation of officers, dire	ectors, trustees, etc	0.		0.		0.
	14	Other employee salaries a	and wages					
\equiv	15	Pension plans, employee	benefits					
enses	16a	Legal fees						
	ь	Accounting fees	STMT 4	13,936.		0.		0.
×Ω	С	Other professional fees	STMT 5	1,166.		0.		0.
FFUC STATIVE EXPE	17	Interest						
ra 🛨	18	Taxes	STMT 6	3,235.		0.		0.
 and Administrative	19	Depreciation and depletion						
Ē	20	Occupancy				R	FCFIVED	
Ą	21	Travel, conferences, and	meetings			<u> </u>	JO	
P	22	Printing and publications	;			8	1M 2 0 2011	
β	23	Other expenses				28	UN 3 0 2011 O	
Operating	24	Total operating and adm	ninistrative					
ber		expenses Add lines 13 t	through 23	18,337.		0:	WEN. UT	0.
Ō	25	Contributions, gifts, gran	-	240,611.		سلسما		240,611.
	1	Total expenses and disb	•					
		Add lines 24 and 25		258,948.		0.		240,611.
	27	Subtract line 26 from line	12:					
	a	Excess of revenue over expen	nses and disbursements	870,915.				
		Net investment income (241	,306.		
_		Adjusted net income (if n	negative, enter -0-)				N/A	
0235			Reduction Act Notice see	the instructions				Form/990-PF (2010)

95-4077657				
	0 5	 Λ	17C	

CHARITABLE FOUNDATION Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 627,765. 525,204 525,204. 1 Cash - non-interest-bearing 944,906. 1,500,347 1,500,347. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less; allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less, allowance for doubtful accounts | 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock STMT 7 219,345. 219,345. <u> 182,897.</u> STMT 8 266,907 148,999 c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 9 1,155,006. 1,570,872. 2,033,596. 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation STATEMENT 10) 1,425. 3,884. 3,884. 15 Other assets (describe ▶ 6,097,446. 6,968,361. 7,512,835. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31. ö 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 6,097,446. 6,968,361 29 Retained earnings, accumulated income, endowment, or other funds 6,097,446. 30 Total net assets or fund balances 6,968,361 6,097,446. 6,968,361 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 6,097,446. 2 Enter amount from Part I, line 27a 870,915. 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize)

023511 12-07-10

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

2-story brick wa	ribe the ki irehouse;	nd(s) of property sold (or common stock, 200	e.g., re shs. M	eal estate, 1LC Co.)		1 2	łow acq - Purch: - Donat	ase	(c) Date a (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a 9,000 SH RTS/P	IMCO	INCOME STR	ATI	EGY F	UND		F	2	12/1	5/05	04/19/10
b											
<u>c</u>						-					
<u>d</u>						<u> </u>					
<u>e</u>						Щ,			<u> </u>		L
(e) Gross sales price	(f)	Depreciation allowed (or allowable)			st or other basis expense of sale			_		ain or (loss (f) minus	(g)
a 2,020.	_		_ _	-							2,020
<u>b</u>											
<u>c</u>		-	+			.					
<u>d</u>			\dashv					-			
Complete only for assets showing	0.000	oolump (h) and owned i		foundation	on 12/21/60						
Complete only for assets showin			Jy tile							ol. (h) gaın ıot less tha	
(i) F.M.V. as of 12/31/69	· •	(j) Adjusted basis as of 12/31/69			cess of col. (1) col. (j), if any			001.	Losses	(from col. (h))
					00 ()), 11 0.1.)						2 020
<u>a</u> b											2,020
C		· -									
d								·			
e			+-		-						
		<u> </u>			_	$\overline{}$					
Capital gain net income or (net ca	nital loss	If gain, also en	iter in	Part I, line	7		2				2,020
, -		•			,	가					2,020
Net short-term capital gain or (los If gain, also enter in Part I, line 8,			and (6):		۱۲					
	COMMITTION (1	ál.				b l					
If (loss), enter -0- in Part I, line 8	•	-7-				- 11	3			N/A	
or optional use by domestic private	nder S	section 4940(e) for one subject to the section						ent Inc	ome	N/A	
Part V Qualification U For optional use by domestic private f section 4940(d)(2) applies, leave th Was the foundation liable for the sect f *Yes,* the foundation does not qual	nder S foundations part blatton 4942 of y under	section 4940(e) for one subject to the section ank. tax on the distributable section 4940(e). Do not	n 494 amoui comp	O(a) tax on nt of any you	net investment i ear in the base pe irt.	ncome		ent Inc	ome	<u>N/A</u>	Yes X No
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THE HERBERT & ELAINE KENDALL Form 990-PF (2010) CHARITABLE FOUNDATION 95-4077657 Page 4 Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 4,826. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2010 estimated tax payments and 2009 overpayment credited to 2010 1,000. 6a b Exempt foreign organizations - tax withheld at source 6b 7,000 c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 8,000. 8 Enter any penalty for underpayment of estimated tax. Check here ______ if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 3,174. 10 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? X 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b Х 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? Х 1c 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. ➤ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? Х 2 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 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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: . By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? X Х 7 Did the foundation have at least \$5,000 in assets at any time during the year? 7 If "Yes," complete Part II, col (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) CA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation Х 8Ь 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

10

year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresse

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Form **990-PF** (2010)

THE HERBERT & ELAINE KEN	DALL				
Form 990-PF (2010) CHARITABLE FOUNDATION			<u>95-40776</u>	<u>57 P</u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s 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	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section]		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
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	ler the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		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	om the tax because it mainta	ıned			
expenditure responsibility for the grant?	N	I/A 🗀 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		☐ Ye	s X No		ı
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6ь	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	magers, Highly	/		
List all officers, directors, trustees, foundation managers and their	componention				
List an officers, directors, didstees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Eyn	once
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account, allowar	other
HERBERT J. KENDALL	PRESIDENT				
1185 FIFE LANE		Ì			
SANTA BARBARA, CA 93108	0.00	0.	0.		0.
	SEC/TREASURER				
1185 FIFE LANE	,				
SANTA BARBARA, CA 93108	0.00	0.	0.		0.
	DIRECTOR				
530 TIGERTAIL ROAD					
LOS ANGELES, CA 90049	0.00	0.	0.		0.
	DIRECTOR				
449 17TH STREET					
SANTA MONICA, CA 90402	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Exp account, allowar	other
NONE					
			<u> </u>	_	
				_	
Total number of other employees paid over \$50,000					0
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation 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	tical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
1 NONE		
		0.
2		
		· · · ·
3		
4		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 NONE		
		0.
2	-	
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
		- 000 DE

F	art X' Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	5.121.241.
b		1b	5,121,241. 1,811,603.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	6,932,844.
е	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	6,932,844.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	103,993.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,828,851.
6	Minimum investment return. Enter 5% of line 5	6	341,443.
F	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	ıd certaın	
1	Minimum investment return from Part X, line 6	1	341,443.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	4,826.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	336,617.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	336,617.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	336,617.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0.10
a	, , , , , , , , , , , , , , , , , , , ,	1a	240,611.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0.40 644
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	240,611.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	•
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	240,611.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	r the section

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Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI,				226 617
line 7				336,617.
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only			0.	
b Total for prior years:			U•	
g rotal for prior yours.		0.		
3 Excess distributions carryover, if any, to 2010:		0.		
a From 2005 171,666.				
b From 2006 234, 242.				
c From 2007 263,882.				
d From 2008 182,073.				
e From 2009 28,117.				
f Total of lines 3a through e	879,980.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 240,611.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior		· · · · · · · · · · · · · · · · · · ·		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				240,611.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	96,006.			96,006.
6 Enter the net total of each column as indicated below:			:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	783,974.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2005	0.			
not applied on line 5 or line 7	75,660.			
9 Excess distributions carryover to 2011	73,000.			
Subtract lines 7 and 8 from line 6a	708,314.			
10 Analysis of line 9:	,00,3140			
a Excess from 2006 234, 242.				
b Excess from 2007 263,882.				
c Excess from 2008 182,073.				
d Excess from 2009 28,117.				
e Excess from 2010				
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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2010) Part XV Supplementary Information (continued)

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Recipient an antidividual Foundation Foundation Purpose of grant or contribution Amount	3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
SEE STATEMENT 12 Tetal NONE SEE STATEMENT 12 Total > 33 240,611.	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
SEE STATEMENT 12		or substantial contributor	recipient		
Total Dotal Approved for future payment NONE NONE Total Dotal Approved for future payment NONE	a. Paid during the year				
Total Dotal Approved for future payment NONE NONE Total Dotal Approved for future payment NONE					
Total Dotal Approved for future payment NONE NONE Total Dotal Approved for future payment NONE					
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Total Dotal Approved for future payment NONE NONE Total Dotal Approved for future payment NONE					
NONE Total		<u> </u>			
NONE Total				<u>▶ 3a</u>	240,611.
	Approved for future payment				
	NONE				
Total					
Total					
	Total 023811 12-07-10				

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CHARITABLE FOUNDATION

Enter gross amounts unless otherwise indicated. Unrelated business income Excluded by section 512, 513,	pr 614
(a) (b) (c) (d) Susiness Amount Sign Amount	Related or exempt
1 Program service revenue: Amount sion code Amount code Amount	function income
a	
b	
c	
d	
e	
1	
g Fees and contracts from government agencies	
2 Membership dues and assessments	
3 Interest on savings and temporary cash	
investments 14 3,0	619.
4 Dividends and interest from securities 14 214,	599.
5 Net rental income or (loss) from real estate:	
a Debt-financed property	
b Not debt-financed property	
6 Net rental income or (loss) from personal	
property	
7 Other investment income 01 31, 3	201.
8 Gain or (loss) from sales of assets other	
than inventory 18 2,0	020.
9 Net income or (loss) from special events	
O Gross profit or (loss) from sales of inventory	
1 Other revenue:	
a	
b	
c	
d	
e	
12 Subtotal. Add columns (b), (d), and (e) 0. 251,	439.
13 Total Add line 12, columns (b), (d), and (e)	13 251,439
יש ביים ביים ביים ביים ביים ביים ביים בי	
See worksheet in line 13 instructions to verify calculations.)	
See worksheet in line 13 instructions to verify calculations.)	
See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes	
See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the second column (e) of Part XVI-A contributed importantly to the second column (e) of Part XVI-B Part	ne accomplishment of
See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes	ne accomplishment of
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See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the second se	ne accomplishment of
See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the second se	ne accomplishment of
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	Regarding Transfers To and Transactions a			
1 Did the organization directly or	indirectly engage in any of the following with any other organization	on described in section 501(c) of	١	es No
	01(c)(3) organizations) or in section 527, relating to political organ	, ,		
	oundation to a noncharitable exempt organization of:			
(1) Cash		Ŀ	1a(1)	X
(2) Other assets			1a(2)	X
b Other transactions:				
(1) Sales of assets to a nonch		<u>_1</u>	1b(1)	X
(2) Purchases of assets from	a noncharitable exempt organization	<u>_1</u>	1b(2)	X
(3) Rental of facilities, equipm	•	_	1b(3)	X
(4) Reimbursement arrangem	ents	<u> </u>	1b(4)	X
(5) Loans or loan guarantees		F	1b(5)	X
(6) Performance of services of	r membership or fundraising solicitations	11	1b(6)	X
06. (().		 -		
	, mailing lists, other assets, or paid employees		1c	X
d If the answer to any of the abo	i, mailing lists, other assets, or paid employees ve is "Yes," complete the following schedule. Column (b) should alv	ways show the fair market value of the goods, oth	1c er asse	
d If the answer to any of the abo or services given by the report	i, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valu	ways show the fair market value of the goods, oth	1c er asse	
d If the answer to any of the abo or services given by the report column (d) the value of the go	i, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received.	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, oth	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	i, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received.	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
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d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,
d If the answer to any of the abo or services given by the report column (d) the value of the go	t, mailing lists, other assets, or paid employees we is "Yes," complete the following schedule. Column (b) should alving foundation. If the foundation received less than fair market valueds, other assets, or services received. (c) Name of noncharitable exempt organization	ways show the fair market value of the goods, other in any transaction or sharing arrangement, sho	1c ler asse ow in	ts,

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2a le th	a four	idation directly or indirectly affiliated with, or i	related to one	or more toy every	ot organiz	otione described			
					Ji Urganiz	allons described			[]
		501(c) of the Code (other than section 501(c)	(3)) or in secti	ion 5277				L Yes	X No
b_lf "Yo	es," cc	mplete the following schedule.							
		(a) Name of organization		(b) Type of organ	nization		(c) Description of re	elationship	
		N/A			l				
			·			-		·	
			-						-,
			1						
						·			
	Unde	r penalties of perjury, I declare that I have examined the	us return uncludu	na accompanyina cah	adulas and	Letatements and to the	no boot of my knowledge	a and balled it is to in	
0:	and o	omplete Declaration of preparer (other than taxpayer	on fiducian) is ba	ised on all information	of which	reparer has any know	ledge	e and belief, it is true	, correct,
Sign			1 11	. /	1241	//	TRUSTE	<u>بر</u> -	
Here	\	Madel Inno	asi i	6	<u> </u>	<u>' </u>	1 KUSTE		
		Signature of officer or trustee		Da	te		Title		
		Print/Type preparer's name	Preparer's si	gnature		Date	Check If	PTIN	
		•	۱ ۵ .		CPA	. 1. 1	self- employed		
Paid		EILEEN F. SHERIDAN	Elee	und. En	ا ملکم	6/23/11			
Prepa	rer	Firm's name ► BARTLETT, PR			TID		Firm's FIN	L	
Use O		rims name P DARTHETT, PR	TINGLE	∝ wolf,	LLP		Firm's EIN	#95-2089	835
USE U	עוווי						1		. •

Firm's address ► 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860

7010 3090 0001 0640 40924411

Phone no.

(805)963-7811

Form **990-PF** (2010)

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

THE HERBERT & ELAINE KENDALL CHARITABLE FOUNDATION 95-4077657 Organization type (check one). Section: Filers of: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

THE HERBERT & ELAINE KENDALL

CHARITABLE FOUNDATION

Employer identification number

95-4077657

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALEXANDER & CHRISTOPHER KENDALL CLUT 10100 SANTA MONICA BLVD., SUITE 1725 LOS ANGELES, CA 90067	\$ 444,935.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	WILLIAM & KATHERINE MCCABE CLUT 10100 SANTA MONICA BLVD., SUITE 1725 LOS ANGELES, CA 90067	\$ 433,489.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Name of organization THE HERBERT & ELAINE KENDALL CHARITABLE FOUNDATION

95-4077657

Noncash Property (see instructions) Part II

(a) No. from Part I (a) No. from Part I	(b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions)	(d) Date received
No. rom Part I (a) No. rom	Description of noncash property given (b)	(c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate)	Date received
(a) No.	Description of noncash property given (b)	(see instructions) (c) FMV (or estimate)	Date received
No. rom		(c) FMV (or estimate)	(d)
No. rom		FMV (or estimate)	(d)
		(see man actions)	Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization Employer identification number

THE	HERBERT	&	ELAINE	KENDALL

CHARITABLE FOUNDATION

95-4077657

Part III	more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year (Enter this info	columns (a) through (e) and us, charitable, etc, contribut	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	
	Transferee's name, address, an	(e) Transfer of	of gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of	of gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of	of gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	of gift
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS A	ND TEMPORARY C.	ASH :	INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
MONTECITO BANK & TRUST - 633			-	7	42.
MONTECITO BANK & TRUST - 668				2,3	
SANTA BARBARA BANK & TRUST - 207 SANTA BARBARA BANK & TRUST - 728					28. 92.
TOTAL TO FORM 990-PF, PART I, LINE	3 COLUMNIA			3,6	
TOTAL TO TOTAL 950 II, TAKE I, LINE	J, COLOMA A		:		
FORM 990-PF DIVIDENDS AND	INTEREST FROM	SEC	JRITIES	STATEMENT	2
SOURCE	GROSS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
GOLDMAN SACHS - 28914 DIVIDENDS	18,365.		0.	18,3	65.
GOLDMAN SACHS - 28914 INTEREST GOLDMAN SACHS - 28915 INTEREST	188,896. 7,338.		0. 0.	188,89 7,3	
TOTAL TO FM 990-PF, PART I, LN 4	214,599.		0.	214,5	99.
FORM 990-PF O	THER INCOME			STATEMENT	3
DESCRIPTION	(A) REVENUE PER BOOK	S	(B) NET INVEST- MENT INCOME		
GS VINTAGE FUND V OFFSHORE, LP FEDERAL EXCISE TAX REFUND		068. 133.	21,068		
TOTAL TO FORM 990-PF, PART I, LINE	31,	201.	21,068	•	

FORM 990-PF	ACCOUNTI	NG FEES	S!	FATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BARTLETT, PRINGLE & WOLF, LLP	13,936.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	13,936.	0.		0.
FORM 990-PF C	THER PROFES	SIONAL FEES	S	FATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
BOOKKEEPING	1,166.	0.		0.
TO FORM 990-PF, PG 1, LN 16C	1,166.	0.		0.
FORM 990-PF	TAX	ES	S	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FTB - FILING FEE EXCISE TAXES ATTORNEY GENERAL: RRF-1	10. 3,030.	0.		0.
PAYMENT CCS FILING FEE	75. 120.	0.		0.
TO FORM 990-PF, PG 1, LN 18	3,235.	0.		0.

FORM 990-PF COR	PORATE STOCK	_	STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
GOLDMAN SACHS US EQUITY	-	219,345.	182,897.
TOTAL TO FORM 990-PF, PART II, LINE	10B	219,345.	182,897.
FORM 990-PF COR	PORATE BONDS		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
ML CAP TR IV PREFERRED PLUS TR SRS PPLUSS SERIES LMC SER LC CLASS A ALCOA INC.	-	188,011. 247,913. 99,260. 499,850.	184,350. 250,200. 91,060. 550,205.
COCA-COLA CO WAL-MART STORES, INC JOHNSON & JOHNSON GOLDMAN SACHS GROUP, INC.		213,080. 218,880. 534,845. 1,146,870.	226,284. 229,808. 569,010. 1,165,990.
TOTAL TO FORM 990-PF, PART II, LINE	10C	3,148,709.	3,266,907.
FORM 990-PF OTHE	R INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PIMCO FLOATING RATE STRATEGY FUND BROOKDALE GLOBAL OPPORTUNITY FUND GOLDMAN SACHS VINTAGE FUND V	COST COST COST	158,504. 400,000.	89,100. 792,866.
OFFSHORE, L.P.	COST	1,012,368.	1,151,630.
TOTAL TO FORM 990-PF, PART II, LINE	13	1,570,872.	2,033,596.

FORM 990-PF	OTHER ASSETS		STATEMENT 1
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
RECEIVABLE DUE TO ERROR IN DONEE PAYMENTS	1,425.	3,884.	3,884
TO FORM 990-PF, PART II, LINE 15	1,425.	3,884.	3,884
	XV - LINE 1A COUNDATION MANAGE	ERS	STATEMENT 1

NAME OF MANAGER

HERBERT J. KENDALL ELAINE KENDALL

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT 12
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	
ART FUND FOR SANTA BARBARA 205C SANTA BARBARA STREET SANTA BARBARA, CA 93101	NONE	1,500.
CAMERATA PACIFICA P.O. BOX 30116 SANTA BARBARA, CA 93130	NONE	5,000.
CANCER CENTER OF SANTA BARBARA 300 W. PUEBLO SANTA BARBARA, CA 93105	NONE	2,500.
CASA 118 FIGEROA STREET SANTA BARBARA, CA 93101	NONE	1,000.
COMMUNITY ARTS MUSIC ASSOCIATION (CAMA) 111 E. YANONALI ST. SANTA BARBARA, CA 93101	NONE	51,500.
COMMUNITY ARTS MUSIC ASSOCIATION (CAMA)-UNREIMBURSED EXPENSES 111 E. YANONALI ST. SANTA BARBARA, CA 93101	NONE	735.
COMMUNTY YOUTH PERFORMING ARTS P.O. BOX 21046 SANTA BARBARA, CA 93121	NONE	1,000.
DIRECT RELIEF INTERNATIONAL 27 S. LA PATERA LANE GOLETA, CA	NONE	1,000.

93117

. THE HERBERT & ELAINE KENDALL CH	HARITABLE	95-4077657
DOCTORS.WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 217415030	NONE	1,000.
ENSEMBLE THEATER CO. OF SANTA BARBARA 914 SANTA BARBARA ST. SANTA BARBARA, CA 93101	NONE	2,000.
FAMILY SERVICE AGENCY OF SANTA BARBARA 123 W. GUTIERREZ ST. SANTA BARBARA, CA 93101	NONE	4,000.
FOUNDATION FOR SANTA BARBARA CITY COLLEGE 721 CLIFF DR SANTA BARBARA, CA 93109	NONE	1,000.
GANNA WALSKA LOTUSLAND FOUNDATION 695 ASHLEY ROAD SANTA BARBARA, CA 93108	NONE	1,000.
HUMAN RIGHTS WATCH 350 FIFTH AVENUE NEW YORK, NY 10118	NONE	10,620.
JEWISH FEDERATION OF SANTA BARBARA 524 CHAPALA STREET SANTA BARBARA, CA 93101	NONE	17,500.
KDB FM CLASSICAL MUSIC P.O. BOX 91660 SANTA BARBARA, CA 93190	NONE	1,000.
LOBERO THEATER 33 E. CANON PERDIDO ST. SANTA BARBARA, CA 93108	NONE	5,000.
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY RD. SANTA BARBARA, CA 93108	NONE	2,500.

. THE HERBERT & ELAINE KENDALL C	HARITABLE	95-4077657
NUCLEAR.AGE PEACE FOUNDATION 1187 COAST VILLAGE RD STE 1 SANTA BARBARA, CA 93108	NONE	11,056.
SANSUM CLINIC 780 SOUTH PATTERSON SANTA BARBARA, CA 93111	NONE	5,000.
SANTA BARBARA CENTER FOR THE PERFORMING ARTS 1216 STATE STREET #201 SANTA BARBARA, CA 93101	NONE	50,000.
SANTA BARBARA CHAMBER ORCHESTRA P.O. BOX 90903 SANTA BARBARA, CA 93190	NONE	5,000.
SANTA BARBARA GRAND OPERA 123 W. PADRE ST., SUITE A SANTA BARBARA, CA 93105	NONE	5,000.
SANTA BARBARA MENTAL HEALTH ASSOCIATION 16 W. MISSION STE V SANTA BARBARA, CA 93101	NONE	1,000.
SANTA BARBARA MUSEUM OF ART 1130 STATE ST. SANTA BARBARA, CA 93101	NONE	9,700.
SANTA BARBARA REHABILITATION INSTITUTE 2415 DE LA VINA STREET SANTA BARBARA, CA 93105	NONE	1,000.
SANTA BARBARA SYMPHONY 1330 STATE STREET SANTA BARBARA, CA 93101	NONE	1,000.
SANTA BARBARA THEATRE P.O. BOX 23211 SANTA BARBARA, CA 93121	NONE	1,000.

. THE HERBERT & ELAINE KENDALL CH	HARITABLE	95-4077657
SARAH HOUSE 261'2 MODOC RD SANTA BARBARA, CA 93105	NONE	500.
STATE STREET BALLET 322 STATE STREET SANTA BARBARA, CA 93101	NONE	18,000.
THE BREN SCHOOL 2400 BREN HALL UCSB SANTA BARBARA, CA 93106-5131	NONE	10,000.
UNICEF P.O. BOX 91844 SANTA BARBARA, CA 93190	NONE	500.
UNITY SHOPPE 1219 STATE STREET SANTA BARBARA, CA 93101	NONE	10,000.
WESLEYAN UNIVERSITY WESLEYAN STATION MIDDLETOWN, CT 06459	NONE	2,000.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A	240,611.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

 $\triangleright [X]$ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization **Employer identification number** Type or THE HERBERT & ELAINE KENDALL print 95-4077657 CHARITABLE FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1185 FIFE LANE City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93108 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 03 Form 4720 Form 990-EZ 09 Form 5227 Form 990-PF 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 HERBERT J. KENDALL The books are in the care of ▶ 1185 FIFE LANE - SANTA BARBARA 93108 Telephone No. ► (805) 565-1986 $FAX No. \triangleright (805) 565-2036$ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above The extension is for the organization's return for: ► X calendar year 2010 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8,000. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 1,000. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EQ and Form 8879-EO for payment instructions. For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011) 7010 3090 0001 0640 3873 023841 01-03-11