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#### **Short Form** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

> Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public Inspection

OMB No 1545-1150

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

Internal Revenue Service For the 2012 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable Address change Tenderfeet Foundation Inc 27-1619453 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 713-584-3975 16506 FM 529 #130 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return TX 77095 Houston Number > Application pending Accrual Other (specify) ▶ Check ▶ I If the organization is not X Cash Accounting Method Website: ▶ www.TenderfeetKids.org required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c) ( 4947(a)(1) or 527 ) ◀ (insert no ) (Form 990, 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. 129,162 line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6c Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d line 6c) 7a Gross sales of inventory, less returns and allowances 7h Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 8 8 Other revenue (describe in Schedule O) 129,162 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 125,832 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 350 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 89 15 Printing, publications, postage, and shipping 15 4,005 16 16 Other expenses (describe in Schedule O) 17 130,276 17 Total expenses. Add lines 10 through 16 -1,114Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Vet Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 24,086 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 22,972 Net assets or fund balances at end of year Combine lines 18 through 20 21

Form 990-EZ (2012)

Form 990-EZ (2012) Tenderfeet Foundat	ion Inc	27-1	619453		Page
Part II Balance Sheets (see the instructions	for Part II)				
Check if the organization used Schedule	O to respond to any	question in this Part I	<u> </u>		
		(A) B	eginning of year		(B) End of year
22 Cash, savings, and investments			24,086	22	22,97
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)			0	24	
25 Total assets			24,086	25	22,97
26 Total liabilities (describe in Schedule O)			0	26	
27 Net assets or fund balances (line 27 of column (B) must	agree with line 21)		24,086	27	22,97
Part III Statement of Program Service Acc		ee the instructions for		1	Expenses
Check if the organization used Schedule	•		· (==)	/Re	equired for section
What is the organization's primary exempt purpose?	O to respond to any	question in this r art in	<u>'</u>	•	(c)(3) and 501(c)(4)
. , ,					anizations and section
See Schedule 0	for each of its three larg	oet program sepulces		•	17(a)(1) trusts, optional
Describe the organization's program service accomplishments as measured by expenses. In a clear and concise manner, des	_				
• •	•	Jeu, the number of		TOF	others)
persons benefited, and other relevant information for each prog	rain title				
28 See Schedule O				- 1	
			-		
405.000			· (100)	].	40E-05
(Grants \$ 125,832) If this amount inclu	des foreign grants, chec	ck here	<b>▶</b> X	28a	125,832
29					
(Grants \$ ) If this amount inclu	des foreign grants, chec	k here	<b>•</b>	29a	
30					
			}		
				1	
(Grants \$ ) If this amount inclu	des foreign grants, chec	k here	▶ □	30a	
31 Other program services (describe in Schedule O)					<u> </u>
	des foreign grants, chec	k here	▶ □	31a	
32 Total program service expenses (add lines 28a through 3		<del>_</del>	<b>•</b>	32	125,832
Part IV List of Officers, Directors, Trustees, and Ke	y Employees List each	one even if not compens	ated (see the insti	uction	
Check if the organization used Schedule O to r		in this Part IV (c) Reportable	( N.D 0. 5		<u> </u>
(a) Name and title	(b) Average hours per week	compensation	(d) Heath bene contributions to em	ployee	(e) Estimated amount of
(2) 112110 21/0 1110	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a deferred compens		other compensation
Dan Mitchell		(	<u> </u>		
President	10.00	0		0	l c
Patrick Moore	10.00	<u></u>			<u> </u>
	0.00	o		0	ĺ
Vice President	0.00				<u> </u>
Cathy Weber	1 00			_	
Secretary	1.00	0		0	0
	1			!	
			<del></del>		
				- 1	
			<del></del>		<del></del>
				Ì	
	!				

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Tenderfeet Foundation Inc 27-1619453

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	instructions for Part V) Check if the digarization used ocheanic of to respond to any gasetter.		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		x
	change on Schedule O (see instructions)	34		<del></del>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a		х
	activities (such as those reported on lines 2, 6a, and 7a, among others)?  If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
50	during the year? If "Yes," complete applicable parts of Schedule N	36	لـــــا	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	_		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		į į	x
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	-		İ
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions incloded on time of	1	İ	
b	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
40a	1040 h			
<b>h</b>	section 4911 ▶ , section 4912 ▶ , section 4912 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			ĺ
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		1	
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		x
	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶ None			
41	The organization's books are in care of ▶ Dax Mitchell Telephone no ▶ 71.	3-58	4-3	975
42a	17935 Calm Brook Ct			_
	Located at ▶ Houston TX ZIP + 4 ▶ 770	095-		0
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X_
С	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ [
75	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44b		x
	completed instead of Form 990-EZ	44c		X
C	Did the organization receive any payments for indoor tanning services during the year?			<del></del>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		<u> </u>
45-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
45a 45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			l
700	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7 (see instructions)	45b	<u></u>	X
	F	orm <b>99</b> 0	υ-EZ	(2012)

Form	990-EZ (2012)	Tenderfeet Foundation	n Inc		27-16	19453		Р	age 4
46		ation engage, directly or indirectly, in political		on behalf of	or in oppositi	on		Yes	No
		or public office? If "Yes," complete Schedule C	C, Part I			- <del></del>	46	LJ	<u> </u>
Fa	All se 50 a	tion 501(c)(3) organizations only ection 501(c)(3) organizations must ans nd 51 ck if the organization used Schedule O t	•			•	es .		П
								Yes	No.
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II						47		X
48 49a	=	on a school as described in section 170(b)(1) ation make any transfers to an exempt non-ch							X
b	If "Yes," was the	e related organization a section 527 organizati	on?				49b		
50	Complete this ta	ible for the organization's five highest comper	nsated employees (d	ther than of	ficers, directo	rs, trustees and key	<del>-</del>		
	employees) who	each received more than \$100,000 of compe	ensation from the or	ganization	If there is non-	e, enter "None "			
	(a) N	ame and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	comp	eportable ensation 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation		
No	ne -								
									<del></del>
							<del></del>		
	·								
	Complete this tal	other employees paid over \$100,000 ble for the organization's five highest compen		contractors v	who each rece	eived more than			
		pensation from the organization. If there is no ddress of each independent contractor paid more			(b) Type	of service	(c) Compens	sation	
Nor	ne								
	<del></del>				<del></del>				
							<del></del>		
d	Total number of	other independent contractors each receiving	over \$100,000	<b>&gt;</b> _					
	-	ion complete Schedule A? <b>Note</b> All section 5 table trusts must attach a completed Schedule.		ns and 494	7(a)(1)	•	X Yes	ΠN	0
Inder	penalties of perjury	r, I declare that I have examined this return, include Declaration of preparer (other than officer) is be	ing accompanying sc	nedules and	statements, and	I to the best of my knowledg			
		Dallilll				8/2/13			
Sign Here	D	ture of officer ax Mitchell		Pr	esiden				_
	<del></del>	or print name and title			<del></del>	<del></del>			
Paid		eparer's name Pre	parer's signature	nci	ellan	Date Check Self-emp	PTIN POOD4	17647	
repa			in, CPA			Firm's EIN	76-035		6
Jse (	Only Firm's address	<b>=</b>	ord Ste 1 77478	00		Phone no 28	31-240-	033	0
May tl	ne IRS discuss th	is return with the preparer shown above? See				1	▶ Yes	12.5	No.
							Form 990-	F7 /2	0121

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

Tenderfeet Foundation Inc

Employer Identification number 27-1619453

P	art	l Reas	son for Public Charity	Status (All organizations	must c	omplete	this p	art)Se	e inst	truction	าร			
The	The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)													
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i)													
2		A school des	scribed in section 170(b)(1)(	A)(ii). (Attach Schedule E)										
3		A hospital or	a cooperative hospital service	ce organization described in sect	ion 170(l	o)(1)(A)(ii	ı).							
4		A medical re	search organization operated	in conjunction with a hospital de	escribed ii	section	170(b)(	1)(A)(iii)	Enter	the hose	oital's n	ame,		
		city, and stat	ie .	,										
5		An organizat	on operated for the benefit o	f a college or university owned or	r operated	d by a gov	ernmen	al unit d	escribe	d in				
		section 170	(b)(1)(A)(iv). (Complete Part	JJ )	•									
6				overnmental unit described in <b>se</b>	ction 170	(b)(1)(A)(	v).							
7	X													
		_	section 170(b)(1)(A)(vi). (Co		·			•	·					
8	-[]			70(b)(1)(A)(vi). (Complete Part I	1)		-			-				_
9		•		) more than 33 1/3% of its suppo		ntribution	s, memb	ership f	ees, and	d gross				
				pt functions—subject to certain e										
				d unrelated business taxable inco										
			=	, 1975 See section 509(a)(2) (			ŕ							
10			•	xclusively to test for public safety			a)(4).							
11		•	•	xclusively for the benefit of, to pe				carry ou	ut the				_	
		•	•	ed organizations described in sec				-		ction				
				ne type of supporting organization										
		a Type	b Type II	c Type III–Functiona	ally integra	ated	d	Typ	e III–No	on-funct	ionally	integrat	ed	
е		By checking t	his box, I certify that the orga	inization is not controlled directly	or indired	tly by one	or more	disqual	fied per	rsons				
	_	other than for	undation managers and other	than one or more publicly suppo	rted orga	nizations o	describe	d in sect	tion 509	a)(1)				
		or section 509	9(a)(2)											
f		If the organization	ation received a written deter	mination from the IRS that it is a	Type I, T	ype II, or T	ype III s	upportin	g					
		organization,	check this box											
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the								
		following per	sons?											
		(ı) A persor	n who directly or indirectly cor	ntrols, either alone or together wil	th person	s describe	d in (ii) a	and					Yes	No
		(III) belov	w, the governing body of the s	supported organization?								11g(ı)		
		(ii) A family	member of a person describe	ed in (i) above?								11g(n)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?								11g(in)	<u> </u>	İ
h		Provide the f	ollowing information about the	e supported organization(s)	<del>,</del> .									
(1)		e of supported	(II) EIN	(Ili) Type of organization		organization		ou notify		ls the	(vil)	Amount o		ary
	org	anization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?		nization in of your		tion in col ized in the		supp	ort	
				(see instructions))	90709	1	sup	port?	U	S?				
					Yes	No	Yes	No	Yes	No				
(A)														
					ļ		_							
(B)										] 1				
			<u> </u>		<b> </b>	<u> </u>	<del></del>							
C)					1									
					<del> </del>									
D)														
E)														
					<del> </del>									—
_					1									
Fotal			[		L	L			Ld	L1				

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			77,725	128,418	129,162	335,305
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3			77,725	128,418	129,162	335,305
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						85,556
6	Public support. Subtract line 5 from line 4						249,749
	tion B. Total Support	·	<u> </u>		· · · · · · · · · · · · · · · · · · ·		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4			77,725	128,418	129,162	335,305
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>	<u></u>			335,305
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourth	n, or fifth tax year as a	a section 501(c)(3)		. =
	organization, check this box and stop here			<del></del>			<u> </u>
	tion C. Computation of Public Su					<del> </del>	
14	Public support percentage for 2012 (line 6, o			D))		14	%
15	Public support percentage from 2011 Scheo					15	
16a	33 1/3% support test—2012. If the organiz				5% or more, check t	inis	. □
	box and stop here. The organization qualific				10.4/20/		▶ □
b	33 1/3% support test—2011. If the organiz				33 1/3% or more,		▶ □
	check this box and <b>stop here</b> . The organiza				16h and line 14 in		
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets  Part IV how the organization meets the "fact			•			
	• • • • • • • • • • • • • • • • • • • •	s-and-circumstand	es test The organi	ization quaines as a	publiciy supported		▶ □
h	organization 10%-facts-and-circumstances test—201	1 If the organization	n did not check a bi	ov on line 13 16a 16	Sh or 17a and line		
þ	15 is 10% or more, and if the organization m	•					
	Explain in Part IV how the organization mee						
	supported organization	10 110 10010-U110-U1		organization qua	se do e publicity		▶ □
18	Private foundation. If the organization did	not check a box on	line 13, 16a 16b 1	7a, or 17b, check the	s box and see		- 🗀
-	Instructions						▶ □
				<del></del>			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support		<del></del>			<del></del>	<del></del>
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants *)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			·			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's first, s	second, third, fourth	, or fifth tax year as	s a section 501(c)(3	3)	▶ 📑
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2012 (line 8, o	column (f) divided b	y line 13, column (f	))		15	%
16	Public support percentage from 2011 Sched				·	16	%
Sec	tion D. Computation of Investmer	<u>it Income Perd</u>	centage			<del></del>	
17	Investment income percentage for 2012 (lin	• •	•	lumn (f))		17	%_
18	Investment income percentage from 2011 S					18	%_
19a	33 1/3% support tests—2012 If the organ						
_	17 is not more than 33 1/3%, check this box	·	•				▶ [_]
b	33 1/3% support tests—2011. If the organi						
20	line 18 is not more than 33 1/3%, check this <b>Private foundation</b> . If the organization did it	•	•	•	,	nization	

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

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Internal Revenue Service
Name of the organization

Description

Tenderfeet Foundation Inc

Employer identification number 27-1619453

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations							
Name and Address Class of Activity Date of Gift							
	Desc. of Property						
	Cash Contrib. Noncash Contrib.						
	Book Value BV E	xpl. FMV Expl.					
Tenderfeet Education Centre							
PO Box 29793-00202 K.N.H.							
Nairobi, KE	\$ 120,086 \$	0					
	\$ 0						
Eldo-Excel Learning Centre							
PO Box 2674-30100							
Eldpret, KE	\$ 5,746 \$	0					
	\$ 0						

Amount

Form	990-EZ,	Part I,	Line	16 -	_	Other	Expenses

Expenses	
Online Advertising	\$ 291
Office Expenses	\$ 282
Travel	\$ 1,489
Bank Fees	\$ 186
Web Costs	\$ 20
Credit Card Fees	\$ 600
PO Box Rental	\$ 156
Credit Card Discounts Chg	\$ 981

Tenderfeet Foundation Inc

Employer identification number 27-1619453

Total \$

4,005

Form 990-EZ, Part III - Primary Exempt Purpose

The Tenderfeet Foundation serves the vulnerable and needy who are

struggling in poverty. The primary focus is on children living in slums in

Kenya, East Africa. The approach is generally to assist the beneficiaries

with educational, nutritional, and medical needs.

Form 990-EZ, Part III, Line 28 - First Accomplishment

The Tenderfeet Foundation serves the vulnerable and needy who are struggling in poverty. The primary focus is on children living in slums in Kenya, East Africa. The approach is generally to assist the beneficiaries with educational, nutritional, and medical needs.

# Form 8868

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

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 Charities & 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 Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print 27-1619453 Tenderfeet Foundation Inc Number, street, and room or suite no. If a P O box, see instructions Social security number (SSN) File by the due date for 16506 FM 529 #130 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See TX 77095 Houston instructions 01 Enter the Return code for the return that this application is for (file a separate application for each return) Return Return Application **Application** Is For Code Code Is For Form 990-T (corporation) 07 Ú1 Form 990 or Form 990-EZ 80 02 Form 1041-A Form 990-BL 09 Form 4720 Form 4720 (individual) 03 Form 990-PF 04 Form 5227 10 Form 6069 11 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 8870 06 Form 990-T (trust other than above) Dax Mitchell 17935 Calm Brook Ct TX 77095~4460 The books are in the care of ▶ Houston Telephone No ▶ 713-584-3975 FAX No If the organization does not have an office or place of business in the United States, check this box If this is If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach for the whole group, check this box 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 08/15/13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2012 tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

EFTPS (Electronic Federal Tax Payment System) See instructions

estimated tax payments made include any prior year overpayment allowed as a credit

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

3b