Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0052

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	calen	dar year 2017 or tax year beginning ,	and ending				
Ne	ame of fo	undation			A Empl	oyer identification number	
12:	אזמרוי	DD c DODOMIN VENDATT HOIDINAM	TON		26	0702656	
		RD & DOROTHY KENDALL FOUNDAT d street (or P O box number if mail is not delivered to street address)		oom/suite		-0723656 hone number (see instruction	-3
		BOX 2767		Convagile		3-254-4297	is)
		n, state or province, country, and ZIP or foreign postal code					
_0	OLU	MBIA SC 29202-2	767		C If exe	mption application is pending	, check here
G	Check	all that apply:	rn of a former public c	harity	D 1. Fo	oreign organizations, check h	ene . 🕨 📘
		Final return Amended	return		2. Fo	oreign organizations meeting	the
		Address change Name cha	ange		85	% test, check here and attac	h computation
" (Check	type of organization: X Section 501(c)(3) exempt private	foundation	nlD	E If priva	ate foundation status was ten	minated under
	Section	n 4947(a)(1) nonexempt charitable trust Other taxab	le private foundation	09	sectio	n 507(b)(1)(A), check here	▶ ∟
F	air mai	rket value of all assets at J Accounting method:	X Cash Acc	rual ^l	F if the f	foundation is in a 60-month to	ermination
31	nd of y	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check I	nere
7-	ie 16)	▶ \$ 5,006,952 (Part I, column (d) must	be on cash basis.)				
L,	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	incor		Income	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)					(cash basis only)
	2	Check ► X if the foundation is not required to attach Sch. B				200000000000000000000000000000000000000	***************************************
	3	Interest on savings and temporary cash investments				RECI	VIII)
	4	Dividends and interest from securities	110,176	1:	10,176	S	363 B. S.
	5a	Gross rents				S APR 2	32018 321 3
2 0	ь	Net rental income or (loss)	67 T.	, ,,,,,	` `	(4)	2 · · · · · · · · · · · · · · · · · · ·
72	6a	Net gain or (loss) from sale of assets not on line 10	499,365		``	Znon	KI KIT I
evenue	ь	Gross sales price for all assets on line 6a 20,074,561			`		***************************************
چږ<	7	Capital gain net income (from Part IV, line 2)		4.9	99,365		A. C. Marie
ا ان	8	Net short-term capital gain _.				0	will have a series
י	9	Income modifications					
2	10a	Gross sales less returns and allowances	······				
Щ	b	Less: Cost of goods sold				3 3 55 55	1. 11. 11. 11. 11. 11. 11. 11. 11. 11.
ANNH	C	Gross profit or (loss) (attach schedule)					Mary Company
₹	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	609,541	60	09,541	0	
benses	13	Compensation of officers, directors, trustees, etc.	0			-	
ns	14	Other employee salaries and wages		·			
d	15	Pension plans, employee benefits					
Ж	16a b	Legal fees (attach schedule) Accounting fees (attach schedule) Stmt 1	2,485		1,242	<u> </u>	
Ye.	6	Other professional fees (attach schedule) Stmt 2	39,150		39,150		<u> </u>
äti	17	Interest			7.50		
and Administrative Ex	18	Taxes (attach schedule) (see instructions) Stmt 3	2,501		2,501		
Ē	19	Depreciation (attach schedule) and depletion				 _	The second second
ם	20	Occupancy	-				
Ā	21	Travel, conferences, and meetings					
Ē	22	Printing and publications					
D G	23	Other expenses (att. sch.)					
ţ	24	Total operating and administrative expenses.					
Operating		Add lines 13 through 23	44,136	4	12,893	0	0
ğ	25	Contributions, gifts, grants paid	228,084				228,084
	26	Total expenses and disbursements. Add lines 24 and 25	272,220	4	12,893	0	228,084
	27	Subtract line 26 from line 12:	,		`		
	а	Excess of revenue over expenses and disbursements	337,321	<u> </u>			
	ь	Net investment income (if negative, enter -0-)		THERETON	66,648	1111111	the state of the s
	С	Adjusted net income (if negative, enter -0-)				0	The same in the same

E	om 99	0-PF (2017) EDWARD & DOROTHY KENDALL FOUNDATION	ON 26-07236	56	Page 2
ļ	Part	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
_	+ 241 %	(Should be for this -9-year amounts only (Geo instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	475,620	553,308	553,308
	2	Savings and temporary cash investments			2 - C. su susuimm
	3	Accounts receivable	·		il uli "
		Less: allowance for doubtful accounts ▶			. An early and a second
	4	Pledges receivable ▶	tre un mui	. " " " B B " " " " " " " " " " " " " "	
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			ii
	7	instructions)		that a minima a set to	26
	' '	Other notes and loans receivable (att. schedule) ► Less: allowance for doubtful accounts ► O		· · · · · · · · · · · · · · · · · · ·	The same of the same of the
"	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
155	10a	Investments – U.S. and state government obligations (attach schedule)			
•	b	Investments – corporate stock (attach schedule) See Stmt 4	2,364,337	2,687,738	2,831,501
	ŀ	The state of the s	2,304,337	2,001,130	2,631,301
	С 11	Investments – corporate bonds (attach schedule)			· 3%;
	"	Investments – land, buildings, and equipment: basis ► Less: accumulated depreciation (attach sch.) ►	1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	man bearing
	12	Investments – mortgage loans	· -		
	13	Investments – other (attach schedule) See Statement 5	1,580,500	1,516,732	1,622,143
	14	Land, buildings, and equipment basis	2,000,000	273207.32	1022/245
		Less accumulated depreciation (attach sch.)		*****	11, 10, 10, 11, 11,
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers – see the		· 	
		instructions. Also, see page 1, item I)	4,420,457	4,757,778	5,006,952
	17	Accounts payable and accrued expenses			membership of the contract of
	18	Grants payable			he place the
ies	19	Deferred revenue			The state of the s
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable (attach schedule)			
ᅦ	22	Other liabilities (describe ▶)			attle of the fine
	23	Total liabilities (add lines 17 through 22)	0	0	Beer Beer W
		Foundations that follow SFAS 117, check here			
or Fund Balances		and complete lines 24 through 26 and lines 30 and 31.			
띩	24	Unrestricted			Same of the state
뼰	25	Temporarily restricted			
8	26	Permanently restricted			
틹		Foundations that do not follow SFAS 117, check here			
늿		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			Section But Section
ssets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			A STORY TO SAME
⋖∣	29	Retained earnings, accumulated income, endowment, or other funds	4,420,457	4,757,778	a paga malijaha d
힑	30	Total net assets or fund balances (see instructions)	4,420,457	4,757,778	
	31	Total liabilities and net assets/fund balances (see			
لِـ		instructions)	4,420,457	4,757,778	9.40 (1. 18. 18. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	Part II		A	 	
1		net assets or fund balances at beginning of year – Part II, column (a), line 30 (mus	t agree with		A AOO AET
_		of-year figure reported on prior year's return)		 1	4,420,457
		amount from Part I, line 27a		. 2	337,321
		rincreases not included in line 2 (itemize) ▶		. 3	4,757,778
		ines 1, 2, and 3 eases not included in line 2 (itemize) ▶		. 5	-,101,110
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b)) line 30	6	4,757,778
<u>~</u>	Jolai	The square of faire balances at one of year time 4 fillings line of -1 art if, column to	,,		Form 990-PF (2017)

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	and Losses for Tax on Investmen	nt Income	(b) How acquired			
	the kind(s) of property sold (for example, real estate, arehouse, or common stock, 200 shs MLC Co)		P - Purchase D - Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
1a THRU CHARLES SO	CHWAB		P	05/04	1/15	08/08/17
b THRU CHARLES SO	CHWAB		P	11/30)/17	12/19/17
_c						_
_d						
_e	T					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		(h) Gazn ((e) plus (f)	or (loss) minus (g))
_a 388,150			338,362			49,78
ь 19,686,411			19,236,834			449,57
_с						
_d						
_e		: 40/0/16				
Complete only for assets showin	g gain in column (h) and owned by the fou					(h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	• •	s of col (i) (j), if any	د د د د د د د د د د د د د د د د د د د	Losses (fro	less than -0-) or om col (h))
a						49,78
_b						449,57
_c						
_d						
_e			·	 -		· · · · · · · · · · · · · · · · · · ·
2 Capital gain net income or (net c	apital loss) If gain, also enter in Particular apital loss), enter -0- in Particular apital loss), enter -0- in Particular apital loss)			2		499,36
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6):	_	t			400,00
· · · · · · · · · · · · · · · · · · ·	, column (c). See instructions. If (loss), ent	_				
Part I, line 8	· · · · · · · · · · · · · · · · · · ·	<u></u>		3		449,57
Part V Qualification Ur	nder Section 4940(e) for Reduce	d Tax on Net I	nvestment Inco	<u>me</u>		
(For optional use by domestic private	foundations subject to the section 4940(a) tax on net investi	ment income.)			
If section 4940(d)(2) applies, leave th	is part blank.					
Was the foundation liable for the sec	tion 4942 tax on the distributable amount o	of any year in the b	ase period?			Yes X No
If "Yes," the foundation does not qual	lify under section 4940(e). Do not complete	e this part.				
1 Enter the appropriate amount in	each column for each year; see the instruc	tions before makir	ng any entries.			
(a) Base period years	(p)		(c)		Distri	(d) ibution ratio
Calendar year (or tax year beginning in)			of nonchantable-use assets		(col. (b) di	vided by col (c))
2016	239,		4,580,5			0.05217
2015	245,:		4,814,1 5,081,6			0.050942
	217,		4,781,8			0.045561
2012	213,		4,435,9			0.048229
2 Total of line 1, column (d)				2		0.243154
	5-year base period ~ divide the total on line	e 2 by 5.0, or by th	e			0.04060
number of years the foundation h	as been in existence if less than 5 years			3_	 	0.048631
4. Established and value of sample vital	ble-use assets for 2017 from Part X, line 5			4	1	4,782,437
4 Enter the net value of nonchantal	Die-use assets for 2017 from Part A, line 5	'	•	-		4,102,45
5 Multiply line 4 by line 3				5		232,575
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)			6		<u>5,666</u>
	·			ŀ		000 000
7 Add lines 5 and 6		••		. 7		238,241
6 False model 5 of all 19 of the	- Ded VII. For 4			8	}	228,084
8 Enter qualifying distributions from	n Part XII, line 4 n line 7, check the box in Part VI, line 1b, a	and complete that :	nart using a 1% tay ra			220,004
Part VI instructions.	i mie i, dieda die box in Fait VI, mie 10, e	and complete that	Juit 45 ing a 170 tax 16	J. 000 alc	•	_

Forn	1990-PF (2017) EDWARD & DOROTHY KENDALL FOUNDATION 26-0723656				Page 4
P	art 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.	Ι,	133.	1, 26.	11. 11.
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				" J. C.
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		``	Ĺ,333
	here ▶ ☐ and enter 1% of Part I, line 27b	111	ully .		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	w.	18KY 77	14.	24
	Part I, line 12, col. (b).			•	• •
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	ł		0
3	Add lines 1 and 2			11	.,333
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		11	.,333
6	Credits/Payments:	(18)	1. 18.	. \	**************************************
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 2,000		188		100
b	Exempt foreign organizations – tax withheld at source 6b		1111 1111		
c	Tax paid with application for extension of time to file (Form 8868) 6c	` ` '			· · · ·
ď	Backup withholding erroneously withheld 6d			37,	```
7	Total credits and payments. Add lines 6a through 6d	7	," 18.	````	2,000
8	Enter any penalty for underpayment of estimated tax. Check here $ X $ if Form 2220 is attached	8			<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			7,338
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			,,330
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11			
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			18° 74 v	es No
'a				1a	X
L	participate or intervene in any political campaign?	• •	• •	- <u>"</u> -	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			1	x
	Instructions for the definition			1b	
	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	* X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
_	(1) On the foundation. \$ (2) On foundation managers. \$ Enter the samplus amount (if any) and by the foundation during the uses for notificed avgranditure tax improved.	-			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$. 10
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.	• • • • •			111/1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1 80	
•	incorporation, or 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	X
_	If "Yes," has it filed a tax return on Form 990-T for this year?	,	N/A	4b	
b	· · · · · · · · · · · · · · · · · · ·	'	• • • • • • • • • • • • • • • • • • • •	5	x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	•		\ -	
6	•				100
U	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 				*
				6	x
7	conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Par	 . X V		7 3	
7			•	Windows	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ► None				\mathbb{J} .
	• • • • • • • • • • • • • • • • • • • •	••			
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 See Stmt 6			8b	X
^	()			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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 year 2017 or the taxable year beginning in 2017? See instructions for Part XIV. If "Yes,"			,	$ \mathbf{x} $
4.0	complete Part XIV			9	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			10	x
	names and addresses	· · · · <u> </u>	<u> </u>	<u> 10 </u> =arm 990-	
			1	WIII 220-	(201/)

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-11.	Statements Regarding Activities (continued)			_	T	Yes	N
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				<u> </u>	163	100
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions				11	1	x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				 		
	person had advisory privileges? If "Yes," attach statement. See instructions				12	Ì	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	tion?			13	X	
	Website address ► N/A		• ••	••		· · · · · ·	
4		hone no		••	•		
	PO BOX 2767		•	•••	• •	•	•
	Located at ▶ columbia sc	ZIP+4	▶ 2	9202	2-27	67	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here		•	• •		••	▶ſ
	and enter the amount of tax-exempt interest received or accrued during the year	È	15		• • • • •		٠ ـ
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority	-				Yes	No
	over a bank, securities, or other financial account in a foreign country?				16	100	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				1	`	3.0
	the foreign country ▶				100	, i' ,	1
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required						•
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				1	Yes	No
1a	During the year, did the foundation (either directly or indirectly):				2	ν,	. *
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	s X	No	()	,,,,,	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_		,	1. 3	18	
	disqualified person?	Yes	s X	No		18.00	,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X X	No	8		1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	1	No	No.	11.00	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	٠-٠ لسا			13	3.7	
	the benefit or use of a disqualified person)?	☐ Yes	X	No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	ш			8/8	35	12,
	foundation agreed to make a grant to or to employ the official for a period after					1764	,
	termination of government service, if terminating within 90 days.)	Yes	X	No			;
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulat				K.,		N
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		•	·Π		. 8	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		·			,)	Z* ;
	were not corrected before the first day of the tax year beginning in 2017?		1	N/A	1c	``	`
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	•			\$5.5	` '	4
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				17. 11.	``	uhu,
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and				· 、	. `. `}	٠, ,
_	6e, Part XIII) for tax year(s) beginning before 2017?	☐ Yes	X	No	" "	``.*`	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20				` `	: >>&	٠,
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)						
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					Na.	, i
	all years listed, answer "No" and attach statement – see instructions.)		1	A\N	2 _b	```	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	• •		:'/	17/10		7711
·					17.78		````
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				4	100	
Ja	at any time during the year?	Yes	X	No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or					13	
~	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the					*,\	1,00
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					· ·	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the						mill
	the 10-, 10-, of 20-year hist phase holding period? (Use solicule O, FORH 4720, to determine if the				1 mills 1	- 2/2	884

foundation had excess business holdings in 2017.)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

4b Form 990-PF (2017)

Form 990-PF (2017) EDWARD & DOROTHY KENDALL FOUND	ATION 26-	<u>0723656</u>		Page 6
Part VII-B Statements Regarding Activities for Which Form	4720 May Be I	Required (con	tinued)	
5a During the year did the foundation pay or incur any amount to:				80
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	. 🔲	Yes 🗓 No	
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on,			14 14 1 V
directly or indirectly, any voter registration drive?			Yes 🗓 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes 🗓 No	[N] N [N]
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in			11/40 11/11/11/11
section 4945(d)(4)(A)? See instructions			Yes 🗓 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational	_	_	
purposes, or for the prevention of cruelty to children or animals?			Yes 🗓 No	
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify un	der the exceptions of	described in		
Regulations section 53.4945 or in a current notice regarding disaster assistant	e? See instructions		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check	here .		▶ 📙	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	om the tax		_	
because it maintained expenditure responsibility for the grant?		Ŋ/A ∐ '	Yes No	
If "Yes," attach the statement required by Regulations section 53.4945–5(d).				9.0
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	ay premiums	_		
on a personal benefit contract?		···· 📙 '	Yes X No	3.6
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit cont	ract?		6b X
If "Yes" to 6b, file Form 8870.				13 A 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□,	Yes 🗓 No	. 13 N. 18 18 18 18 18 18 18 18
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b
Part VIII Information About Officers, Directors, Trustees, F	oundation Man	agers, Highly	Paid Employe	ees,
and Contractors				
1 List all officers, directors, trustees, and foundation managers and their con	pensation. See in:	structions.	1	
		1	(d) Contributions to	
	(b) Title, and average	(c) Compensation		(e) Expense account.
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred	(e) Expense account, other allowances
	hours per week devoted to position	(If not paid,	employee benefit	
EDWARD KENDALL COLUMBIA	hours per week devoted to position PRESIDENT	(If not paid,	employee benefit plans and deferred compensation	
EDWARD KENDALL COLUMBIA PO BOX 2767 SC 29202-2767	hours per week devoted to position PRESIDENT 1.00	(If not paid,	employee benefit plans and deferred	
EDWARD KENDALL COLUMBIA PO BOX 2767 SC 29202-2767 DOROTHY KENDALL COLUMBIA	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS	(If not paid, enter -0-)	employee benefit plans and deferred compensation	
EDWARD KENDALL COLUMBIA PO BOX 2767 SC 29202-2767 DOROTHY KENDALL COLUMBIA	hours per week devoted to position PRESIDENT 1.00	(If not paid,	employee benefit plans and deferred compensation	
EDWARD KENDALL COLUMBIA PO BOX 2767 SC 29202-2767 DOROTHY KENDALL COLUMBIA	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS	(If not paid, enter -0-)	employee benefit plans and deferred compensation	
EDWARD KENDALL COLUMBIA PO BOX 2767 SC 29202-2767 DOROTHY KENDALL COLUMBIA	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS	(If not paid, enter -0-)	employee benefit plans and deferred compensation	
EDWARD KENDALL COLUMBIA PO BOX 2767 SC 29202-2767 DOROTHY KENDALL COLUMBIA	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS	(If not paid, enter -0-)	employee benefit plans and deferred compensation	
EDWARD KENDALL COLUMBIA PO BOX 2767 SC 29202-2767 DOROTHY KENDALL COLUMBIA PO BOX 2767 SC 29202-2767	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00	(If not pald, enter -0-)	employee benefit plans and deferred compensation	
EDWARD KENDALL COLUMBIA PO BOX 2767 SC 29202-2767 DOROTHY KENDALL COLUMBIA	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00	(If not pald, enter -0-)	employee benefit plans and deferred compensation	
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 SC 29202-2767 SC 29202-2767 SC 29202-2767	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 see ins	(If not pald, enter -0-)	employee benefit plans and deferred compensation O o	
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 SC 29202-2767 SC 29202-2767 SC 29202-2767 2 Compensation of five highest-paid employees (other than those included "NONE."	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00	(If not pald, enter -0-)	employee benefit plans and deferred compensation O O (d) Contributions to employee benefit	other allowances O O Expense account,
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 SC 29202-2767 SC 29202-2767 SC 29202-2767	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 – see ins	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O (d) Contributions to	other allowances
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767 (a) Name and address of each employees paid more than \$50,000	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 - see ins (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O O Contributions to employee benefit plans and deferred	other allowances O O Expense account,
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 SC 29202-2767 SC 29202-2767 SC 29202-2767 2 Compensation of five highest-paid employees (other than those included "NONE."	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 - see ins (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O O Contributions to employee benefit plans and deferred	other allowances O O Expense account,
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767 (a) Name and address of each employees paid more than \$50,000	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 - see ins (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O O Contributions to employee benefit plans and deferred	other allowances O O Expense account,
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767 (a) Name and address of each employees paid more than \$50,000	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 - see ins (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O O Contributions to employee benefit plans and deferred	other allowances O O Expense account,
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 COLUMBIA PO BOX 2767 SC 29202-2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767 2 Compensation of five highest-paid employees (other than those included "NONE."	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 - see ins (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O O Contributions to employee benefit plans and deferred	other allowances O O Expense account,
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 COLUMBIA PO BOX 2767 SC 29202-2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767 2 Compensation of five highest-paid employees (other than those included "NONE."	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 - see ins (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O O Contributions to employee benefit plans and deferred	other allowances O O Expense account,
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 COLUMBIA PO BOX 2767 SC 29202-2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767 2 Compensation of five highest-paid employees (other than those included "NONE."	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 - see ins (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O O Contributions to employee benefit plans and deferred	other allowances O O Expense account,
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 COLUMBIA PO BOX 2767 SC 29202-2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767 2 Compensation of five highest-paid employees (other than those included "NONE."	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 - see ins (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O O Contributions to employee benefit plans and deferred	other allowances O O Expense account,
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 COLUMBIA SC 29202-2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 - see ins (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O O Contributions to employee benefit plans and deferred	other allowances O O Expense account,
EDWARD KENDALL PO BOX 2767 DOROTHY KENDALL PO BOX 2767 COLUMBIA SC 29202-2767 SC 29202-2767 COLUMBIA PO BOX 2767 SC 29202-2767	hours per week devoted to position PRESIDENT 1.00 VP/SEC/TREAS 1.00 on line 1 - see ins (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O O Contributions to employee benefit plans and deferred	other allowances O O Expense account,

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Part VIII Information About Officers, Directors, Trustees, Foundation Mana	agers, Highly Paid Em	ployees,
and Contractors (continued)	THE PARTY IN	
3 Five highest-paid independent contractors for professional services. See instructions. If nor		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		İ
		
	<u></u>	
	· -	
		}
otal number of others receiving over \$50,000 for professional services		•
		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc.	of	Expenses
1 N/A		
•••••		
	. <u>. </u>	· · · · · · · · · · · · · · · · · · ·
2		
3		
4		
· · · · · · · · · · · · · · · · · · ·	•	
· · · · · · · · · · · · · · · · · · ·	· · ·	
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments See instructions		
3		

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Total. Add lines 1 through 3

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*****	art X Minimum Investment Return (All domestic foundations must complete this part. Forei	an foun	
	see instructions.)	J	,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	10.11	
	purposes:		
а	Average monthly fair market value of securities	1a	2,711,186
Ь	Average of monthly cash balances	1b	514,464
C	Fair market value of all other assets (see instructions)	1c	1,629,616
đ	Total (add lines 1a, b, and c)	1d	4,855,266
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	C
3	Subtract line 2 from line 1d	3	4,855,266
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	72,829
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,782,437
6	Minimum investment return. Enter 5% of line 5	6	239,122
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	founda	itions
	and certain foreign organizations check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	239,122
2a	Tax on investment income for 2017 from Part VI, line 5	***	
b	Income tax for 2017. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	11,333
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	227,789
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	227,789
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	227,789
Pa	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	228,084
b	Program-related investments – total from Part IX-B	1b	
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:	100	
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	228,084

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Enter 1% of Part I, line 27b. See instructions

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years.

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228,084

Form 990-PF (2017)	EDWARD	æ	DOROTHY	KENDAT.T.	FOUNDATION	26-	07236	56
1 01111 330 FT (2017)		Œ	DOVOTH	MUNDAUL	LOOKDALTON	20	V / Z J U.	

P	art XIII Undistributed Income (see instruction	ons)			rage :
	Distributed as a second of the	(a)	(b)	(c) 2016	(b)
1	Distributable amount for 2017 from Part XI,	Corpus	Years pnor to 2016	2016	2017
_	line 7			<u> </u>	227,789
2	Undistributed income, if any, as of the end of 2017:				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
_	Enter amount for 2016 only			228,084	<u> </u>
b				1/4, 4/1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
3	Excess distributions carryover, if any, to 2017:	}			Elither Horald
a	From 2012	_	, ,		
b		;			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	From 2014	_ [,`		1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
đ		- ∤			
е	From 2016	- ` ` ` `	.;		Consider to
f	Total of lines 3a through e				/// // // // // // // // // // // // //
4	Qualifying distributions for 2017 from Part XII,				
	line 4: ▶ \$228,084				
a	Applied to 2016, but not more than line 2a	<u> </u>		228,084	Marie Carlotte
b	Applied to undistributed income of prior years	`			
	(Election required – see instructions)			, 1000	1. 16.22 1. 11. 11. 11. 11. 11. 11. 11. 11. 1
C	Treated as distributions out of corpus (Election			4 . "" . "	
	required – see instructions)				The comments
d	Applied to 2017 distributable amount		, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·
е	Remaining amount distributed out of corpus		`	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	illi, harring
5	Excess distributions carryover applied to 2017	57.00	*	1,11	
	(If an amount appears in column (d), the same	ŧ.	`	3.4	and the second
	amount must be shown in column (a).)	``	` .		1.3. 1
6	Enter the net total of each column as	,,			Maria Cara Cara Cara Cara Cara Cara Cara
	indicated below:	<u> </u>	. ` . `	10 m	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5			~ \	
b	Prior years' undistributed income. Subtract			,,,	Comment of the Commen
	line 4b from line 2b	" ""		11 1 1/2/19	· William
C	Enter the amount of prior years' undistributed	‡		,30,7	400 11
	income for which a notice of deficiency has			. 20	
	been issued, or on which the section 4942(a)				: 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 /
	tax has been previously assessed	,			-141, 11 h
d	Subtract line 6c from line 6b. Taxable			`, `, `, `,	Salar Commencer
	amount – see instructions			",,	The same of the sa
е	Undistributed income for 2016. Subtract line		`		
	4a from line 2a. Taxable amount see	,			appearance of the second
	instructions				(1,1,1)
f	Undistributed income for 2017. Subtract lines	, "			
	4d and 5 from line 1. This amount must be			1000	
	distributed in 2018		`		227,789
7	Amounts treated as distributions out of corpus		, i		
	to satisfy requirements imposed by section		,		Miller Wall Commencer
	170(b)(1)(F) or 4942(g)(3) (Election may be				. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	required—see instructions)		· ·	. 31111 883	
8	Excess distributions carryover from 2012 not				
_	applied on line 5 or line 7 (see instructions)		,3		/////////////////////////////////////
9	Excess distributions carryover to 2018.				The state of the state of the
	Subtract lines 7 and 8 from line 6a			, , , , , ,	<u> Vicinity in Miller Mi</u>
10	Analysis of line 9:				Section 18 18 18 18 18 18 18 18 18 18 18 18 18
а	Excess from 2013	_}	``	,"/// , " [
b	Excess from 2014	⊣ ,			Same dates and
C	Excess from 2015	_			
d	Excess from 2016	- `````	` `		
е	Excess from 2017			11, 11, 11, 11, 11, 11, 11, 11, 11, 11,	<u> </u>

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SEE ATTACHED LIST 228,084 228,084 ▶ 3a Approved for future payment N/A **▶** 3b Total

Form 990-PF (2017) E E	DWARD &	DOROTHY	KENDALL	FOUNDATION	26-0723656
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_	Part XVI-A Analysis of Income-Produc	ing Activities	<u></u>			
En	nter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclude	d by section 512, 513, or 514	6 1
	•	(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1	Program service revenue:		<u> </u>	code	}	(See instructions)
	a					
	b					
	С		Ĺ <u>-</u>			
	d					
	e					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments	· ·				
	Interest on savings and temporary cash investments					
				14	110,176	
	Net rental income or (loss) from real estate:				V., V., V.	
	a Debt-financed property					······
	b Not debt-financed property					
6	Net rental income or (loss) from personal property		· · · · · · · · · · · · · · · · · · ·			
	Other investment income					
	Gain or (loss) from sales of assets other than inventory	,		1	499,365	
	Net income or (loss) from special events	' <u> </u>			- 100,000	
	Gross profit or (loss) from sales of inventory			 		
	Other revenue: a					
• •	h			+-+		
	b			\vdash		
	<u> </u>			+		
	d					
				1		
10	e				600 F41	
	e		0		609,541	0
13	eSubtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				609,541	0 609,541
13 <u>Se</u>	e				13	
Se P	e	.) o the Accomplishm	ent of Exempt P	urpose	13 s	
Se P	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Exercise worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se P	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se P	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Exercise worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se P	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se P	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se P	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se P	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se P	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se P	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se P	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities to Line No. Explain below how each activity for which accomplishment of the foundation's exer	the Accomplishm	ent of Exempt P	urpose A contrib	13s	609,541
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Form 990-F	11171	DOROTHY KENDAL					Pa	ige 1 3
` Part X\	/fi Information Reg Exempt Organiz	garding Transfers To ai zations	nd Transactio	ns and Relatior	iships With None	charitable		
1 Did t		directly engage in any of the fo	ollowing with any o	ther organization de	scribed	1.5	Yes	No
•		tion 501(c)(3) organizations) o	_		00	250		, ,
		cion 30 (C)(3) organizations) o	1 111 3COLIO11 327, 10	siating to political		1,77	.	
_	nizations?			_		196	13.	1,3,4
		dation to a noncharitable exen	npt organization of	i.		12.40	\ *\``	80.00
(1) C	ash					1a(1)	X
(2) C	Other assets					1a(2)	X
b Other	transactions:					11		
(1) S	ales of assets to a nonchari	itable exempt organization				1b(1		X
		noncharitable exempt organizat	ion .			1b(2	$\overline{}$	X
	ental of facilities, equipment	, ,				1b(3		X
	eimbursement arrangement	•	•	•		1b(4		X
	-		•	•	•••	·· ·· 		X
	oans or loan guarantees					1b(5		
		nembership or fundraising solic	•		••	1 <u>1b(6</u>	' 	X
		nailing lists, other assets, or pa				<u> 1c</u>		X
	•	is "Yes," complete the followin	-					
	- ·	or services given by the report	•					
value	in any transaction or sharing	g arrangement, show in colum	n (d) the value of	the goods, other ass	ets, or services receiv	/ed		
(a) Line r	o (b) Amount involved	(c) Name of nonchantable exen	npt organization	(d) Descriptio	n of transfers, transactions, a	nd sharing arrangem	ents	
N/A								
	- 							
		 						
-		 						
	- 	 						
								
 								
								
		<u> </u>						
		1						
descri		ctly affiliated with, or related to than section 501(c)(3)) or in schedule.	•	exempt organization		🗆 Y	es X] No
	(a) Name of organization	(b) Type of	b) Type of organization (c) Description of relationship			nship		
N/A								
				-	-			
								
								
Un	der penalties of periury. I declare th	nat I have examined this return, includir	ng accompanying scher	dules and statements, and	to the best of my knowledg	je and belief, it is tru	e,	
co	rrect, and complete Declaration of	preparer (other than taxpayer) is based	on all information of w	hich preparer has any kn	owledge.	y the IRS discuss this		
Sign Here	Signature of officer or trustee	ytchall	Date	116/18	with	the preparer shown to instructions		No
	-/	1		1		Date	T^{-}	一
Paid	PnnyType preparer's name ERNARD S. FLEISC	HMAN, JR.	Preparer's signature			Date 04/12/18	Check self-em	
Preparer 🖰		CUMAN C ACCOCT	ATTES DA	<u></u>	0711	P0121		_

803-254-6116

Firm's EIN ► 57-0787371

Use Only

Firm's address ▶

1732 Hampton Street Columbia, SC 29201

NSF598 EDWARD & DOROTHY KENDALL FOUNDATION

Federal Statements 26-0723656 FYE: 12/31/2017

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Statement 1 - F
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Charitable Purpose	\$	\$
Adjusted Net	\$	\$
Net Investment	\$ 1,242	\$ 1,242
Total	\$ 2,485	\$ 2,485
Description	TAX RETURN PREPARATION	Total

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	৵	٠ %
Adjusted Net	\$	\$
Net Investment	39,150	39,150
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Total	39,150	39,150
	\$	φ
Description	ADVISOR FEES]otal

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	w.	\$
Adjusted Net	\$	\$
Net /estment	2,501	2,501
, L	\$	w
Total	2,501	2,501
	တ	ۍ.
Description	TAXES ON INCOME	Total

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market Value	\$ 2,831,501 \$ 2,831,501	
Basis of Valuation	Cost	
End of Year	\$ 2,687,738 \$ 2,687,738	
Beginning of Year	\$ 2,364,337	
Description	SEE ATTACHED Total	

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Statement 5 - Form 990-PF, Part II, Line 13 - Other Investments

Fair Market Value	\$ 1,622,143 \$ 1,622,143	
Basis of Valuation	Cost	
End of Year	\$ 1,516,732 \$ 1,516,732	
Beginning of Year	\$ 1,580,500 \$ 1,580,500	
Description	SEE ATTACHED - C. SCHWAB STATEMENT Total	

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Federal Statements
FYE: 12/31/2017

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