990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

~	FOR the	e zu i r Calend	ar year, or tax	year beginni	ing	, and	renamg							
В		applicable	C Name of organ	ıızatıon							D	Employ	er identifi	cation number
\dashv	Address		mand and are managed to use To as some as							07.1610450				
-		ame change Tenderfeet Foundation Inc Ital return Number and street (or P O box, if mail is not delivered to street address) Room/suite						27-1619453						
	Initial retu				all is not delivered to	o street address)			Roon	√suite	E	•	one number	
		ırn/terminated	PO Box										-584-	
	Amended			or province, coun	try, and ZIP or foreig		-000			03			Exemption	1
		on pending	Wilder	, 		VT 0	5088					Numbe		
G		nting Method	X Cash		Other (specify)	-				1	ck 🏲	_		ization is not
l			.Tenderf							i '			h Schedu	
<u>J</u>			heck only one) —) ◀ (insert no		7(a)(1) or	527	(Foi	m 99	<u>10, 990-</u>	EZ, or 990	0-PF)
K	Form o	of organization	n 🗓 Corpo	ration [Trust	Association	n L	Other _						
L			b to line 9 to dete	•	. •	•	0,000 or mo	ore, or if tot	al assets					
			are \$500,000 or m									<u>▶ \$</u>		89,386
¦_F	ar <u>t I</u>		ue, Expense of the organiza							the instru	ction	is for P	Part I)	X
_	1		gifts, grants, and s					-				1		89,386
	2		vice revenue in			contracts					ſ	2		
<u> </u>	3	=	dues and asses								ſ	3		
2018	4	Investment									ſ	4		
(3)	5a	Gross amou	int from sale of a	assets other t	han inventory			5a			Γ			
~ =1	ь		r other basis and		_			5b			1	'		
5	c		from sale of assets	•		ne 5b from line	5a)					5c		
400	6		fundraising eve		, (•							
	а		ne from gaming		dule G if greate	r than						9.,		
<u> </u>		\$15,000)		•				6a				n jir,		
SCREVENUE C	ь	•	ne from fundrais	ına events (n	ot includina \$				ributions			15		
€ }			sing events repo	-		dule G if the		_			1			
Ç	ļ		gross income a					6ь			J			
ψŞ	c		expenses from			•		6c				* * 1		
	d		or (loss) from ga	-	-		a and 6b	and subtra	act			and and		
		line 6c)	(11)	3	J						ľ	6d		
	7a	•	of inventory, les	ss returns and	d allowances			7a			Ī	7		
	ь		f goods sold					7b	_			- ,		
	c		or (loss) from sa	ales of invent	ory (Subtract lir	ne 7b from lin	e 7a)					7c		
	8	-	ue (describe in S		•		•					8		
	9		ue. Add lines 1,		d, 7c, and 8						▶	9		89,386
	10		sımılar amounts				-					10		140,000
	11	Benefits par	d to or for memb	pers			į.	RECE	IVED			11		
s	12	Salaries, oth	ner compensatio	n, and emplo	yee benefits					OI		12		
Expenses	13	Professiona	I fees and other	payments to	independent co	ontractors	တ	ALAV -	F 2040	8		13		450
ber	14	Occupancy,	rent, utilities, ar	nd maintenan	ce		269	MAT J	7 2018	S-0		14		
Щ	15	-	olications, posta								Ī	15		
	16	Other exper	ises (describe in	Schedule O)			OGDE	N. UT			16		2,513
	17	Total exper	ses. Add lines	10 through 16	S						▶ [17		142,963
	18		leficit) for the ye			9)		· · · · · ·				18		-53,577
Assets	19		or fund balances			•	n (A)) (mu	ust agree v	with		ļ			
ASS			figure reported o	• •	•	•		•			ľ	19		77,009
Net /	20	Other chang	jes in net assets	or fund bala	nces (explain in	Schedule O)					20		
	21		or fund balances								▶	21		23,432
For	Panen		ion Act Notice.				_						C	90-F7 (2017)

18

915

27-1619453

BOA Page 3

P	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.			П
	institutions for 1 art 4.7 Officer in the digulification ascended to to respond to any question in the 1 art 4.7		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	ł	1	}
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	ļ		
	change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
ь	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	├ ──	├
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	125-		x
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		x
37a	during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	100	3.4.4	
b b	Did the organization file Form 1120-POL for this year?	37b	<u>Fact</u>	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	-	2 mg pr	
JUG	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter	- F (3)		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1	7,000	۶-
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		F	1
	section 4911 ▶, section 4912 ▶, section 4955 ▶	7	7,	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		: <u></u> -	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	ł	l	ì
	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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1	1	-
	on organization managers or disqualified persons during the year under sections 4912,		4.7 E. F.	-
	4955, and 4958		14. J	:
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization	- '.'	- '	l
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		X
44	transaction? If "Yes," complete Form 8886-T	40e	L	<u> </u>
41	List the states with which a copy of this return is filed ▶ None The organization's books are in care of ▶ Dax Mitchell Telephone no ▶ 71	3-58	4-3	075
42a	PO BOX 451	3-30	- T	, 9 7 0
		088-	045	51
b			Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1.50	X
	If "Yes," enter the name of the foreign country			<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		13. The same of th	Ì
	Financial Accounts (FBAR)	1		-
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<u></u>	X
	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			▶∟
	and enter the amount of tax-exempt interest received or accrued during the tax year		T.,	Т.:
	Dalilla de la companya del companya de la companya del companya de la companya de	. 5#:	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	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	v
_	completed instead of Form 990-EZ	44b	 	X
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 446, has the organization filed a Form 720 to report these payments? If "No." provide an	44c	-	+^-
u	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	1	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		1.	+**
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	33		
	Form 990-EZ (see instructions)	45b	1	X

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► X Yes No
Form 990-EZ (2017)

76-0358346

281-240-0330

Firm's EIN

Phone no

Preparer

Use Only

Firm's name

Firm's address

James

Sugar Land,

May the IRS discuss this return with the preparer shown above? See instructions

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Tenderfeet Foundation Inc

Employer identification number 27-1619453

Pi	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part) See instruction	ns	
The	orga			e it is (For lines 1 through 12, c					
1	\Box	A church, cor	nvention of churches, or asse	ociation of churches described i	n section	170(b)(1)(A)(i).	$\Lambda^{-}I$	
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 9	90-EZ))		-V	
3	П			ce organization described in sec			ii).	•	
4	П	•		-				ospital's name,	
	ىـــا	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
5		•		of a college or university owned	or operate	ed by a go	overnmental unit described in		
-	ш	-	b)(1)(A)(iv). (Complete Part		·				
6		•		overnmental unit described in se	ection 17	0(b)(1)(A))(v).		
7	X		on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro omplete Part II)	om a gove	rnmental	unit or from the general public	:	
8				70(b)(1)(A)(vi). (Complete Part	li)				
9		•		cribed in section 170(b)(1)(A)(i		ed in conji	unction with a land-grant colleg	ge	
				of agriculture (see instructions)					
10		receipts from support from	activities related to its exem gross investment income ar) more than 33 1/3% of its support functions—subject to certain and unrelated business taxable in 0, 1975 See section 509(a)(2).	exception come (les	ns, and (2 ss section) no more than 33 1/3% of its 511 tax) from businesses	oss	
11	\Box	-	=	exclusively to test for public safe					
12	П	An organizati	on organized and operated e	exclusively for the benefit of, to p	perform th	ne function	ns of, or to carry out the purpo	ses	
				ations described in section 509					
		Check the bo	x in lines 12a through 12d th	at describes the type of support	ting orgar	nization ar	nd complete lines 12e, 12f, and	d 12g	
	а			erated, supervised, or controlled	-	-		ng	
			• • • • •	ver to regularly appoint or elect	• -	of the dir	ectors or trustees of the		
			• •	omplete Part IV, Sections A ar					
	b			pervised or controlled in connect					
				ting organization vested in the s Part IV, Sections A and C.	same pers	ions that t	control or manage the support	e 0	
	С	Type III f	functionally integrated. A s	upporting organization operated	in conne	ction with	, and functionally integrated w	ıth,	
	4			tructions) You must complete I. A supporting organization ope				n(e)	
	d	that is no	t functionally integrated. The	e organization generally must sa nust complete Part IV, Section	atisfy a dis	stribution i	requirement and an attentiven		
	е	Check th	is box if the organization rec	eived a written determination front n-functionally integrated support	om the IR	S that it is			
	f		nber of supported organizati	· · · · · · · · · · · · · · · · · · ·	yy				
	g	Provide the fo	ollowing information about th	e supported organization(s)					
(e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in your governing suppo		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				aboro (and manuchons))	Yes	No	ii isti uctionis)	monuciono)	
(A)				-	 				
·^,									
(B)									
(C)									
(D)									
(E)									
			Contract to the second						

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.) Section A Public Support

	don A. I ablic duppoit								
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	129,127	119,026	115,137	96,283	89,536	549,109		
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	129,127	119,026	115,137	96,283	89,536	549,109		
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)						191,573		
6	Public support. Subtract line 5 from line 4	11. 19	ないまた一般	大事であるかい アルド	Private Strict .	A STATE OF THE STA	357,536		
Sec	tion B. Total Support				-				
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	129,127	119,026	115,137	96,283	89,536	549,109		
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 VI)								
11	Total support. Add lines 7 through 10	٠ - , ١٠ -	1,5, 1,5,	1 4 4 6	4	THE PERSON NAMED IN	549,109		
12	Gross receipts from related activities, etc	(see instructions)				12			
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	I(c)(3)	_		
	organization, check this box and stop her			 _			>		
Sec	tion C. Computation of Public Su								
14	Public support percentage for 2017 (line 6	• •	•	nn (f))		14	65.11%		
15	Public support percentage from 2016 Sche					15	71.92%		
16a	33 1/3% support test—2017. If the organi				33 1/3% or more, o	check this			
	box and stop here. The organization quali						► X		
b	33 1/3% support test—2016. If the organi				15 is 33 1/3% or m	ore, check	. □		
47.	this box and stop here. The organization of				3	. 4.4 -			
17a	10%-facts-and-circumstances test—201								
	10% or more, and if the organization meet				•				
	Part VI how the organization meets the "fa	cts-and-circumsta	inces test ine or	ganization qualifies	s as a publicly sup	ропеа	▶ □		
b	organization	6 If the ergenwest		s hav an line 12, 10	So 40h 47	ما اسم			
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.								
	Explain in Part VI how the organization me supported organization	ets the Tacts-and	-circumstances" te	est the organization	on qualities as a pi	noliciy	▶ □		
18	Private foundation. If the organization did	I not check a have	on line 12 165 16	Sh 17a ar 17h ah	ack this have and	20			
	instructions	I HOLGHECK & DOX	on mie 13, 10a, 10	ω, ττα, υτ ττυ, CN6	TON HIS DOX AND SE	; c	▶ □		

Page 3

990 or 990-EZ) 2017 Tenderfeet Foundation Inc
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 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)

Sec	tion A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	/ (e) 2017		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants *)	····	· · · · · · · · · · · · · · · · · · ·		/	1		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							λ
	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			SM AND 255 7 16	\$ \$1.3 x 4 4505	words a result to the	200	
8	Public support. (Subtract line 7c from line 6)					71	arries.	
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 2017		(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 VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the	_	it, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		
Sec	organization, check this box and stop her tion C. Computation of/Public St		tage					
15	Public support percentage for 2017 (line 8			un (ft)	·· ···································		15	%
16	Public support percentage from 2016 Sch			III (1 <i>))</i>		<u> </u> -	16	
	tion D. Computation of Investme						<u>,,, , , , , , , , , , , , , , , , , , </u>	
<u> </u>	Investment income percentage for 2017 (I			column (ft)			17	%
18	Investment income percentage from 2016		•	, 551411111 (1/)		 	18	
19a	33 1/3% support tests—2017. If the orga			e 14, and line 15 is	s more than 33 1/3		<u></u>	
	17 is not more than/33 1/3%, check this b							▶ □
b	33 1/3% support tests—2016. If the orga	-	-				nd	
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization dis	nis box and stop h	ere. The organizat	ion qualifies as a	publicly supported	organization	-	▶ □
	/ / / / / / / / / / / / / / / / / / /	a not official a bux			on and see monuci		orm 00	0 or 990-EZ) 2017
	,					COLLEGIBLE W (L	VIIII 22	

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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		 1
2	£1	<u></u>
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Page 5

Tenderfeet Foundation Inc

Par	t IV Supporting Organizations (continued)			
			Yes	No_
11	Has the organization accepted a gift or contribution from any of the following persons?	4		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Secti</u>	on B. Type I Supporting Organizations			
		a. Children	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		Part Total	2
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ASST VAL
	controlled the organization's activities. If the organization had more than one supported organization,	-		= 2.4
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-	-	-
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	2 24%		
2	Did the organization operate for the benefit of any supported organization other than the supported	17		, -
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	Plone.		7.5
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	100		لننت
Coot	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			No
	Miles a second of the appropriate of discrete as twisters discrete the tay year along a majority of the discrete	WA.	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ক ভিন্ন এই না কা সমীল কমা	/
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		SANT	1
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	the supported organization(s) on D. All Type III Supporting Organizations	<u></u> -1		
	On S. All Type III dupporting diguinzations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	17. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12		-1
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	7	2	-
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		4	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	a Comp	15-	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		50 dr 2.	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	() () () () () () () () () ()		
	significant voice in the organization's investment policies and in directing the use of the organization's	-	S 1/2 2	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	134 mg	No. of the second	
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction)	tions)		
		1		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		A CONTRACTOR OF THE PARTY OF TH]
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			*
	those supported organizations and explain how these activities directly furthered their exempt purposes,			[
	how the organization was responsive to those supported organizations, and how the organization determined	- No. 100 A	-	<u></u>
	that these activities constituted substantially all of its activities	2a	16 FA	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		李仁三	ا يحم
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	A	
	activities but for the organization's involvement	2b	Alex Tarte Ace	75 ,
3	Parent of Supported Organizations Answer (a) and (b) below.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			3
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	and the state of t	 -
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	متعاودت	- T - C	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Suppo	rting Organiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on Nov 20,	1970 (explain in Part VI) Se	e
instructions. All other Type III non-functionally integrated supporting organ	nizations must comp	olete Sections A through E	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	11		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	[
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	j		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	Ĭ,	Salvery and the	
instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	# (X to	The state of the s	A CONTRACTOR OF THE PARTY OF TH
factors (explain in detail in Part VI)	13.3		The second of the second
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	インション 大き郷の大学に	
2 Enter 85% of line 1	2	The state of the s	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE THE THE	
4 Enter greater of line 2 or line 3	4	1 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·— · · ·
5 Income tax imposed in prior year	5	THE PARTY OF THE P	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	-	Device value in	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall		I supporting organization (see

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purpos						
2	Amounts paid to perform activity that directly furthers exempt purposes						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organiza	tion is responsive					
	(provide details in Part VI) See instructions						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6	1. 2.2 3 25					
2	Underdistributions, if any, for years prior to 2017	1. "通知"的意思					
	(reasonable cause required-explain in Part VI) See	AND MANY THE					
	instructions	A STORY WAS TO SHE THE WAS TO SHE THE	make Calleton	A STATE OF THE STA			
3	Excess distributions carryover, if any, to 2017	CANTON OF A CHAPTER STATE OF	THE STATE OF THE S				
a	The state of the s	A STATE OF THE PROPERTY OF THE PERSON OF THE		4000			
	From 2013	· · · · · · · · · · · · · · · · · · ·	2 37 18				
	From 2014	The state of the s	11年の大学の大学を選集				
	From 2015	The state of the s					
	From 2016	18 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Total of lines 3a through e	2 P 12 m 12 W 17	The state of the s	an age of the same			
	Applied to underdistributions of prior years	The state of the s	and the second second	TORRIBE TO THE PARTY OF THE PAR			
<u>h</u>	Applied to 2017 distributable amount		A CE OF THE PERSON	See all the second			
<u></u>	Carryover from 2012 not applied (see instructions)	10 10 6 6	The state of the s	L1 4 L 5			
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	by Cart and multiplated the season and care	Mary Harris of the section of the	· · · · · · · · · · · · · · · · · · ·			
4	Distributions for 2017 from			A THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN CO			
	Section D, line 7 \$	· 一		神経神経はいい あいし			
	Applied to underdistributions of prior years	THE PARTY OF THE P	See 1 See Sound of Bush See	The second second			
	Applied to 2017 distributable amount	The state of the s	The same of the sa	w the comment of the first day.			
	Remainder Subtract lines 4a and 4b from 4	and of the series of the series	THE PARTY OF THE PARTY	5. 有色色的种种。			
5	Remaining underdistributions for years prior to 2017, if			The state of the s			
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI See instructions	The state of the s	1	A CONTRACTOR OF THE PARTY OF TH			
6	Remaining underdistributions for 2017 Subtract lines 3h	, had the					
	and 4b from line 1. For result greater than zero, explain in	1000 · 1					
	Part VI See instructions	1 多次高温等 1分分	The second secon	Se Markey to the Control of the			
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c	to the state of th	The County of th				
8	Breakdown of line 7						
	Excess from 2013	A STATE OF THE STA					
	Excess from 2014		は、一般の関係を	The state of the s			
	Excess from 2015	of the party of the same	The state of the s				
	Excess from 2016						
٩	Excess from 2017	1 51	· "是你还有意	The state of the s			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCHEDULE O (Form 990 or 990-EZ)

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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

Name of the organization

Go to www.irs.gov/Form990 for the latest informati

Employer identification number

Tenderfeet Foundation Inc

27-1619453

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations

Name: Tenderfeet Education Centre

Address: PO Box 29793-00202 K.N.H.

Nairobi, KE

Cash contribution: 140,000

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

Description Amount

Expenses

Online Advertising		\$ 421
Bank Fees		\$ 90
Foundation Center Fee		\$ 1,649
Credit Card Discounts Chg		\$ 353
	Total	\$ 2,513

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

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Page 2

Tenderfeet Foundation Inc

Employer identification number

27-1619453

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