

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Return of Private Foundation

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

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

OMB No 1545-0052

2010

For calendary year 2010, or its year helpinning	Inter	nal Re	venue Service	<u> </u>	lote . The founda	ition may	be able	to use a copy o	of this	return to satisf	y state repo	rting requirements	
Amme of foundation	For	or calendar year 2010, or tax year beginning , and ending											
Name of foundation	G (Final return				
THE HENDERSON PAMILY FOUNDATION Number and street for P O box amended metal is not element to store scalemed C/O MG FINANCIA, 300 GRANITE STREET A08 BRAINTREE, MA 02184 Check type of organization Section 4947(4)(1) nonexempl character but the Company of t	_				Amended retur	n		Address Address	chan	ge		Name change	·
Number of Service (19 Color Interest in the section of Service (19 Color Office (19 Color Interest)	Na	me of	foundation									A Employer identification	number
Number of Service (19 Color Interest in the section of Service (19 Color Office (19 Color Interest)			W112 1121						_				
C/O MG FINANCIAL, 300 GRANITE STREET City or town, state, and ZIP code BRAINTREE, MA 02184 City compared to the compared of	Non				·				<u> </u>	Т.			<u> </u>
Control Cont	Nui	nber a						•	ımp.	1			7.4
BRAINTREE MA 02184	<u> </u>				NANCIAL,	300	_GR	ANITE S	TR	EET 4	08		
Contributions, grits, grants, etc. received 2 Contributions of the received by the contribution of the received by the contributions of the received by the received by the contributions of the received by the received	🖟	or to			MA OS	19/							
Section 497(a)(1) nonexempt charatable trust	L	hook										2. Foreign organizations	, Check here
Fair market value of all assets at end of year Cother (speechy) The fundamental of	~	_										check here and attach cor	nputation
The part Co.d. (c), Imp 16	<u> </u>									$\overline{}$			
Part Analysis of Revenue and Expenses					end of year J		-		asıı	Accida	11		•
Part					9.671. (Pá				ash t	basis.)			
The basis of amounts in columns 8, 10, and 50 may not expenses per books Income Columbia Colu	_	<u> </u>	Analysis of Reve	nue ar	nd Expenses						etment		
1 Contributions, giffs, grants, etc., received 2 Check ▶	دستا	<u> </u>	(The total of amounts	s in colu	ımns (b), (c), and (d) nts in column (a))	may not							for charitable purposes
2 Concil		1			 -			271,34	5.			N/A	TO TO THE PARTY OF
44,814. 44,814. STATEMENT 2 5a Gross rents b Net entental income or Joses) 6a Net gan or Joses from save of assets not on line 10 b Gross acide price for all 916,980. 7 Capital gain net income from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a and dislowances 10a and dislowances 11a Total. Add lines 1 Inrogan Line 1 2 2013 13 Compensation of one of the discounting flows and the standard of the stan		2		-				<u>-</u>			•••••		······································
44,814. 44,814. STATEMENT 2 5a Gross rents b Net entent income or Joses) 6a Not gan or Joses from save of assets not on line 10 b Gross assets not line 6a 916,980. 7 Capital gain net income from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a and dislowances 10 Less Cost of goods gree c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 harpyin 1/1, 7 2 2013 13 Compensation of ome of the discount, instead, etc. 14 Other employee scalares and wages 15 Pension plans, employee (Particular IV) 16 Legal fees 1 Accounting fees 2 Cother professional fees 3 TMT 3 17 Interest 18 Taxes 5 TMT 4 251. 251. 0. 19 Depreciation and depletion 22 Occupancy 21 Travel, conferences, and meetings 22 Piniting and publications 23 Compensation of ome states and institutive expenses and disbursements. Add lines 24 and 25. 1 Total expenses and disbursements. Add lines 24 and 25. 2 Tsubstations of the from line 12 a Excess of revenue over expenses and disbursements. b Net investment income (rengative, enter -o) 15 Add lines 24 and 15. 1 Add lines 24 and 25. 1 Taxel conferences and disbursements. D Net investment income (rengative, enter -o) 15 Add lines 24 and 25. 1 A		3	Interest on savings an cash investments	nd temp	orary				5.	· · · · · · · · · · · · · · · · · · ·	5.		STATEMENT 1
Description		4						44,81	4.	44	,814.		STATEMENT 2
Sa Net pain or pload from sale of assets and on line 10 326,196. 326,		5a	Gross rents							_			
D Gross sales price for all 916,980. 326,196.		b	Net rental income or (I	loss)									
8 Net short-term capital gain 9 Income modifications 10a and discoveness b Less Cost of goods and common co	a	6a			assets not on line	10		326,19	6.				
8 Net short-term capital gain 9 Income modifications 10a and discoveness b Less Cost of goods and common co	Ž	b	Gross sales price for a assets on line 6a	all	916,9	980.							
8 Net short-term capital gain 9 Income modifications 10a and discoveness b Less Cost of goods and common co	ě	7	Capital gain net incom	ne (from	Part IV, line 2)					326	,196.		
10a and allowances 10a and	E	8	Net short-term cap	otal ga	ın								
b Less Cost of goods spore c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 1 2 2 2011 13 Compensation of offices directors, furstees, etc. 13 Compensation of offices directors, furstees, etc. 14 Other employee salaries-end-wages. 15 Pension plans, embloyee (PEN), 11 15 Legal fees b Accounting fees c Other professional fees STMT 3 22,421. 21,036. 1,385. 17 Interest 18 Taxes STMT 4 251. 251. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 304. 269. 35. 24 Total operating and administrative expenses. Add lines 13 through 23 22,976. 21,556. 1,420. 26 Total expenses and disbursements. Add lines 24 and 25 122,476. 21,556. 100,920. 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter-0-) c Adjusted net Income (if negative, enter-0-)		9			1								
c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 htm light 1 1 2 7011 13 Compensation of officer directors, invases, etc 14 Other employee salaries and weekings 15 Pension plans, employee expenses 16 Legal fees 17 Interest 18 Taxes 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total expenses 25 Total expenses and disbursements 26 Contributions, gifts, grants paid 27 Total expenses and disbursements 28 Depreciation and description 29 Depreciation and description 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total expenses and disbursements 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 29 Determine through (incognitye, enter-0-) 20 Calgusted and income (incognitye, enter-0-) 29 Calgusted net income (incognitye, enter-0-) 20 Calgusted net income (incognitye, enter-0-) 21 Depreciation and depletion 22 Calgusted net income (incognitye, enter-0-) 23 Calgusted net income (incognitye, enter-0-) 24 Depreciation and depletion and income (incognitye, enter-0-) 25 Calgusted net income (incognitye, enter-0-) 26 Calgusted net income (incognitye, enter-0-) 29 Calgusted net income (incognitye, enter-0-) 20 Calgusted net income (incognitye, enter-0-) 21 Calgusted net income (incognitye, enter-0-) 21 Calgusted net income (incognitye, enter	,	10a	and allowances	ns			<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****************		
11 Other income 12 Total)	ł .	- 1	1		<i>III</i> 150							
12 Total. Add lines 1 Incology 1 1 2 2011		C	Gross profit or (los	s)	KEUE	VEU							
13 Compensation of offices, directors, fusities, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefit of the p			i	Г			П	640.06	_	271	015		
14 Other employee salaries and wages 15 Pension plans, employee file of the professional fees 16 Legal fees 17 Interest 18 Taxes 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 28 Expenses in revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 28 Expenses of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 29 Expenses of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 20 Expenses of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 20 Expenses of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 21 Expenses of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 22 Expenses of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 23 Expenses of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 24 Expenses of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 25 Expenses of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 349,459.			Total. Add lines 1	through	h Дин в 3	2011		642,36	_	371			
The pension plans, employee the person plans, em		-					IN		0.		0.		0.
16a Legal fees b Accounting fees c Other professional fees STMT 3 22,421. 21,036. 1,385. 17 Interest 18 Taxes STMT 4 251. 251. 0. 19 Depreciation and depletion C Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 99,500. 26 Total expenses and disbursements. Add lines 24 and 25. 122,476. 21,556. 100,920. 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		l			~ ~ ~ ~ ~ · · ·	1 1 15	==						
b Accounting fees c Other professional fees Title 18 Taxes Travel, conferences, and meetings C Printing and publications C Total operating and administrative expenses. Add lines 13 through 23 C Contributions, gifts, grants paid C Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted income (if negative, enter -0-)	S	1		pioyee	COUNTY COUNTY	Ÿ, ₩		<u></u>			.		<u> </u>
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ທ	1	•				<u> </u>						·-·
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	×	1	-	foor	СШМП	ר כ		22 12	, 1	21	036		1 205
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	ē m		•	1003	DIM			26172	•	2.1	,,,,,,,,		1,303.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	ati	l			SТМП	լ 4		25	1 .		251.		<u> </u>
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	istr	1		lepletic			_		- •				
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	Ë			· opioil	···		<u> </u>						
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	Adı			s. and	meetinas					-			··
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	2				-		-						
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ğ		- ·			r 5		30	4.		269.		35.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	atir		•	nd adm	ninistrative							-	
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	per							22,97	6.	21	,556.		1,420.
26 Total expenses and disbursements. Add lines 24 and 25	0	25			-			99,50	0.				99,500.
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		26	Total expenses an	ıd disb	ursements.								
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A			Add lines 24 and 2	25 .				122,47	6.	21	,556.		100,920.
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A		27	Subtract line 26 fro	om line	12		_						
c Adjusted net income (if negative, enter -0-)		a	Excess of revenue over	er exper	nses and disbursem	nents		519,88	34.				
						⊢)		***************************************		349	,459.		
	~~~	<u> </u>	Adjusted net incor	me (if n	egative, enter -0-)	-	<u> </u>					N/A	

12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

023511

5

 $\overline{213}, 281.$ 

Decreases not included in line 2 (itemize)

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

SEE STATEMENT

(a) List and describe the kind(s) of property sold (e.g., real esta 2-story brick warehouse, or common stock, 200 shs. MLC Co				(b) Ho P - F D - I	w acquired Purchase Donation		acquired lay, yr )	(d) Date sold (mo , day, yr )
18				<u> </u>				
b SEE ATTACHED	STATEMENTS			-				
<u>C</u>				<del>                                     </del>	<del> </del>			
e e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis epense of sale				ain or (loss) s (f) minus (	
a								
b						•	•	
C				-				
e 916,980.			590,78	14				326,196.
	g gain in column (h) and owned by t	the foundation	•	7.4.		'I) Gains (C	Col (h) gain	
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col (i)			(k), but	not less than (from col (	1 <b>-</b> 0-) or
a								
b								
C								
d								
e				_				326,196.
2 Capital gain net income or (net ca	pital loss) { If gain, also enter -0-	r in Part I, line 7 - in Part I, line	7 7	} [	2			326,196.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8	•	nd (6)		}			N/A	
	nder Section 4940(e) for	Reduced	Tax on Net	Inve	stment In	come	117 21	
For optional use by domestic private								
•	·			,				
f section 4940(d)(2) applies, leave th	is part blank							
Was the foundation liable for the sect f "Yes," the foundation does not quali	ify under section 4940(e). Do not co	mplete this pa	<u>rt</u>					Yes X No
	each column for each year, see instru	uctions before	making any entri	es		1		/d\
(a) Base period years Calendar year (or tax year beginnir			Net value of no			-	Distrib (col (b) div	(d) outlon ratio ided by col (c))
2009		5,223. 8,049.	<del></del>	1,	736,79 022,14	<u> </u>		.066342
2008		8,049.			437,30			.038378
2007 2006		7,397.			293,71			.051182
2005		8,352.			261,50			.047911
2000		,			,			
2 Total of line 1, column (d)						2		.272344
3 Average distribution ratio for the 5	5-year base period - divide the total (	on line 2 by 5,	or by the number	r of year	S			
the foundation has been in exister		•	·	·		3		.054469
4 Enter the net value of noncharitab	le-use assets for 2010 from Part X,	line 5				4		1,981,672.
5 Multiply line 4 by line 3						5_		107,940.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		3,495.
7 Add lines 5 and 6						7		111,435.
8 Enter qualifying distributions from	n Part XII, line 4					8		100,920.
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	1b, and comp	lete that part usir	ng a 1%	tax rate			

X

3b

4a

N/A

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the 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,

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

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign f	oundations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а		1a	1,910,934.
b		1b	1,910,934.
C		10	
d	Total (add lines 1a, b, and c)	1d	2,011,850.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
		).	
2	Acquisition indebtedness applicable to line 1 assets	7 2	0.
3	Subtract line 2 from line 1d	3	2,011,850.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,178.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,981,672.
6	Minimum investment return. Enter 5% of line 5	6	99,084.
P	Part XI Distributable Amount (see Instructions) (Section 4942(I)(3) and (I)(5) private operating foundations foreign organizations check here   and do not complete this part )	s and certain	
1	Minimum investment return from Part X, line 6	1	99,084.
2a	Tax on investment income for 2010 from Part VI, line 5	).	
b	income tax for 2010 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	6,989.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	6,989. 92,095.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	92,095.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	92,095.
P	art XII Qualifying Distributions (see Instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		100 000
а	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1a	100,920.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	3 y	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	100,920.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	100,920.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundati 4940(e) reduction of tax in those years	on qualifies for	the section

# Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				92,095.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only		***	0.	
b Total for pnor years				7111
		0.		· · · · · · · · · · · · · · · · · · ·
3 Excess distributions carryover, if any, to 2010				
a From 2005 43.				
b From 2006 5,382.				
c From 2007 71.				
d From 2008 17,514.				
e From 2009 28,701.	r. 7.1			
f Total of lines 3a through e	51,711.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 > \$ 100,920.			•	
a Applied to 2009, but not more than line 2a			0.	·
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.	······································	
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.	,	· 11	02 005
d Applied to 2010 distributable amount	0 025			92,095.
e Remaining amount distributed out of corpus	8,825.	-H-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	60,536.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011		·····		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.		·····	***************************************
8 Excess distributions carryover from 2005		······································	· · · · · · · · · · · · · · · · · · ·	~~ · · ··· · · · · · · · · · · · · · ·
not applied on line 5 or line 7	43.			
9 Excess distributions carryover to 2011.	60 400			
Subtract lines 7 and 8 from line 6a	60,493.			
10 Analysis of line 9				
a Excess from 2006 5, 382.				
b Excess from 2007 71.				
c Excess from 2008 17,514.				
d Excess from 2009 28,701.  B Excess from 2010 8,825.				
8 Excess from 2010 8,825.				5 000 DE (0040)

Grants and Contributions Paid During th	e rear or approved for Future i	- ayment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<del></del>
a Paid during the year				
			:	
	•			
SEE STATEMENT 9				
Total	<u> </u>		<b>▶</b> 3a	99,500
b Approved for future payment		•		22/00
, , , , , , , , , , , , , , , , , , ,				
NONE				
-				
<del> </del>		L	L	<del></del>
Total			<b>▶</b> 3b	0 orm <b>990-PF</b> (201

Part XVI-A	Analysis	of Income	-Producing	<b>Activities</b>
------------	----------	-----------	------------	-------------------

Enter gross amounts unless otherwise indicated	Unrelated	business income	y section 512, 513, or 514	(e)	
g	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a	-				
b					
<u> </u>					
0		<del>.</del>			<del> </del>
f	-	·· <del>·</del>			<del></del>
g Fees and contracts from government agencies	-		<del>                                     </del>		
2 Membership dues and assessments					·- · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash investments			14	5.	
4 Dividends and interest from securities			14	44,814.	<del></del>
5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	326,196.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue 2					
b					
C	1				
d					
e	_				
12 Subtotal Add columns (b), (d), and (e)		(	).	371,015.	0
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13	371,015

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
-	

023621 12-07-10

Part XVII	Information Re Exempt Organ		sfers To a	ind Transa	ictions a	ind Relations	ships With No	ncharitable	
1 Did the or	ganization directly or indi-		of the followin	o with any othe	r organizatio	on described in sec	tion 501(c) of	Υ	es No
	(other than section 501(c				-		55 1(5) 5.	l F	
	from the reporting found			=	Jiitiour Gryun				
(1) Cash	• •			,u <b>_</b>				1a(1)	X
(2) Other	•				•			1a(2)	X
b Other tran						•		13(2)	
	of assets to a noncharita	able exempt organizat	tion					16(1)	X
	hases of assets from a no					•		1b(2)	X
	al of facilities, equipment,							1b(3)	X
	bursement arrangements							1b(4)	X
. ,	s or loan guarantees							1b(5)	X
(6) Perfo	rmance of services or me	embership or fundrais	sing solicitatio	ns				1b(6)	X
c Sharing o	f facilities, equipment, ma	ailing lists, other asse	its, or paid em	ployees				1c	X
d If the answ	wer to any of the above is	"Yes," complete the f	following sche	dule Column (i	b) should alv	ways show the fair	market value of the	goods, other asset	 S,
	s given by the reporting f								
column (c	i) the value of the goods,	other assets, or serv	ices received						
(a) Line no	(b) Amount involved	(c) Name of		exempt organ	zation	(d) Description	n of transfers, transaction	ons, and shanng arran	gements
			N/A						
								<u> </u>	
		1							
									<del></del>
						-			
-						-			
				<del></del>		-		·	
							· ·		
	· · · · · · · · · · · · · · · · · · ·								
								<del> </del>	
						<u> </u>			
	ndation directly or indirec	•			empt organi	zations described		<b>—</b>	<b>₩</b>
	501(c) of the Code (othe		)(3)) or in sect	ion 5277				L Yes	X No
b it Yes, c	omplete the following sch			(b) Type of o	rannization	1	(c) Description of re	niation chin	
	(a) Name of org	yanızadırı		(b) Type of o	i yanızatıvı		(c) Description of h	eiationship	
							-		
	·-··			-					
	er penalties of penury, I declar							e and belief, it is true,	correct,
Sign   (	complete Declaration of preparation	larer (other than taxpayer	or nauciary) is or	ased on all informa	ation of which	preparer nas any know ⊀	иесде		
Here	Julant. Ka				6/6/	// <u>T</u>	RUSTEE		
	Signature of officer or tri		T		Date	<del>,</del>	Title	Tree-to-	
	Print/Type preparer's na	ame	Preparer's si	ignature		Date	Check if	PTIN	
0-:-	CONTR CETT	700	CONTR	CETNO		05 (01 (11	self- employed	PARILAS	7. 7
Paid	SONIA STIN			STINGO		05/31/11	1	P001105	<u></u>
Preparer Use Only	Firm's name ► LIV	) GROVE ST		5, P.C.			Firm's EIN	253617	3
OSE OIIIY	Firm's address ► WE			82-7711				781)237-	3339
	1		111 024	UZ 1111	•		Phone no (	,01,237-	
	<del></del>	-	-				•	Form 990-	PF (2010)

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

2010

**Employer identification number** 

THE HENDERSON FAMILY FOUNDATION 04-3506549 Organization type (check one): Filers of: Section: ___ 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form.990, 990-EZ, or 990-PF),

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

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

# THE HENDERSON FAMILY FOUNDATION

04-3506549

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT & CAROL HENDERSON  3495 NORTH SAVANNAH PLACE  VERO BEACH, FL 32963	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

# THE HENDERSON FAMILY FOUNDATION

04-3506549

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	2300 SHARES OF CANADIAN NATIONAL RAILWAYS CO AND 4,200 SHARES OF MICROSOFT CORP.		12/16/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del>-</del>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u> </u>		     \$	

Name of organization **Employer identification number** THE HENDERSON FAMILY FOUNDATION 04-3506549 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

THE HENDERSON FA		04-350	<u> 16549</u>	PAGE 1 OF 4		
Part IV Capital Gains and Lo	sses for Tax on Investment Income					
	describe the kind(s) of property solo		(b) How acquire P - Purchase	ed (c) Date acquired (d) Date sold		
	rick warehouse, or common stock, 20	D - Donation	(mo,day,yr) (mo,day,yr)			
	CANADIAN NATION	D	11/20/02/12/22/10			
	MICROSOFT		D	12/16/10/12/22/10		
	OF STRATTON SMA	LL CAP VALUE FUNI		10/24/05/10/22/10		
	DISCOVERY COMM		P	12/02/09/09/28/10		
	ENSCO INTERNATION	NAL	P	06/02/1009/08/10		
	MONSANTO		P	04/07/1006/17/10		
	ALLEGHANY CORP		P	07/20/0004/26/10		
	ALLEGHANY CORP		P	VARIOUS  10/22/10		
1 500 SHARES OF	ALTERA CORP		P	08/10/04/09/28/10		
, 400 SHARES OF	ALTERA CORP		P	08/10/04/11/12/10		
k 400 SHARES OF	AMERICAN EXPRESS			VARIOUS 03/19/10		
200 SHARES OF	AMERICAN EXPRESS			07/14/0805/10/10		
m 100 SHARES OF	COCA COLA			05/01/0609/28/10		
n 100 SHARES OF	COCA COLA			05/01/06/10/22/10		
0 200 SHARES OF	DIRECTV-A			05/30/0003/18/10		
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (loss)		
(e) Gross sales price	(or allowable)	plus expense of sale		plus (f) minus (g)		
a 152,540.		32,108.		120,432.		
b 118,961.		25,956.		93,005.		
c 19,965.		19,144.		821.		
d 11,385.		8,408.		2,977.		
e 13,055.		10,638.		2,417.		
10,028.		13,684.		<3,656.>		
g 107.		51.		56.		
h 35,973.		17,042.		18,931.		
14,735.		10,112.		4,623.		
13,023.		8,090.		4,933.		
k 16,120.		17,305.		<1,185.>		
8,590.		7,572.		1,018.		
m 5,859.		4,216.		1,643.		
n 6,151.		4,216.		1,935.		
6,903.		4,844.		2,059.		
Complete only for assets show	ng gain in column (h) and owned by t	he foundation on 12/31/69		osses (from col (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Gains (exces	s of col (h) gain over col (k), t not less than "-0-")		
a				120,432.		
b				93,005.		
C				821.		
d				2,977.		
ė				2,417.		
f			<del></del>	<3,656.>		
<u> </u>			<del></del>	56.		
h			·	18,931.		
1				4,623.		
1				4,933.		
k		-		<1,185.>		
<u> </u>				1,018.		
m	<del></del>			1,643.		
				1,935.		
0	2 050					
<u> </u>				2,000		
2 Capital gain net income or (net c	apital loss) {   If gain, also enter *-0	in Part I, line 7 -* in Part I, line 7	2			
	ess) as defined in sections 1222(5) an	d (6)				
If gain, also enter in Part I, line 8		}	_			
If (loss), enter "-0-" in Part I, line	8		3			

Part IV   Capital Gains and Lo	sses for Tax on Investment Income						
(a) List and 2-story bi	describe the kind(s) of property solorick warehouse, or common stock, 20	d, e g , real estate, 00 shs MLC Co	(b) How acquired P - Purchase (mo , day, yr ) (d) Date sold (mo , day, yr )				
1a 181 SHARES OF	02/02/1006/02/10						
b 414 SHARES OF	ISHARES TR RUSSE	LL 2000	VARIOUS VARIOUS				
c 98 SHARES OF I	SHARES TRUST		02/02/10/10/04/10				
	ISHARES TRUST ET	F	10/02/09VARIOUS				
e 57 SHARES OF P	IMCO		11/18/10/12/08/10				
		OMMODITY	VARIOUS 08/12/10				
		GRICULTURE	02/02/1005/12/10				
	POWERSHARES QQQ		12/23/09VARIOUS				
	SPDR SERIES TRUS		12/16/09VARIOUS				
	VANGUARD APPRECI.	ATION	02/02/10/10/04/10				
k 1030 SHARES OF			VARIOUS VARIOUS				
	GUGGENHEIM EXCHA	NGE	06/02/09/10/04/10				
	SHARES IBOXX		12/22/08/02/02/10				
	ISHARES TR BARCL	AYS	06/02/0911/18/10				
₀ 123 SHARES OF	ISHARES TRUST		VARIOUS 10/04/10				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)				
a 7,956.		8,445.	<489.>				
b 26,060.		25,151.	909.				
c 8,695.		8,476.	219.				
d 16,303.		16,631.	<328.>				
_θ 5,733.		5,764.	<31.>				
f 16,038.		16,327.	<289.>				
g 8,127.		8,593.	<466.>				
h 11,994.		11,501.	493.				
10,625.		11,610.	<985.>				
8,112.		7,844.	268.				
k 22,438.		22,803.	<365.>				
10,378.		7,882. 3,487.	2,496. 175.				
$\frac{m}{n}$ 3,662.		13,229.	1,018.				
E 200							
O 5,288. 4,245. 1,043. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Losses (from col (h))							
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(I) Losses (from col (h))  Gains (excess of col (h) gain over col (k),  but not less than "-0-")				
a			<489.>				
b			909.				
С			219.				
d			<328.>				
e			<31.>				
<u>f</u>			<289.>				
<u>g</u>			<466.>				
h			493.				
<u> </u>			<985.>				
1			268.				
<u>k</u>			<365.>				
1			2,496.				
<u>m</u>			175.				
<u>n</u>			1,018.				
0		l	1,043.				
2 Capital gain net income or (net ca	apital loss) { If gain, also enter if (loss), enter i-0	n Part I, line 7 In Part I, line 7	2				
3 Net short-term capital gain or (lo: If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line	ss) as defined in sections 1222(5) an column (c)	\ \ \	3				

THE HENDERSON FAMILY FOUNDATION 04-3506549 PAGE Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co (mo, day, yr) (mo, day, yr) D - Donation 1a 94 SHARES OF VANGUARD BOND 11/04/0808/04/10 b 81 SHARES VANGUARD OF INTL EQTY 10/09/0802/02/10 309 SHARES OF VANGUARD TOTAL STOCK MKT 07/03/06VARIOUS d ST PAUL TRAVELERS CLASS ACTION PROCEEDS VARIOUS VARIOUS e UNITEDHEALTH GROUP CLASS ACTION PROCEEDS VARIOUS VARIOUS SCOTTISH GROUP VARIOUS VARIOUS g POWERSHARES DB AGRICULTURE FROM K-1 VARIOUS VARIOUS h POWERSHARES COMMODITY FROM K-1 DB VARIOUS VARIOUS **POWERSHARES** DB COMMODITY FROM K-1 VARIOUS VARIOUS **POWERSHARES** DB **AGRICULTURE** SECTION 1256 VARIOUS VARIOUS k POWERSHARES DB **AGRICULTURE** SECTION 1256 VARIOUS VARIOUS | POWERSHARES DB COMMODITY SECTION 1256 VARIOUS VARIOUS m POWERSHARES DB COMMODITY SECTION VARIOUS **VARIOUS** n CAPITAL GAINS DIVIDENDS 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 7,652 6,959 693. а 3,416. 2,863. 553. b 17,729 19,669. <1,940.> C 254. 254 d 19. 19. е 1,108. 1,108. f З. g <u><</u>13.> 13. h 121 121. 14. 14. 22. 22. k 243. 243. 1 365 365. m 2,443. 2,443. n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) (i) FMV as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any а 693. 553. b <1,940.> C 254. d Ī9. е ,108. 3. g <13.> h 121. 1 14. 22. k 243. 365. m 2,443. n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 326,196. 2 Capital gain net income or (net capital loss) -2

If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

3

N/A

SOURCE					
TIDELITY INVESTMENTS - INT ON CASH BALANCES   5.	FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CAS	SH INVESTMENTS	STATEMENT 1
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	SOURCE				AMOUNT
FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2  SOURCE GROSS AMOUNT DIVIDENDS AMOUNT  CHARLES SCHWAB 6,748. 245. 6,503. 710 2,198. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 6,503. 20,684. 245. 245. 245. 245. 245. 245. 245. 24	FIDELITY INVESTMENTS - INT OR	N CASH BALAN	CES		5.
SOURCE   GROSS AMOUNT   CAPITAL GAINS   COLUMN (A) AMOUNT	TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A		5.
SOURCE   GROSS AMOUNT   DIVIDENDS   AMOUNT	FORM 990-PF DIVIDENI	OS AND INTER	EST FROM S	SECURITIES	STATEMENT 2
FIDELITY INVESTMENTS POWERSHARES DB AGRICULTURE FUND POWERSHARES DB COMMODITY INDEX TRACKING FUND STATE STREET - AGENCY A/C  TOTAL TO FM 990-PF, PART I, LN 4   (A) EXPENSES PER BOOKS  TATE STREET - FIDUCIARY FEES STATE STREET - FIDUCIARY FEES STATEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT SALVANGEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT SALVANGEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT SALVANGEMENT SALVANGEMENT SALVANGEMENT FEES STATEMENT SALVANGEMENT SALVA	SOURCE	GROSS	AMOUNT		, ,
TRACKING FUND STATE STREET - AGENCY A/C  TOTAL TO FM 990-PF, PART I, LN 4    A7,257.   2,443.   44,814.	FIDELITY INVESTMENTS POWERSHARES DB AGRICULTURE FO		22,882.	2,198.	6,503. 20,684. 2.
FORM 990-PF  OTHER PROFESSIONAL FEES  (A) EXPENSES NET INVEST- PER BOOKS MENT INCOME  STATE STREET - FIDUCIARY FEES INVESTMENT MANAGEMENT FEES - EAGLE LIVINGSTON & HAYNES - TAX PREPARATION INVESTMENT MANAGEMENT FEES - MG FINANCIAL INVESTMENT MANAGEMENT FEES - WINDWARD INVESTMENT MANAGEMENT FEES  2,199. 2,199.  OTHER PROFESSIONAL FEES  STATEMENT 3  (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (D) (C) (D) (D) (EXPENSES NET INVEST— ADJUSTED CHARITABLE PURPOSES  10,446. 0. 11,385. 1,385. 1,385.	TRACKING FUND				20. 17,605.
(A) (B) (C) (D) EXPENSES NET INVEST— ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES  STATE STREET - FIDUCIARY FEES 863. 863. 0. INVESTMENT MANAGEMENT FEES - EAGLE 10,446. 10,446. 0. LIVINGSTON & HAYNES - TAX PREPARATION 2,770. 1,385. 1,385. INVESTMENT MANAGEMENT FEES - MG FINANCIAL 6,000. 6,000. 0. INVESTMENT MANAGEMENT FEES - WINDWARD 2,199. 2,199. 0.	TOTAL TO FM 990-PF, PART I, I	LN 4	47,257.	2,443.	44,814.
EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES  STATE STREET - FIDUCIARY FEES 863. 863. 0.  INVESTMENT MANAGEMENT FEES 10,446. 10,446. 0.  LIVINGSTON & HAYNES - TAX PREPARATION 2,770. 1,385. 1,385.  INVESTMENT MANAGEMENT FEES 6,000. 6,000. 0.  INVESTMENT MANAGEMENT FEES 2,199. 2,199. 0.	FORM 990-PF	OTHER PROFES	SIONAL FEE	ES	STATEMENT 3
FEES 863. 863. 0.  INVESTMENT MANAGEMENT FEES 10,446. 10,446. 0.  LIVINGSTON & HAYNES - TAX PREPARATION 2,770. 1,385. 1,385.  INVESTMENT MANAGEMENT FEES 6,000. 6,000. 0.  INVESTMENT MANAGEMENT FEES 2,199. 2,199. 0.  INVESTMENT MANAGEMENT FEES	DESCRIPTION	EXPENSES	NET INVES	ST- ADJUSTE	D CHARITABLE
- EAGLE 10,446. 10,446. 0. LIVINGSTON & HAYNES - TAX PREPARATION 2,770. 1,385. 1,385. INVESTMENT MANAGEMENT FEES - MG FINANCIAL 6,000. 6,000. 0. INVESTMENT MANAGEMENT FEES - WINDWARD 2,199. 2,199. 0. INVESTMENT MANAGEMENT FEES	FEES	863.	8	363.	0.
PREPARATION 2,770. 1,385. 1,385. INVESTMENT MANAGEMENT FEES 6,000. 6,000. 0. INVESTMENT MANAGEMENT FEES 2,199. 2,199. 0. INVESTMENT MANAGEMENT FEES	- EAGLE	10,446.	10,4	146.	0.
- MG FINANCIAL 6,000. 6,000. 0.  INVESTMENT MANAGEMENT FEES - WINDWARD 2,199. 2,199. 0.  INVESTMENT MANAGEMENT FEES	PREPARATION	2,770.	1,3	385.	1,385.
- WINDWARD 2,199. 2,199. 0. INVESTMENT MANAGEMENT FEES	- MG FINANCIAL	6,000.	6,0	000.	0.
	- WINDWARD	2,199.	2,1	199.	0.
		143.	1	143.	0.
TO FORM 990-PF, PG 1, LN 16C 22,421. 21,036. 1,385.	TO FORM 990-PF, PG 1, LN 16C	22,421.	21,0	036.	1,385.

FORM 990-PF	TAXES			STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
FOREIGN TAXES FROM DIVIDENDS	251.	251.		0.		
TO FORM 990-PF, PG 1, LN 18	251.	251.		0.		
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
MASS FORM PC FILING FEE OTHER DEDUCTIONS -	35.			35.		
POWERSHARES DB AGRICULTURE OTHER DEDUCTIONS - POWERSHARES DB COMMODITY OTHER DEDUCTIONS	17. 145. 107.	145.		0. 0.		
TO FORM 990-PF, PG 1, LN 23	304.	269.		35.		
FORM 990-PF OTHER DECREAS	ES IN NET AS	SETS OR FUND I	BALANCES S	TATEMENT 6		
DESCRIPTION				AMOUNT		
DIFFERENCE IN GAIN/LOSS FROM	DONATED STO	СК		213,281.		
TOTAL TO FORM 990-PF, PART I	II, LINE 5			213,281.		

FORM 990-PF CORE	PORATE STOCK	STATEMENT 7	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
2,600 SHS COMCAST CORP CL A		49,710.	54,106.
800 SHS NEWFIELD EXPLORATION CO		15,297.	
500 SHS NOBLE ENERGY INC		9,781.	
262 SHS LIBERTY MEDIA INC A		3,900.	
1,400 SHS PROGRESSIVE CORP (OHIO)		8,723.	
2,100 SHS MICROSOFT CORPORATION		55,900.	
1,034 SHS UNITEDHEALTH GROUP INC		15,223.	
1,000 SHS WASTE MANAGEMENT INC		20,372.	-
1,000 SHS ALTERA CORP		18,413.	•
600 SHS PRAXAIR INC		24,450.	
900 SHS WAL-MART STORES INC		41,345.	
900 SHS COCA COLA		37,353.	
1,417 SHS LIBERTY GLOBAL INC - SERIE	S C	25,885.	· · · · · · · · · · · · · · · · · · ·
500 SHS 3M CO		37,304.	
1,134 SHS DISCOVERY COMMUNICATIONS -	- C	16,376.	
600 SHS ECOLAB		21,020.	
133 SHS LIBERTY MEDIA-STARZ		2,353.	8,842.
200 SHS MCDONALDS		11,796.	15,352.
2,500 SHS NEWS CORP		31,060.	36,400.
400 SHS FIDELITY NATL INFO SVCS		7,390.	10,956.
600 SHS THERMO FISHER SCIENTIFIC		22,823.	33,216.
1,000 SHS WR BERKLEY CORP	23,715.		
500 SHS NESTLE SA SPONSORED ADR		17,095.	
1100 SHS KRAFT FOODS		32,503.	
600 SHS LOEWS CORP		19,408.	
1,500 SHS AON CORP		55,233.	
200 SHS TEVA PHARM		12,379.	•
1,200 SHS VODAFONE GROUP		27,317.	31,728.
TOTAL TO FORM 990-PF, PART II, LINE	10B	664,124.	1,019,095.
FORM 990-PF OTHER	R INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
<del></del>		——————————————————————————————————————	VALUE
VANGUARD GNMA FUND	COST	386,486.	403,827.
	COCM	204,382.	238,650.
STRATTON SMALL CAP VALUE FUND	COST	201/302.	230,030.
460 SHS VANGUARD TOTAL STOCK MKT	COST	·	·
460 SHS VANGUARD TOTAL STOCK MKT INDEX	COST	27,322.	29,868.
460 SHS VANGUARD TOTAL STOCK MKT INDEX 184 SHS ISHARES BARCLAYS TIPS BOND		27,322.	29,868.
460 SHS VANGUARD TOTAL STOCK MKT INDEX 184 SHS ISHARES BARCLAYS TIPS BOND FUND	COST	·	29,868.
460 SHS VANGUARD TOTAL STOCK MKT INDEX 184 SHS ISHARES BARCLAYS TIPS BOND	COST	27,322.	29,868. 19,784.

• THE HENDERSON FAMILY FOUNDATION	I		04-3506549			
202 SHS SPDR GOLD TRUST 422 SHS VANGUARD BOND INDEX FUND 201 SHS VANGUARD INTL EQTY INDEX 364 SHS POWERSHS DB COMMDTY INDX ISHARES MSCI GRMNY IDX	COST COST COST COST	18,727. 33,268. 7,105. 10,411. 9,109.	28,021. 33,874. 9,594. 10,359. 9,097.			
280 SHS FIRST TR BICK INDEX ETF 91 SHS PIMCO EXCH TRADED FUND 266 SHS PIMCO EXCH TRADED FUND 538 SHS SPDR INDEX SHARES FUND 416 SHS SPDR S&P DIVIDEND ETF 367 SHS VANGUARD DIV APPRECIATION 400 SHS VANGUARD REIT	COST COST COST	9,084. 9,202. 15,034. 27,235. 20,912. 17,579.	9,201. 9,165. 14,457. 30,671. 21,624. 19,315. 22,148.			
173 SHS WISDOMTREE EMERGING ETF 361 SHS WISDOMTREE INDIA EARNING	COST COST	8,671. 8,518.	8,998. 9,527.			
TOTAL TO FORM 990-PF, PART II, LI	NE 13 86	50,634. ————————————————————————————————————	940,159.			
FORM 990-PF GRANTS AND CONTRIBUTIONS STATEMENT 9 PAID DURING THE YEAR  RECIPIENT RELATIONSHIP RECIPIENT						
RECIPIENT NAME AND ADDRESS	AND PURPOSE OF GRANT	P RECIPIENT STATUS	AMOUNT			
AMERICAN ACADEMY OF ARTS & SCIENCES 136 IRVING STREET CAMBRIDGE, MA 02138	NONE CHARITABLE	509(A) 1 PUBLIC CHARITY	10,000.			
BOSTON ATHENAEUM 10 1/2 BEACON STREET BOSTON, MA 02108	NONE CHARITABLE	509(A) 1 PUBLIC CHARITY	3,000.			
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVE BOSTON, MA 02115	NONE CHARITABLE	509(A) 1 PUBLIC CHARITY	10,000.			
BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	NONE CHARITABLE	509(A) 1 PUBLIC CHARITY	5,000.			

NONE

CHARITABLE

509(A) 1

PUBLIC

CHARITY

25,000.

MUSEUM OF FINE ARTS

MA 02115

465 HUNTINGTON AVENUE BOSTON,

. THE HENDERSON FAMILY FOUNDATION	ı		04-3506549
NEW ENGLAND CONSERVATORY 290 HUNTINGTON AVENUE BOSTON, MA 02115	NONE CHARITABLE	509(A) 1 PUBLIC CHARITY	20,000.
THE AMOS TUCK SCHOOL 100 TUCK HALL HANOVER, NH 03755	NONE CHARITABLE	509(A) 1 PUBLIC CHARITY	4,000.
TRINITY CHURCH COPLEY SQUARE BOSTON, MA 02116	NONE CHARITABLE	509(A) 1 PUBLIC CHARITY	2,500.
VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963		509(A) 1 PUBLIC CHARITY	10,000.
THE FELLS 456 ROUTE 103A NEWBURY, NH 03255	NONE CHARITABLE	509(A) 1 PUBLIC CHARITY	5,000.
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET, SUITE 200 WELLESLEY HILLS, MA 02481	NONE CHARITABLE	509(A) 1 PUBLIC CHARITY	5,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		99,500.

# Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you a</li></ul>	are filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box			ightharpoons	
<ul><li>If you a</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).			
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868.		
Electroni	ic filing (e-file). You can electronically file Form 8868 if	ou need a	a 3-month automatic extension of time t	o file (6	6 months for a c	orporation	
	to file Form 990-T), or an additional (not automatic) 3-mo					•	
	file any of the forms listed in Part I or Part II with the exi		•		•		
	Benefit Contracts, which must be sent to the IRS in pap	•	•				
	ris gov/efile and click on e-file for Chanties & Nonprofits		(occ motional). For more details on t	10000	Aromo ming or tr	113 101111,	
Part I	Automatic 3-Month Extension of Time		hmit organal (no copies needed)				
	ation required to file Form 990-T and requesting an autor		···	noleto			
Part I onl		nanc offic	of the extension - check this box and con	piere			
	y corporations (including 1120-C filers), partnerships, REM	IICa and t	musta must use Form 7004 to request a	a avéan	alon of time		
	ome tax returns.	ics, and t	rusis must use Form 7004 to request ar	i exteri	Sion or time		
	in the second se				lavan idaatifiaat		
Type or	Name of exempt organization			Emp	loyer identificat	ion number	
print	THE HENDERSON FAMILY FOUNDA	זאר ד תא		٨	4-350654	٥	
File by the				U	4-350654	<del>9</del>	
due date for filing your	Number, street, and room or suite no. If a P.O. box, s						
return See	C/O MG FINANCIAL, 300 GRAN	_					
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.				
	BRAINTREE, MA 02184						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
					<del></del>		
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990	·BL	02	Form 1041-A			08	
Form 990	)-EZ	03	Form 4720			09	
Form 990	)-PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870			12	
	MG FINANCIAL						
• The be	ooks are in the care of ▶ 300 GRANITE ST	REET,	SUITE 408 - BRAINTE	REE,	MA 0218	4	
Telept	none No. ► 781-848-1163		FAX No. ▶				
•	organization does not have an office or place of business	s in the Ur	nited States, check this box				
	is for a Group Return, enter the organization's four digit		-	ıs ıs fo	r the whole arou	p. check this	
box 🕨		•			_	•	
	quest an automatic 3-month (6 months for a corporation						
	3.1.G.1.G. 1.F. 0.0.1.1	•	ition return for the organization named a		The extension		
us f	or the organization's return for:	· o.gaza	inon rotom for the organization mande		7770 07807101017		
	X calendar year 2010 or						
•	tax year beginning	an	ad endina				
		,			_ ·		
2 If ti	ne tax year entered in line 1 is for less than 12 months, o	hack rase	on: Initial return Fina	al retur	n		
	Change in accounting period	ilcon reas	on	ai ietui			
3a If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 o	enter the tentetive tax less say		·		
	nrefundable credits. See instructions.	o, 0009, 6	anter the ternative tax, less any	20	s s	11,161.	
			nofinadable anadise ===	3a	<u>Φ</u>	11,101.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	•		<b>_</b>	_	161.	
	imated tax payments made. Include any prior year overp			3b	\$	101.	
	lance due. Subtract line 3b from line 3a. Include your pa	-				11 000	
	using EFTPS (Electronic Federal Tax Payment System).			3c	1.\$	11,000.	
	If you are going to make an electronic fund withdrawal y		orm 8868, see Form 8453-EO and Form	8879-			
LHA F	or Paperwork Reduction Act Notice, see Instructions	<b>.</b>			Form <b>8868</b>	3 (Rev. 1-2011)	

023841 01-03-11