



Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning _____, and ending _____

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OMB No 1545-0687

2017

Open to Public Inspection for 501(c)(3) Organizations Only

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENVELOPE
POSTMARK DATE NOV 15 2018

Department of the Treasury
Internal Revenue ServiceA ☐ Check box if address changed

B Exempt under section

☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)

HENDERSON FOUNDATION

C/O ROBERTA HENDERSON

Number, street, and room or suite no. If a P.O. box, see instructions.

P.O. BOX 420

City or town, state or province, country, and ZIP or foreign postal code

SUDBURY, MA 01776

D Employer identification number (Employees' trust, see instructions)

04-6051095

E Unrelated business activity codes (See instructions)

523000

C Book value of all assets at end of year

8,590,113.

F Group exemption number (See instructions.)

G Check organization type ☐ 501(c) corporation ☒ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity.

SEE STATEMENT 10

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ROBERTA HENDERSON

Telephone number 978-443-9000

Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

1a Gross receipts or sales

b Less returns and allowances

c Balance

1c

2 Cost of goods sold (Schedule A, line 7)

2

3 Gross profit. Subtract line 2 from line 1c

3

4a Capital gain net income (attach Schedule D)

4a

b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

4b

c Capital loss deduction for trusts

4c

5 Income (loss) from partnerships and S corporations (attach statement)

5

3,495.

6 Rent income (Schedule C)

6

7 Unrelated debt-financed income (Schedule E)

7

8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)

8

9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

9

10 Exploited exempt activity income (Schedule I)

10

11 Advertising income (Schedule J)

11

12 Other income (See instructions; attach schedule)

12

13 Total. Combine lines 3 through 12

13

3,495.

3,495.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)

14

15 Salaries and wages

15

16 Repairs and maintenance

16

17 Bad debts

17

18 Interest (attach schedule)

18

19 Taxes and licenses

19

20 Charitable contributions (See instructions for limitation rules)

20

21 Depreciation (attach Form 4562)

21

22 Less depreciation claimed on Schedule A and elsewhere on return

22a

23 Depletion

23

24 Contributions to deferred compensation plans

24

25 Employee benefit programs

25

26 Excess exempt expenses (Schedule I)

26

27 Excess readership costs (Schedule J)

27

28 Other deductions (attach schedule)

28

29 Total deductions Add lines 14 through 28

29

0.

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

30

3,495.

31 Net operating loss deduction (limited to the amount on line 30)

31

32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

32

3,495.

33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

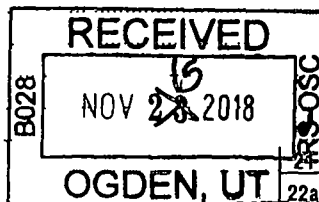
33

1,000.

34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

34

2,495.



State det

17

HENDERSON FOUNDATION
C/O ROBERTA HENDERSON

04-6051095

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

☒ Tax rate schedule or ☐ Schedule D (Form 1041)

37 Proxy tax. See instructions

38 Alternative minimum tax

39 Tax on Non-Compliant Facility Income. See instructions

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

35c	
36	374.
37	
38	
39	
40	374.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

b Other credits (see instructions)

c General business credit. Attach Form 3800

d Credit for prior year minimum tax (attach Form 8801 or 8827)

e Total credits. Add lines 41a through 41d

42 Subtract line 41e from line 40

43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

44 Total tax. Add lines 42 and 43

45a Payments: A 2016 overpayment credited to 2017

b 2017 estimated tax payments

c Tax deposited with Form 8868

d Foreign organizations: Tax paid or withheld at source (see instructions)

e Backup withholding (see instructions)

f Credit for small employer health insurance premiums (Attach Form 8941)

g Other credits and payments:

☐ Form 2439

☐ Form 4136 ☐ Other

Total

46 Total payments. Add lines 45a through 45g

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax

Refunded

41a	
41b	
41c	
41d	
41e	
42	374.
43	
44	374.
45a	
45b	
45c	
45d	
45e	
45f	
45g	
46	
47	
48	374.
49	
50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *Robert F. Hart, Jr.* Date *11/15/18*

TRUSTEE
Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name ROBERT F. HART, JR.	Preparer's signature <i>Robert F. Hart, Jr.</i>	Date <i>11/15/18</i>	Check <input type="checkbox"/> if self-employed	PTIN P00937795
Firm's name LITMANGERS ASSOCIATES, LLP	Firm's EIN 04-2694095			
Firm's address 600 W. CUMMINGS PARK, SUITE 4400 WOBURN, MA 01801	Phone no. 781-569-4700			

Form 990-T (2017)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 10
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UNRELATED BUSINESS INCOME RECEIVED FROM INVESTMENTS REPORTED ON K-1

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 11
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PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
NGL PARTNERS LP CLASS B	3,094.	0.	3,094.
TEEKAY LNG PARTNERS, LP	401.	0.	401.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	3,495.	0.	3,495.
