

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2017

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

► 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).

Open to Public Inspection for
501(c)(3) Organizations OnlyENVELOPE
POSTMARK DATE NOV 15 2018

SCANNED FEB 14 2019

State
dotDepartment of the Treasury
Internal Revenue ServiceA Check box if
address changedB Exempt under section
 501(c)(3)
 408(e) 220(e) 408A 530(a)
 529(a)Print
or
TypeName 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

SUDSBURY, MA 01776D 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 ►

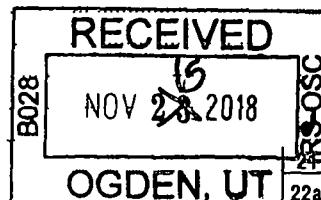
1c _____
2 _____
3 _____
4a _____
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)
c Capital loss deduction for trusts
5 Income (loss) from partnerships and S corporations (attach statement)
6 Rent income (Schedule C)
7 Unrelated debt-financed income (Schedule E)
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)
10 Exploited exempt activity income (Schedule I)
11 Advertising income (Schedule J)
12 Other income (See instructions; attach schedule)
13 Total. Combine lines 3 through 12

1c		
2		
3		
4a		
4b		
4c		
5	3,495.	
6		
7		
8		
9		
10		
11		
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)
15 Salaries and wages
16 Repairs and maintenance
17 Bad debts
18 Interest (attach schedule)
19 Taxes and licenses
20 Charitable contributions (See instructions for limitation rules)
21 Depreciation (attach Form 4562)
22 Less depreciation claimed on Schedule A and elsewhere on return
23 Depletion
24 Contributions to deferred compensation plans
25 Employee benefit programs
26 Excess exempt expenses (Schedule I)
27 Excess readership costs (Schedule J)
28 Other deductions (attach schedule)
29 Total deductions Add lines 14 through 28
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13
31 Net operating loss deduction (limited to the amount on line 30)
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)
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



14	
15	
16	
17	
18	
19	
20	
21	
22b	
23	
24	
25	
26	
27	
28	
29	0.
30	3,495.
31	
32	3,495.
33	1,000.
34	2,495.

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

Part IV: Tax and Payments

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

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

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

41d

e Total credits. Add lines 41a through 41d

41e

42 Subtract line 41e from line 40

42

374.

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

43

44 Total tax. Add lines 42 and 43

44

374.

45a Payments: A 2016 overpayment credited to 2017

45a

b 2017 estimated tax payments

45b

c Tax deposited with Form 8868

45c

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

45d

e Backup withholding (see instructions)

45e

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

45f

g Other credits and payments: Form 2439

45g

Form 4136 Other _____ Total ►

46

46 Total payments. Add lines 45a through 45g

46

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

47

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

48

374.

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

49

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

Refunded

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 ►

Yes No

X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

Yes No

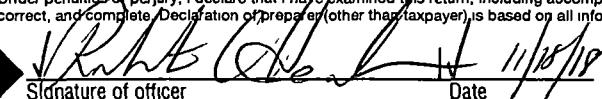
X

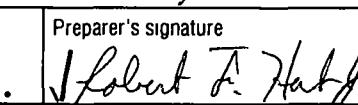
If YES, see instructions for other forms the organization may have to file.

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

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

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

Sign Here ►  Date 11/10/18 Title TRUSTEE
Signature of officer

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBERT F. HART, JR.		11/10/18		P00937795
	Firm's name ► LITMANGERSON ASSOCIATES, LLP			Firm's EIN ►	04-2694095
	600 W. CUMMINGS PARK, SUITE 4400				
	Firm's address ► 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

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	
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.