Department of the Treasury



EXTENDED TO NOVEMBER 15, 2018

Return of Private Foundation

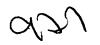
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

		r calendar year 2017 or tax year beginning	3.90V/1011133011 101 1113	, and ending	ormation.	Open to Public Inspection
<b>∞</b>	_	ame of foundation		, and entiting	A Employer identification	n aumhar
20 <b>18</b>					- Comproyer racinalication	ii iiuliidei
ro	T	THE JIM HENSON FOUNDATION			13-3133702	2
0	Nur	umber and street (or PO box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
=		37-18 NORTHERN BLVD		400	212-439-75	504
=		ty or town, state or province, country, and ZIP or foreign po			C if exemption application is p	pending, check here
۳		LONG ISLAND CITY, NY 11101	<del></del>			. —
DATE	G (	Check all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here
3%		Final return Address change	Amended return		Foreign organizations me check here and attach co	eeting the 85% test,
	н (	Check type of organization: X Section 501(c)(3) exe	Name change		1	
FUSTMARK	$\Box$		other taxable private found	ation $\omega$	E If private foundation sta under section 507(b)(1)	
	1 Fa	air market value of all assets at end of year   J   Accounting		X Accrual	1	• • • • • • • • • • • • • • • • • • • •
		, , , , , , , , , , , , , , , , , , ,	er (specify)	1	F If the foundation is in a under section 507(b)(1)	
		\$ 3,835,761. (Part I, column	ı (d) must be on cash bas	IS.)	(4)(1)	((-),
?	Pa	art I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
4		necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis conly)
A.		1 Contributions, gifts, grants, etc., received	749,800.	* * **	4 / / WY	
<b>t</b> '		2 Check Interest on savings and temporary 3 cash investments		<u> </u>	<u> </u>	1 1/4 \$ 1
		3 cash investments 4 Dividends and interest from securities	100,854.	100,854.		STATEMENT 1
		5a Gross rents	100,034.	100,634.	<del></del>	STATEMENT T
		b Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	> { } ~		3* 3 6.
	•	68. Net gain or floss) from sale of assets not on line 10	217,878.	* *	* * *	
	Revenue	b Gross sales price for all 696,939.	3	*	RE	CEIVED O
	9	7 Capital gain net income (from Part IV, line 2)	¥ * ; ;	217,878.		220
	ш	8 Net short-term capital gain	x \$ '2 &	, d. %	ig IU	1 0 2010 3
		9 Income modifications Gross sales less returns	* * *	¥	8	
		1Ua and allowances			* ×	BOEN, UT
<b>6</b> 0		C Gross profit or (loss)				
2018		11 Other income		, x , 3		
<b>3</b>		12 Total. Add lines 1 through 11	1,068,532.	318,732.	0.	
<b>F=</b>		13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
<u> </u>		14 Other employee salaries and wages	69,704.	0.	0.	69,704.
A	s	15 Pension plans, employee benefits				
	nse		1.6.000	4 000		
SCANNED	Expe	b Accounting fees STMT 2	16,000.	4,000.	0.	12,000.
e de la companya de l						
<b>&amp;</b>	strative	18 Taxes STMT 3	7,178.	637.	0.	6,541.
Ŵ.	istr	19 Depreciation and depletion	.,2,00	- 037.		7
•	Admin	20 Occupancy	6,000.	0.	0.	6,000.
		21 Travel, conferences, and meetings	2,560.	0.	0.	2,560.
	and	22 Printing and publications				
	ing	23 Other expenses STMT 4	38,094.	11,830.	0.	27,264.
	Operating	24 Total operating and administrative	120 526	46.46-		104
	ď	expenses. Add lines 13 through 23	139,536.	16,467.	0.	124,069.
		25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	156,000.	,	1/2	200,000.
		Add lines 24 and 25	295,536.	16,467.	0.	324,069.
		27 Subtract line 26 from line 12:		10, 10/		324,009.
		a Excess of revenue over expenses and disbursements	772,996.	,	/ / 💢	·
		b Net investment income (if negative, enter -0-)		302,265.	* * A * *	· · ·
,		c Adjusted net income (if negative, enter -0-)		V /	0.	, * * .
A	72350	501 01-03-18 LHA For Paperwork Reduction Act Notice,	see instructions.			Form <b>990-PF</b> (2017)

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.



Pa	rt	Balance Sheets Attached schedules and amounts in the description	Beginning of year		d of year
		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	590.	590	
	2	Savings and temporary cash investments	159,729.	34,776	. 34,776.
- [		Accounts receivable ► 2,086.			
		Less; allowance for doubtful accounts ▶		2,086	2,086.
- 1	4	Pledges receivable ▶			- stam
		Less: allowance for doubtful accounts ▶	• • • • • • • • • • • • • • • • • • • •		
	5	Grants receivable	<del></del>		
ı		Receivables due from officers, directors, trustees, and other	<del></del>		<del></del>
	Ü	disqualified persons			
1	7	_ }		<del></del>	<del></del>
ı	7	Other notes and loans receivable		and the state of t	
_ \		Less: allowance for doubtful accounts			<del></del>
Assets		Inventories for sale or use			
ş I		Prepaid expenses and deferred charges	120 402	125 205	124-026
`		Investments - U.S. and state government obligations STMT 5	138,493.	135,325	
- (		Investments - corporate stock STMT 6	1,449,717.	1,449,670	
-		Investments - corporate bonds STMT 7	417,120.	326,808	
- (	11	Investments - land, buildings, and equipment basis			
ı		Less accumulated depreciation			
		Investments - mortgage loans STMT 8	1,949.	1,442	
	13	Investments - other STMT 9	1,069,787.	1,447,518	
- [	14	Land, buildings, and equipment basis 10,463.	3 465		Vita in the second
		Less accumulated depreciation STMT 10 ► 10,463.		·	ļ
- 1		Other assets (describe SECURITY DEPOSIT )	1,000.	1,000	. 1,000.
	16	Total assets (to be completed by all filers - see the			
4	_	instructions. Also, see page 1, item I)	3,238,385.	3,399,215	
- 1		Accounts payable and accrued expenses	35.		
	18	Grants payable	218,000.	174,000	
8	19	Deferred revenue			
<b>₹</b> I	20	Loans from officers, directors, trustees, and other disqualified persons		·	
혈급		Mortgages and other notes payable			
-   ?	22	Other liabilities (describe  STATEMENT 11)	2,869.	2,125	<b>-1</b> % % %
				4=- 40=	
-43	23	Total liabilities (add lines 17 through 22)	220,904.	176,125	
		Foundations that follow SFAS 117, check here			
9		and complete lines 24 through 26, and lines 30 and 31.			
$\simeq 1$		Unrestricted			
		Temporarily restricted			
8 1	26	Permanently restricted			
Fund Ba		Foundations that do not follow SFAS 117, check here			
٦ <u>.</u>	_	and complete lines 27 through 31.	- 1		
ا تب		Capital stock, trust principal, or current funds	0.	0	<b>의 🌹</b> : : : : : : : : : : : : : : : : : : :
88		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0	<u> </u>
Ž   2		Retained earnings, accumulated income, endowment, or other funds	3,017,481.	3,223,090	
ž	30	Total net assets or fund balances	3,017,481.	3,223,090	
		*	2 222 225		
	1	Total liabilities and net assets/fund balances	3,238,385.	3,399,215	• *
Pa	rt	III Analysis of Changes in Net Assets or Fund Ba	alances		
1 Te	ntal	net assets or fund balances at beginning of year - Part II, column (a), line 3	<u> </u>	<del></del>	
		t agree with end-of-year figure reported on prior year's return)	00	1.	3,017,481.
		amount from Part I, line 27a		<u>  1</u>	7 7 7 7 7 7 7
		Increases not included in line 2 (itemize)		H	<del></del>
		ines 1, 2, and 3			455
		eases not included in line 2 (itemize) > ADJUSTMENT TO U	INREALIZED GAT		2 2 2 2 2 2 2
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col		IND/ HODDED   8	2 2 2 2 2 2 2
		The state of the s	(0),0 00	<u> </u>	Form <b>QQO_DE</b> (2017)

(a) List and describe 2-story brick wa	ine kind(s) arehouse; o	of property sold (for exa r common stock, 200 sh	mple, real esta s. MLC Co.)	te, 	D	- Purc - Dona	וומסט ן	(c) Date : (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a										
b SEE ATTACHED	STAT	EMENT								
<u>c</u>					<u> </u>					
<u>d</u>					ļ					ļ
<u>e</u>					L.,					<u> </u>
(e) Gross sales price	(1)	epreciation allowed (or allowable)	1 1-1	st or other basis expense of sale			· · · · · · · · · · · · · · · · · · ·		ain or (loss (f) minus	
<u>a</u>	<del> </del>		<b></b>						<del></del>	
b c	<del></del>		<u> </u>							<del> </del>
d					_					
e 696,939.				479,06	1.					217,878
Complete only for assets showing	ng gain in c	olumn (h) and owned by	the foundation	on 12/31/69.					ol. (h) gaın	
(i) FMV as of 12/31/69		) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any					ot less that (from col. (	
a										
b										
С										
d										
e										217,878
2 Capital gain net income or (net ca	apıtal loss)	If gam, also ente			}	2				217,878
Net short-term capital gain or (los	ss) as defin	`								
If gain, also enter in Part I, line 8,			(0).		J					
If (loss), enter -0- in Part I, line 8					Л	3			N/A	
Part V   Qualification U For optional use by domestic private							ent Inco	ome		
section 4940(d)(2) applies, leave the foundation liable for the sec "Yes," the foundation doesn't qualifier the appropriate amount in	tion 4942 to fy under sec	ax on the distributable an ction 4940(e). Do not cor	nplete this par	t,				·- <u>-</u>		Yes X No
(a)	each colum		iisu uciioiis de	note making any e				1		(d)
Base period years Calendar year (or tax year beginni	na in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchar		use assets	Ι,	Distrib	oution ratio rided by col. (c))
2016		32	7,617.		3	.12	6,535.		( (-)	.10478
2015			6,088.				6,898.			.10136
2014		26	0,482.		3	,36	2,017			.07747
2013			0,154.				0,422.			.10068
2012		28	5,267.		2	, 96	4,609.	$\coprod$		.09622
! Total of line 1, column (d)								2		.48054
Average distribution ratio for the			on line 2 by 5.	O, or by the numbe	er of y	ears/				
the foundation has been in existe	nce if less t	han 5 years						3		.09610
Enter the net value of noncharitat	ole-use asse	ets for 2017 from Part X,	line 5					4		3,316,085
Multiply line 4 by line 3								5		318,702
Enter 1% of net investment incon	ne (1% of P	art I, line 27b)			_			6	· · · · · ·	3,023
Add lines 5 and 6								7		321,725
B Enter qualifying distributions from	n Part XII, li	ne 4						8		324,069
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, che	ck the box in Part VI, line	e 1b, and comp	lete that part usin	g a 19	% tax r	ate.			

Form 990-PF (2017) THE JIM HENSON FOUNDATION Part VI Excise Tax Based on Investment Income (Sec			313370		Page 4	
	<del></del>	01 4540	- 566 11150	uctio	1151	
1a Exempt operating foundations described in section 4940(d)(2), check here		"	ĺ			
Date of ruling or determination letter. (attach copy of	of letter if necessary-see instructions)	<u> </u>	% ·		a`a	
b Domestic foundations that meet the section 4940(e) requirements in Part V, cl	heck here 🕨 🔼 and enter 1%	1	<del>                                     </del>	<u> </u>	23.	
of Part I, line 27b	. 49/ 45 .11 .40 .14)	, >	· *	1		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizat		] ]		-		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	ations only; others, enter -0-)	2	<del>                                     </del>		22.	
3 Add lines 1 and 2		3		3,0	23.	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable found		4			<del>22.</del>	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, 6	enter -0-	5		3,0	23.	
6 Credits/Payments;	1 1 1 1 1	[:' .		ž.	,	
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 1,00			₹	(*	
<b>b</b> Exempt foreign organizations - tax withheld at source	6b	0.		4		
c Tax paid with application for extension of time to file (Form 8868)	6c 5,40			<i>.</i>	(327	
d Backup withholding erroneously withheld	6d	0.	,	್ತಿ ಜಿಸ್ಟಿ	<i>≥</i> *	
7 Total credits and payments. Add lines 6a through 6d		7		6,4	05.	
8 Enter any penalty for underpayment of estimated tax. Check here if Form	n 2220 is attached	8	<u> </u>		0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ 9				
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount		▶ 10		3,3	82.	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	3,382. Refunded	11			0.	
Part VII-A Statements Regarding Activities	- · · · · · · · · · · · · · · · · · · ·					
1a During the tax year, did the foundation attempt to influence any national, state,	, or local legislation or did it participate or inter	vene ın	*\$	Yes	No	
any political campaign?			1a	T	X	
b Did it spend more than \$100 during the year (either directly or indirectly) for p	olitical purposes? See the instructions for the	definition	1b	T	X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	s and copies of any materials published or		<del>;                                    </del>	1. *		
distributed by the foundation in connection with the activities.			ķ			
c Did the foundation file Form 1120-POL for this year?			10	1	X	
d Enter the amount (if any) of tax on political expenditures (section 4955) impos	sed during the year.			V*		
(1) On the foundation. ▶ \$ 0 • (2) On foundation		0.	<b>.</b>			
e Enter the reimbursement (if any) paid by the foundation during the year for po			j,			
managers. ▶ \$ 0.	, , , , , , , , , , , , , , , , , , , ,		,×.	K Š	Š. 3	
2 Has the foundation engaged in any activities that have not previously been repr	orted to the IRS?		<b>~</b> 2	3. 83	Î	
If "Yes," attach a detailed description of the activities.	-		1 -		é	
3 Has the foundation made any changes, not previously reported to the IRS, in it	ts governing instrument, articles of incorporat	on, or	~ %		2	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the		,	3	X. ~	X	
4a Did the foundation have unrelated business gross income of \$1,000 or more d	-		4a	1	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	and year	N	/A 4b	$t^{-}$	<del> </del>	
5 Was there a liquidation, termination, dissolution, or substantial contraction dur	ring the year?		5	<del>                                     </del>	X	
If "Yes," attach the statement required by General Instruction T	mg the your		<u>                                   </u>	1.6	₹5.k	
6 Are the requirements of section 508(e) (relating to sections 4941 through 494	5) satisfied either		İź	2 :	23	
By language in the governing instrument, or	o) sausited bittler.		7,	· *	4.9 Mg.	
<ul> <li>By state legislation that effectively amends the governing instrument so that</li> </ul>	no mandatory directions that conflict with the	ctate law	ľ	l	1	
remain in the governing instrument?	no mandatory directions that connect with the	State law	6	×	· · · · · · · · · · · · · · · · · ·	
7 Did the foundation have at least \$5,000 in assets at any time during the year?	If "Ven " complete Dort II, and (a), and Dort VI		7	$\frac{x}{x}$	├──	
Plu the foundation have at least \$5,000 in assets at any time during the year?	it fes, complete Part II, col. (c), and Part XV		<u> </u>	+ <del>A</del>	<del></del>	
99 Enter the states to which the foundation reports or with which it is required.	Can			2		
8a Enter the states to which the foundation reports or with which it is registered. S	See instructions.		<u> </u>	* ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		
	0 BC +- 4b - Au				\$P.4	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99			1	4.53	ننده	
of each state as required by General Instruction G? If "No," attach explanation			8b	X_	┼─ .	_
9 Is the foundation claiming status as a private operating foundation within the n	neaning of section 4942(j)(3) or 4942(j)(5) fo	r calendar	_ 3	I I.		1
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV.	. If "Yes," complete Part XIV		9	<del> </del>	+	-
10 Did any persons become substantial contributors during the tax year? if "Yes,"	attach a schedule listing their names and addresses	_	10		X	

Part VII-A   Statements Regarding Activities (continued)	-,		
	1,	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1!		77
section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1		37
If "Yes," attach statement. See instructions	12	X	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
Website address ► HENSONFOUNDATION.ORG  14 The books are in care of ► MELISSA ABBOTT  Telephone no. ► 212-9	<del>11_1</del>	122	
Located at > 1375 BROADWAY, 15TH FL, NEW YORK, NY	0018	<del>1</del>	
	0010		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here  and enter the amount of tax-exempt interest received or accrued during the year  15	N	/A	·
and enter the amount of tax-exempt interest received or accrued during the year  15   15   16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16	103	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10 T		
foreign country	1. *	3.	. ž
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		67Å.7	3
	Tal	Yes	No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  1a During the year, did the foundation (either directly or indirectly):	<del>                                   </del>	103	140
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 1		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	1 .1	. Š.	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No		``` ''	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No	\$	*	
(5) Transfer any income or assets to a disqualified person (or make any of either available	~ <u>*</u> *		ł
for the benefit or use of a disqualified person)?	3,6		
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after	1	: 1	Ι,
termination of government service, if terminating within 90 days.)		1	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	57.8 87.8	,	,>
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	1b	2	
Organizations relying on a current notice regarding disaster assistance, check here		<u>.                                    </u>	^> \$
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	, 4		
before the first day of the tax year beginning in 2017?	1c	•	х
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(1)(3) or 4942(1)(5)):		,	
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
before 2017?		٠,	`,
If "Yes," list the years ▶ , , , , , , , , , , , , , , , , , ,	, xw, x	,	(3)
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	\$ 38. 9.		
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			· · ·
statement - see instructions.) N/A	Žb	2,5	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		. 8	
<b>•</b>	1 1	ź ~,	1
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	3%	Marin .	1
during the year?	1 31	, , , , ,	ŀ
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	25	ž	
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	× ×	San	1
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,	^ ×	Marian	۔ سکا
Form 4720, to determine if the foundation had excess business holdings in 2017.)	36		L
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4		
			· '
had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

Form 990-PF.(2017) THE JIM HENSON FOUNDATION	ON		13-31337	02	Page 6
Part VII-B   Statements Regarding Activities for Which		Required (contin			-9-0
5a During the year, did the foundation pay or incur any amount to:	<del></del>	<del></del>	Г	Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (secti	on 4945(e))?	Y	es X No		1
(2) Influence the outcome of any specific public election (see section 4955);		ectly,	ŀ		,
any voter registration drive?			es X No		1
(3) Provide a grant to an individual for travel, study, or other similar purpose	es?	Y	es X No		.
(4) Provide a grant to an organization other than a charitable, etc., organization				- 1	1.
4945(d)(4)(A)? See instructions			es X No		1
(5) Provide for any purpose other than religious, charitable, scientific, literar	v or educational nurnoses or f	<del></del>			1
the prevention of cruelty to children or animals?	,, or outballonal parposos, or i		es X No		1/
b If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify u	adar the evacations described i	·	C3 [21] NO		14 /
section 53.4945 or in a current notice regarding disaster assistance? See ins		iii neguiations	N/A	5b	- /
· ·				30	+
Organizations relying on a current notice regarding disaster assistance, check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption					1
expenditure responsibility for the grant?	V	I/A	es No		, ,
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				1 %	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on			- 1	* ×
a personal benefit contract?		Y	es X No		Ř
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es 🗓 No 🚶		1 -
b If "Yes," did the foundation receive any proceeds or have any net income attri	butable to the transaction?		N/A	7b	$\top$
Part VIII Information About Officers, Directors, Trus	tees. Foundation Ma	nagers. Highl	v		
Paid Employees, and Contractors			•		
1 List all officers, directors, trustees, and foundation managers and	their compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Ex	pense it, other
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deterred	accoun	it, other ances
	to position	Citter 6 /	compensation	4	
SEE STATEMENT 12	-	0.	٥.		0.
DEE STATEMENT IZ	<b>+</b> · · · · · · · · · · · · · · · · · · ·				<del>.</del>
	-			1	
	_				
			ţ		
	1.				
2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."			
(a) Name and address of each amplains and mare than \$50,000	(b) Title, and average	4 > 00========	(d) Contributions to	(e) E>	cpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation		ances
LINDSEY C BRIGGS - 23-46 29TH STREET	FOUNDATION MA	NAGER	Compendation		
APT 3K, ASTORIA, NY 11105	40.00	69,704.	5,131.		0.
	10.00	05,7010	3,131.		
	-	1	1		
		-		┼	
			<del></del>	-	
	-				
	<del> </del>			<del> </del>	
	<u> </u>	<u></u>	<del></del>	<u> </u>	
Total number of other employees paid over \$50,000					0

FORM 990-PF (2017) THE JIM HENSON FOUNDATION		133/UZ Page /
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	Indation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	i
		]
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the s produced, etc.	Expenses
1 N/A		
2		
3		
	<del></del>	
4		
Part IX-B Summary of Program-Related Investments	<del></del>	
Describe the two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
<u></u>	- 1	

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndation	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,219,031.
	Average of monthly cash balances	1b	3,219,031. 147,553.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,366,584.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,366,584.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	50,499.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,316,085.
6	Minimum investment return. Enter 5% of line 5	6	165,804.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.)	d certa	ın
1	Minimum investment return from Part X, line 6	1	165,804.
2a	Tax on investment income for 2017 from Part VI, line 5	7	
b	Income tax for 2017. (This does not include the tax from Part VI.)	38	
C	Add lines 2a and 2b	2c	3,023.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,023. 162,781.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	162,781.
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	162,781.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	* 32 '	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	324,069.
b	Program-related investments - total from Part IX-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:	1000	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	324,069
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	3,023
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,023. 321,046.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tay in those wears	ualifies	

Form **990-PF** (2017)

Part,XIII Undistributed income (see instructions)

Official bated income (s	, · · · · · · · · · · · · · · · · · · ·	(b)	(c)	(d)
	(a) Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI,			自,话 诗意	1.50 501
line 7		<b>"海</b> "	表。 1000年 1000	162,781.
2 Undistributed income if any as of the end of 2017		(重新)		
a Enter amount for 2016 only	- 1.5 (- MEM) - 11	Carl Carl Carl	U.	- 1775 S
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2017		(3:15-1:25-1-1):		
aFrom 2012   139,391.	A TOTAL		宣、海、雪雪	
bFrom 2013 162,853.				
c From 2014 95, 254.		-4.552-1. Ph. 1	医心型 的疆	
d From 2015 167,037.				* * * * * * * * * * * * * * * * * * *
eFrom 2016 173, 246.			图,在一个位置	17- EEC 25
f Total of lines 3a through e	737,781.		医 课 、養殖	· 一等。在
4 Qualifying distributions for 2017 from	A CARLON			ふ * 妻間
Part XII, line 4 ►\$ 324,069.				[ A - 流臺。 · 刻
a Applied to 2016, but not more than line 2a		学 整 作	0.	
b Applied to undistributed income of prior		_		连"注意了项
years (Election required - see instructions)		0.		in the state of th
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	、维护、政策、	三、一	The state of the
d Applied to 2017 distributable amount		14000000000000000000000000000000000000		162,781.
e Remaining amount distributed out of corpus	161,288.	P. C. S.	TAKE WAS	The Land
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d) the same amount	U.	I THE WAY TO	<b>50. 於漢、 " 以收</b> 證	U.
must be shown in column (a) )		1. "整子级" 是		
6 Enter the net total of each column as		2. Table 19		
indicated below	899,069	Waster A.	是 生 生 量	
& Corpus Add lines 3f 4c and 4e Subtract line 5	0 J J , 0 0 J .	Indicate of the second	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Prior years undistributed income Subtract line 4b from line 2b		Ι ο.	是的某一次,还	
c Enter the amount of prior years			E-12 M M	トゥー ( ) ***
undistributed income for which a notice of			京 奉	
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		ο.	星、宣、不言墓	
d Subtract line 6c from line 6b. Taxable	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	17.7 美工工具
amount - see instructions		0.		15年,於臺灣
e Undistributed income for 2016. Subtract line	と発電器シン	"这些人"		
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2017. Subtract		C. TENET C	超八哥! 水雪	-
lines 4d and 5 from line 1. This amount must	A Part of the last			
be distributed in 2018	<u> </u>	子人言字字。		0.
7 Amounts treated as distributions out of				<b>内的小學達了世</b>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	,			
may be required see instructions)	0.		3-13-	
B Excess distributions carryover from 2012	139,391.			
not applied on line 5 or line 7	139,391.	TWO THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SE	The second of th	The state of the s
9 Excess distributions carryover to 2018 Subtract lines 7 and 8 from line 6a	759,678.			
10 Analysis of line 9	100,000	THE TANK	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	A STORY T
a Excess from 2013 162,853.			医温 海	[基本]
bExcess from 2014 95, 254.				唐 唐 每
c Excess from 2015 167,037.	, ( <u>Figure</u> 1			M
d Excess from 2016 173, 246.	上,"这个是一个,"		黑河 查 外海	
e Excess from 2017 161, 288.	· 苏启盛天 :	心理論が心臓とい	医	
723581 01 03-18				Form <b>990-PF</b> (2017)

	HENSON FOU				133702 Page 10
Part XIV   Private Operating F	oundations (see in	structions and Part V	/II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective for	r 2017, enter the date of	the ruling	<b>▶</b>		/
b Check box to indicate whether the found	lation is a private operation	ng foundation described	I in section	4942(j)(3) or4	1942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(é) Total
investment return from Part X for					
each year listed				/	
b 85% of line 2a					
c Qualifying distributions from Part XII,				1	
line 4 for each year listed					
d Amounts included in line 2c not					<del> </del>
used directly for active conduct of					
exempt activities					1
e Qualifying distributions made directly		<del> </del>	+/		<del>                                     </del>
for active conduct of exempt activities.				1	
Subtract line 2d from line 2c		l			
3 Complete 3a, b, or c for the			<del>                                     </del>		<del> </del>
alternative test relied upon:					
a "Assets" alternative test - enter:					-
(1) Value of all assets	<del></del>	<del> </del>	,	<del>                                     </del>	<del> </del>
(2) Value of assets qualifying		/			
under section 4942(j)(3)(B)(i)					ļ
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year			1		1
listed			<del></del>	<u> </u>	ļ. <u></u>
c "Support" alternative test - enter:			1	}	
(1) Total support other than gross		/			
investment income (interest, dividends, rents, payments on		ď	}	Ì	
securities loans (section				1	
512(a)(5)), or royalties)		<u> </u>	_]	<u> </u>	<u> </u>
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					1
(3) Largest amount of support from			T		
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t					
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	•	than 2% of the total con	itributions received by the	foundation before the clo	ose of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)			, a
CHERYL HENSON					
b List any managers of the foundation who	o own 10% or more of th	e stock of a cornoration	(or an equally large ports	on of the ownership of a	nartnership or
other entity) of which the foundation has	a 10% or greater interes	st.	i (or air oquany large porti	on or the ownership or a p	our trior or p
NONE	-				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. D	Programe:		
Check here $\triangleright X$ if the foundation of				not account uncollected rea	waste for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other condi	s organizations and does i	not accept unsolicited red	uesis iui iuiius. Ii
a The name, address, and telephone number				<del></del>	
STATEMENT R, 212-439		іе регоон то многи аррі	ications should be addres	seu.	
DIMILIMITE IN, ZIZ 439	7504				
h The form in which contractions should b	a pub witted and informa	t		<del></del>	
b The form in which applications should b STATEMENT R	e submitted and informa	uon and materials they s	snovia include;		
	<del></del>				
c Any submission deadlines:					
STATEMENT R		<u>, , , , , , , , , , , , , , , , , , , </u>	<del> , </del>	<del> </del>	
d Any restrictions or limitations on awards STATEMENT R	, such as by geographic	ai areas, charitable fields	s, kinds of institutions, or	other factors:	

Part XV Supplementary Information	<b>n</b> (continued)			
3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	<u> </u>	
a Paid during the year				
SEE STATEMENT G - GRANTS AND AWARDS PAID DURING YEAR	NONE	501 (C)	PUPPET PRODUCTION	183,000.
PUPPETEERS OF AMERICA, INC 310 EAST 38TH STREET MINNEAPOLIS, MN 55409	NONE	501 (C)	PUPPET PRODUCTION	500.
UNIMA-USA, INC. 1404 SPRING STREET NW ATLANTA, GA 30309	NONE	501 (C)	PUPPET PRODUCTION	500.
THE EUGENE O'NEILL THEATER CENTER 305 GREAT NECK RD WATERFORD, CT 06385	NONE	501 (C)	PUPPET PRODUCTION	5,000.
BLAIR THOMAS & CO. 410 S MICHIGAN AVE SUITE 501 CHICAGO, IL 60605	NONE	501 (C)	PUPPET PRODUCTION	5,000.
	NTINUATION SHEE	TT(S)	<b>▶</b> 3a	200,000.
b Approved for future payment  SEE STATEMENT G-1 - GRANTS PAYABLE	NONE	501 (C)	PUPPET PRODUCTION	174 000
SCHEDULE				174,000.
CASH TO ACCRUAL ADJUSTMENTS:				
AMOUNT UNPAID FOR PRIOR YEARS	NOT MILATITONI CUTTO	2m/C)		-42,000.
Total SEE CO	NTINUATION SHE	サイノウト	<u> </u>	-44,000.

## Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Onicial	o ousiness income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	_				
b					
c					
d			$\top$		
e	-		+		
<u> </u>			+	·	
g Fees and contracts from government agencies	-		<del>  </del>		
		<del> </del>	┼╌┤		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		L	1		
4 Dividends and interest from securities			14	100,854.	
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			1 -		
property					
7 Other investment income	<u> </u>		+		
	<del></del>		+		
8 Gain or (loss) from sales of assets other			18	217 070	
than inventory	<u> </u>		1 10	217,878.	
9 Net income or (loss) from special events			4		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b	_				
c		-			
			_		
d					
d	-	- <del></del>	<del> </del>		
	a de la companya de l	0		318,732.	0.
12 Subtotal. Add columns (b), (d), and (e)	200	0	•	318,732.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	\$(	0	•	318,732.	0. 318,732.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				13	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities	to the Acc	omplishment of E	xemp	t Purposes	318,732.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	to the Acco	omplishment of E	xemp	t Purposes	318,732.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities	to the Acco	omplishment of E	xemp	t Purposes	318,732.
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12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which indicate the foundation's exempt purposes (other that	to the Acco	omplishment of E	xemp	t Purposes	318,732.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	to the Acco	omplishment of E	xemp	t Purposes	318,732.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which indicate the foundation's exempt purposes (other that	to the Acco	omplishment of E	xemp	t Purposes	318,732.
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12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which indicate the foundation's exempt purposes (other that	to the Acco	omplishment of E	xemp	t Purposes	318,732.
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12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which indicate the foundation's exempt purposes (other that	to the Acco	omplishment of E	xemp	t Purposes	318,732.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which indicate the foundation's exempt purposes (other that	to the Acco	omplishment of E	xemp	t Purposes	318,732.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which indicate the foundation's exempt purposes (other that	to the Acco	omplishment of E	xemp	t Purposes	318,732.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which indicate the foundation's exempt purposes (other that	to the Acco	omplishment of E	xemp	t Purposes	318,732.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which indicate the foundation's exempt purposes (other that	to the Acco	omplishment of E	xemp	t Purposes	318,732.

Form 990-PF (2		IM HENSON				13-313		Page 13
Part XVII			isfers to a	and Transactions	and Relations	hips With Noncha	ıritable	
	Exempt Organ							
	*			ng with any other organiza		tion 501(c)		Yes No
•	• • • •	•		g to political organizations	?			
	from the reporting found	lation to a noncharita	able exempt or	ganization of:			metr <sup>il</sup> ea	
(1) Cash		-					1a(1)	X
(2) Other	r assets						1a(2)	X
<b>b</b> Other tran	isactions:						أستدير	~
(1) Sales	of assets to a noncharita	able exempt organiza	ation				1b(1)	X
(2) Purcl	hases of assets from a no	ncharitable exempt	organization				1b(2)	Х
(3) Renta	al of facilities, equipment,	or other assets		-			1b(3)	Х
(4) Reim	bursement arrangements	3					- 1b(4)	X
(5) Loan	s or loan guarantees						1b(5)	Х
( <b>6</b> ) Perfo	ormance of services or me	embership or fundra	ising solicitation	ons		-	1b(6)	X
<del>-</del>	f facilities, equipment, ma	-		· -			1c	X
						market value of the goods,		ets,
					ilue in any transactio	n or sharing arrangement,	show in	
	d) the value of the goods,							
(a)Line no	(b) Amount involved	(c) Name o		e exempt organization	(0) Description	n of transfers, transactions, and	1 sharing arr	angements
		<del> </del>	N/A					
		<del> </del>						
	·	<b></b>		<del> </del>				
		<b>}</b>		<del></del>				
		<del> </del>		<del></del>				
		<del> </del>		<del></del>		<del></del>		
		<b></b>				<del></del>		
		<del> </del>		<del></del>		<del></del>		
		ļ		<del></del>				
			<del></del>			<del></del>		
			<del></del>					
0 - 10 45 - 60	- 4-4	11 - 11 - 1 - 11	-1-1-1-	<del></del>				
				or more tax-exempt orga	nizations described	Г	<b>–</b> 1.,	X No
	501(c) (other than section		ection 52/7			L	Yes	الما الم
B II Yes, Co	omplete the following sch (a) Name of org			(b) Type of organization		(c) Description of relations	chip	
	N/A	Janization		(b) Type of Organization	<del> </del>	(c) Description of relations	эшр	
	N/A				<del>-</del>	<del></del>		
					<del> </del>			
	· · · · · · · · · · · · · · · · · · ·				<del> </del>			
					<del> </del>			
Under	penalties of perjury, I declare	that I have examined th	ıs return, ıncludir	ng accompanying schedules an	d statements, and to the	best of my knowledge		
				in taxpayer) is based on all info		r has any knowledge re	ay the IHS d turn with the	e presparer
Here	(10001	1 7	٠	1612-118	PRESI		X Yes	See instr
Sign	nature of officer or truckee	a v		Date	Trtle	DENT	A Yes	140
	Print/Type preparer's na		Preparer's	<i>n</i> .	Date /	Check   if PTIN		
	)	<del>-</del>	14	1 Al	(hele	self- employed		
Paid	PETER KUTN	ER		JW L	10/10/10		0446	949
Preparer	Firm's name ► RAI		ALTER	& CO., LLP	<u> </u>	Firm's EIN ▶ 11-2		
Use Only	, and shalle Field	. OIL LINDIN F	الخلطات لسدهم	ш со., ппг		LIIII SEM TT-7	, J J U 4.	J =
,	Firm's address ▶ 13	75 BROADE	VAY	<del> </del>		<del>                                     </del>		
	1	W YORK, N		.8		Phone no. 212-9	44-4	433
				·				

Part IV   Capital Gains and Lo	isses for Tax on investment income					
(a) List and 2-story b	d describe the kind(s) of property solo rick warehouse; or common stock, 20	i, e.g., real estate, 00 shs. MLC Co.	( <b>b)</b> Hov P - P D - D	/ acquired urchase onation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a WELLS FARGO X8	243 - STATEMENT	E		P		
	243 - STATEMENT			P	<del></del>	
	243 - STATEMENT			P		
	437 - STATEMENT			P	<del>   </del>	
•	437 - STATEMENT			P	<del>                                     </del>	
WELLS FARGO X7				P	<del>                                     </del>	
g CAPITAL GAINS						
h	D1 V 1 D D	<del></del>				
	<del></del>				<del>                                     </del>	
					†····	
1	<del></del>					
m				· ··· · ·		
П						
0						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	<b>_</b>		) Gain or (loss) plus (f) minus (g)	<del></del>
a 120,226.	, , , , , , , , , , , , , , , , , , ,	83,967.		(~/ )	(-) //// (9)	36, 259.
045 654		188,242.				$\frac{30,233.}{127,429.}$
201		281.				0.
40 200		40,561.				1,827.
165 100		137,933.				27, 249.
		28,077.			·····	12,858.
		20,077.	-			12, 256.
g 12,256.	-					12, 2301
					··	
<u></u>						
k						
m						
n						
0						
	ing gain in column (h) and owned by	the foundation on 12/31/69		(I) Lo	sses (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	Gain	s (excess	of col. (h) gain over not less than "-0-")	col. (k),
	20 0. 120 1100	0.0. 00 ()), ii dii)				36,259.
<u>a</u>						127,429.
<u>b</u>						0.
d d			_			1,827.
			· · · · · · · · · · · · · · · · · · ·		· · · · · ·	27,249.
f					<u> </u>	12,858.
						12,256.
<u>9</u> h					<del></del>	,
	<del>                                     </del>					
1			<u> </u>		<u> </u>	
k						
<u></u>						
m	<del>                                     </del>	.,.,	-			
n n	<del>                                     </del>		<del>                                     </del>			·
0			<del>                                     </del>			
·	<del></del>	l	<del>                                     </del>	•		
2 Capital gain net income or (net c	capital loss) { If gain, also ente If (loss), enter "-(	r in Part I, line 7 D-" in Part I, line 7	2			217,878.
	oss) as defined in sections 1222(5) ar	nd (6):	<b> </b>			
If gain, also enter in Part I, line 8 If (loss), enter "-0-" in Part I, line		<u> </u>	3		N/A	

Grants and Contributions Paid During the You	ear (Conunuation)			Ī
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
PPETEERS OF AMERICA, INC	none	501 (C)	PUPPET PRODUCTION	
0 EAST 38TH STREET				
NNEAPOLIS, MN 55409				5,00
				i
ONDALE PRODUCTIONS, INC.	NONE	501 (C)	PUPPET PRODUCTION	
SOUTH OXFORD STREET				
OOKLYN, NY 11217				1,00
	"			
		<del>                                     </del>		<del></del>
		<del> </del>		
····	1	I	1	6,0

	re Payment (Continuation)	<del> </del>		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
				li
UNT PAID FOR PRIOR YEARS				-176,0
<del>-</del>				
	-			
ì				
			<u> </u>	
			'	

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

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

OMB No 1545-0047

2017

Name of the organization

**Employer identification number** 

13-3133702 THE JIM HENSON FOUNDATION 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 its Form 990-PF, Part I, line 2, to

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) (2017)

723451 11-01-17

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

THE J	IM HENSON FOUNDATION		13-3133702
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1	CHERYL HENSON  644 BROADWAY APT 7W  NEW YORK, NY 10021	\$719,2	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2	JANE HENSON FOUNDATION P.O. BOX 1281 NEW YORK, NY 10021	\$ 30,0	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
		\$	Person Payroll Noncash (Complete Part II for noncash contribut ions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a)

No.

Person Payroll Noncash (Complete Part II for noncash contribut ions.)

(d)

Type of contrib ution

(c)

**Total contributions** 

(b)

Name, address, and ZIP + 4

Employer identification number

## THE JIM HENSON FOUNDATION

13-3133702

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VARIOUS PUBLICLY TRADED SECURITIES - SEE STATEMENT H	_	
}		709,218.	12/31/17
(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
		 _ _ _ \$	
(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
		 _ _	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
153 11-0		\$	90, 990-EZ, or 990-P F) (

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECUE	RITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
WELLS FARGO X7437 WELLS FARGO X8243 WELLS FARGO X8243 - BOND PREM	22,436 93,038				14,757. 88,461.
AMORTIZATION	-2,364	•	02,364	-2,364.	-2,364.
TO PART I, LINE 4	113,110	12,25	100,854	100,854.	100,854.
FORM 990-PF	<del></del>	ACCOUNTI	NG FEES	ST	атемент 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARI TABLE PURPOSES
RAICH ENDE MALTER &	CO. LLP	16,000.	4,000.	0.	12,000.
TO FORM 990-PF, PG	1, LN 16B =	16,000.	4,000.	0.	12,000.
FORM 990-PF		TAX	ES	ST	ATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES PAYROLL TAXES	_	637. 6,541.	637.	0.	0. 6,541.
TO FORM 990-PF, PG	1, LN 18	7,178.	637.	0.	6,541.

FORM 990-PF	OTHER E	XPENSES			ST	тизмата	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM		(D) CHARITABI PURPOSES	
NYS FILING FEE	250.	·	0.		0.	250	<u> </u>
MEDICAL & DENTAL BENEFITS	5,644.		Ö.		0.	5,644	
PAYROLL SERVICE CHARGE	46.		0.		0.	46	
OFFICE EXPENSE	492.		0.		0.	492	
INSURANCE	1,885.		0.		0.	1,88	
ADVERTISING	2,811.		0.		0.	2,813	
INVESTMENT EXPENSE	11,830.		830.		0.	-	).
OTHER EXPENSES	1,647.		0.		0.	1,64	
PROGRAM EXPENSE	8,713.		0.		0.	9,713	
WORKSHOPS & CLINICAL STUDY	4,776.		0.		0.	4,776	
TO FORM 990-PF, PG 1, LN 23	38,094.	·	830.		0.	27,264	—
TO FORM 350 FF, IG 1, IN 23	30,034.	=======================================	====		<b>∵.</b>		<b>-</b>
DESCRIPTION  SEE STMTS B,C - STATE OBLIGAT			ВОС	135,325.	FA:	IR MARKET VALUE 134,936	 5 •
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS	-		<del></del>			
TOTAL STATE AND MUNICIPAL GOV	ERNMENT OBL	IGATIONS		135,325.		134,936	5•
TOTAL TO FORM 990-PF, PART II	, LINE 10A	=		135,325.		134,936	5 <b>.</b>
FORM 990-PF	CORPORAT	E STOCK	<del></del>	<del></del>	ST	ATEMENT	6
DESCRIPTION			вос	K VALUE	FA:	IR MARKET VALUE	
SEE STMTS B,C - COMMON EQUITI		-	ВОС	914,647.	FA:	1,206,930	
	CURITIES		вос	<del></del>	FA:	VALUE	В.

FORM 990-PF CC	DRPORATE BONDS		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
SEE STMTS B,C - CORP. BOND	- -	326,808.	330,396.
TOTAL TO FORM 990-PF, PART II, LIN	NE 10C	326,808.	330,396.
FORM 990-PF M	ORTGAGE LOANS		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
SEE STMTS B,C - MORTGAGE LOAN	-	1,442.	1,641.
TOTAL TO FORM 990-PF, PART II, LIN	JE 12	1,442.	1,641.
FORM 990-PF OTE	HER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SEE STMTS B,C - MUTUAL FUNDS SEE STMTS A,D - MUTUAL FUNDS SEE STMTS B,C - CERT. DEPOSIT	FMV FMV FMV	718,255. 277,027. 452,236.	683,387. 306,053. 450,044.
TOTAL TO FORM 990-PF, PART II, LIN	TE 13	1,447,518.	1,439,484.
FORM 990-PF DEPRECIATION OF ASSE	TTS NOT HELD FOR	INVESTMENT	STATEMENT 10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT FURNITURE EQUIPMENT	2,526. 3,320. 2,876.	2,526. 3,320. 2,876.	0.0
FURNITURE COMPUTER	5 <b>44.</b> 1,197.	5 <b>44.</b> 1,197.	0 . 0 .
TOTAL TO FM 990-PF, PART II, LN 14	10,463.	10,463.	0

FORM 990-PF OT	HER LIABILITIES		STAT	EMENT 11
DESCRIPTION		BOY AMOUN	T EOY	AMOUNT
PAYROLL TAXES PAYABLE	_	2,8	69.	2,125.
TOTAL TO FORM 990-PF, PART II, LI	NE 22 =	2,8	69.	2,125.
	T OF OFFICERS, DI FOUNDATION MANAG		STAT	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
CHERYL HENSON 644 BROADWAY NEW YORK, NY 10012	PRESIDENT 1.00	0.	0.	0.
RICHARD TERMINE 203 PROSPECT PARK SW BROOKLYN, NY 11218	VICE PRESIDENT 1.00	0.	0.	0.
PAM ARCIERO 90 VALEVIEW ROAD WILTON, CT 06897	SECRETARY 1.00	0.	0.	0.
MELISSA ABBOTT	TREASURER			
C/O RAICH ENDE MALTER & CO. LLP, 1375 BROADWAY NEW YORK, NY 10018	1.00	0.	0.	0.
LESLEE ASCH 27 LINCOLN AVE OLD GREENWICH, CT 06870	DIRECTOR 1.00	0.	0.	0.
JOHN FARRELL 77 DURHAM ROAD FREEPORT, ME 04032	DIRECTOR 1.00	0.	0.	0.
ROXANNA MYHRUM C/O PUPPET SHOWPLACE THEATER, 32 STATION ST BROOKLINE, MA 02445	DIRECTOR	0.	0.	0.

THE JIM HENSON FOUNDATION			13	3-3133702
CAROL STERLING 201 WEST 70TH ST APT 11-G NEW YORK, NY 10023	DIRECTOR 1.00	0.	0.	0.
BLAIR THOMAS PO BOX 1265 CHICAGO, IL 60690	DIRECTOR 1.00	0.	0.	0.
HANNE TIERNEY 133 WOOSTER STREET NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.

2017 DEPRECIATION AND AMORTIZATION REPORT

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FORM (	FORM 990-PF PAGE 1						990-PF							,
Asset No	Description	Date Acquired	Method	Lıfe	Noc.	Unadjusted Cost Or Basis	Bus % Exct	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	MACHINERY & EQUIPMENT	dram kallina 🔻	X. W	, (83)	\$ **> *	, 5	\$ \$m\$ \$		is my har wayy			3		,
, 15	COMPUTER * 990-PF PG 1 TOTAL	05/10/12 200DB	200DB	5.00	, HY1,7	, 1,197.				1,197.	1,197.			1,197.
	WT.				- 14	1,197.				1,197.	1,197.	· · · · · · · · · · · · · · · · · · ·	0	1,197.
, R	MENT TURB	07/01/01	SL		16	2,526.	·	,		2,526.	3,320.			3,320.
E 7	S EQUIPMENT 4 FURNITURE	07/01/02	St.	5.00	7 T T P	2,876.			and desiration of	2,876.	2,876.	an a sharm	. 0	2,876.
) 1 	* 990-PF PG 1 TOTAL OTHER  * GRAND TOTAL 990-PF PG 1  DEPR	3 ( )	; }			9,266.				9,266.	9,266.	;	0	9,266.
				,			N Daniel Control			,	\$ 44.	1 2 3 3 5	77 79 79 79 79 79 79 79 79 79 79 79 79 7	and the second s
. ~			2000	The same of the sa	2 3 3 3	of naturals whiteholds	<	; , ,		·			t harms	1 /2/ 1
		ANN managhinaide a			1 3		,	*				AAAAAAA	3	
**	A STANDARD CONTROL OF THE STAN	* > *	or the state of th		3	2 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			) ) none		. 7/4			ma utanimidana a
728111 04-01-17	04-01-17				•	(D) - Asset disposed	peso		*	ITC, Salvage,	Bonus, Comm	nercial Revital	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone