Form **990-PF**

Department of the Treasury

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.

	terriai	Revenue Service Solo WWW.ns.	govir offinssorr for mistri				pen to rubile inspection
		llendar year 2019 or tax year beginning	09	$0/11$, 2019, ϵ	and ending	<u> </u>	12/31, 2019
Na	ame o	foundation THE <u>HENDERSON</u> FAMIL	Y KINGDOM COLLE	CTION		A Employer identif	ication number
	FOU	NDATION				84-302480	6
N	ımber	and street (or P O box number if mail is not delivered to	o street address)	i	Room/suite	B Telephone numb	er (see instructions)
	FOU	NDATION SOURCE 501 SILVERSIDE	RD			(800) 83	39-1754
Ci	ty or t	own, state or province, country, and ZIP or foreign posta	al code	<u>'</u>			
						C If exemption applica	ation is
	WIL	MINGTON, DE 19809-1377				pending, check here	·
_	_	eck all that apply X Initial return	Initial return o	of a former pu	hlic charity	۱, , ,	
_		Final return	Amended ret	•		D 1 Foreign organiza 2 Foreign organiza	
		Address change	Name change			85% test, check t	nere and attach
н	Che	eck type of organization X Section 501(computation .	▶ □
ï		Section 4947(a)(1) nonexempt charitable trust				E If private foundation	►
1		market value of all assets at J Acco				•)(1)(A), check here
•			ther (specify)	ACCFI	udi		in a 60-month termination
			tner (specify) column (d), must be on ca	ah haars \		under section 507(b)(1)(B), check here .
r.		7 7	Column (a), must be on ca	isii Dasis)	Т	<u> </u>	(d) Disbursements
L	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and	(b) Net inves	tment	(c) Adjusted net	for charitable
		may not necessarily equal the amounts in	expenses per books	income		income	purposes (cash basis only)
_		column (a) (see instructions))					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .	260,000.				
	2	Check Little foundation is not required to attach Sch B	20				· · · · · · · · · · · · · · · · · · ·
	3	Interest on savings and temporary cash investments.	30.		30.	·	
	4	Dividends and interest from securities					
	5a	Gross rents					
ne	ь	Net rental income or (loss)					
		Net gain or (loss) from sale of assets not on line 10				RECEIVE	b
ē	b	Gross sales price for all assets on line 6a				- 1304 0 21	
Revenue	7	Capital gain net income (from Part IV, line 2).			92.06	IIII A C 2020	808
œ	8	Net short-term capital gain				JUL 0 6 2020	
	9	Income modifications					
	10 a	Gross sales less returns and allowances				OGDEN U	
	b	Less Cost of goods sold .					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	260,030.		30.		
	13	Compensation of officers, directors, trustees, etc	0.				
ses	14	Other employee salaries and wages					
Š	15	Pension plans, employee benefits			İ		
ğ	15 16a b c 17 18 19	Legal fees (attach schedule)					
ω̈́	b	Accounting fees (attach schedule)					
<u>×</u>	С	Other professional fees (attach schedule)					
at	17	Interest					
st	18	Taxes (attach schedule) (see instructions)				·	·
٥	19	Depreciation (attach schedule) and depletion.					-
팅	20	Occupancy					
٢	21	Travel, conferences, and meetings			_		
	21 22	Printing and publications	,				
Q G	23	Other expenses (attach schedule) ATCH .1.	5,826.				5,826.
perating	23 24	, ,					3,020.
ra	24	Total operating and administrative expenses	5,826.				5,826.
ğ	25	Add lines 13 through 23	37,000.				37,000.
	25	Contributions, gifts, grants paid	42,826.				42,826.
\neg	26	Total expenses and disbursements Add lines 24 and 25	72,020.		- -		72,020.
1	27	Subtract line 26 from line 12	237 204				
1		Excess of revenue over expenses and disbursements	217,204.		30.		<u> </u>
- 1	b	Net investment income (if negative, enter -0-)			ا٠ ٧ د		

JSA For Paperwork Reduction Act Notice, see instructions 9E1410 1 000

c Adjusted net income (if negative, enter -0-). .

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Form **990-PF** (2019)



Fo	rm 990)-PF (2019)	THE HENDERSON FAMILY	KINGDOM COLLEC'	TION	84-3024	806 Page 2
P	art II		Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of year	
		•	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fa	ur Market Value
	1	Cash - non-interest-bearing	ng				
	2	Savings and temporary of	cash investments		42,0	73.	42,073
	3						-
			otful accounts >	· · · · · · · · · · · · · · · · · · ·			
	4	Pledges receivable ▶					-
		Less allowance for doub	otful accounts ►	 			
	5	Grants receivable					_
	6		officers, directors, trustees, and other				
			ach schedule) (see instructions)				
	7		eceivable (attach schedule) -		-		-
			otful accounts >		_		
ets	8		e		_		-
Assets	9	•	eferred charges		 		
٩	100		e government obligations (attach schedule)		175 1	21	174,571
	b		stock (attach schedule) ATCH. 2		1/5,1	31.	1/4,5/1
	11 ^C	Investments - corporate Investments - land buildings	bonds (attach schedule)				,
		Investments - land buildings and equipment basis Less accumulated depreciat	lian .	• •	· ·	. ,	i de e
		(attach schedule)					
	12 13	Investments - mortgage I	oans				
	14	Land, buildings, and			, ,		The transfer of the
		equipment basis Less accumulated depreciat	tion				
	15	(attach schedule) Other assets (describe ▶					
	16	•	completed by all filers - see the				
			age 1, item i)	0	. 217,2	04.	216,644
_	17		ccrued expenses				
	18						
ŝ	19						
Ĕ	20		rs, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other not	les payable (attach schedule)				
⊐	22	Other liabilities (describe	▶)				
				_		_	
_	23		s 17 through 22)	0.	•	0.	
lances			FASB ASC 958, check here				
Ž		and complete lines 24,	·			+	
ä	24		r restrictions				
or Fund Ba	25		strictions · · · · · · · · · · · · · · · · · · ·				
5		and complete lines 26 thro	— I				
F	26		ipal, or current funds				
S	27	,	land, bldg , and equipment fund				
set	27 28		lated income, endowment, or other funds		217,2	04.	
Asi	29		balances (see instructions)	0.	. 217,2	04.	
et	29 30		net assets/fund balances (see				
Z		instructions)		0 .	. 217,2	04.	
P	art II	Analysis of Char	iges in Net Assets or Fund Bala	nces	•	•	
1	Tota	al net assets or fund ba	alances at beginning of year - Part i	II, column (a), line 29	(must agree with		
	end	of-year figure reported	d on prior year's return)			1	0
2	Ente	er amount from Part I.	line 27a			2	217,204
3	Oth	er increases not includ	ed in line 2 (itemize) ▶			3	
7	riaa	mics 1, 2, and 0		• • • • • • • • • • • • • • • • • • • •		4	217,204
		reases not included in				5	
6	Tota	al net assets or fund ba	alances at end of year (line 4 minus	line 5) - Part II. column	(b), line 29	6	217,204

THE HENDERSON FAMILY KINGDOM COLLECTION

Pa	(a) List and de	scribe the kind(s) of property sold (for a crick warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase		(d) Date sold (mo , day, yr)
				D - Donation	1	
_ <u>a</u>						
					-	
d				_		-
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a						
b						
d				+		
<u>e</u>		howing gain in column (h) and owned	by the foundation on 12/31/60	_		
_	Complete only for assets s				Gains (Col (h) ga (k), but not less t	
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), if any		Losses (from co	
a		,		1		
b						•
d						
e						
2	Capital gain net income		ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7	2		
3	Net short-term capital g	ain or (loss) as defined in sections	1222(5) and (6)			
	If gain, also enter in P	Part I, line 8, column (c) See ins	structions If (loss), enter -0- in $\}$			
		 		3		
Pa	rt V Qualification (Under Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
Was		Tours the part blank	C AVAILABLE FOR INITIAL outable amount of any year in the boom on the complete this part.			Yes No
1	Enter the appropriate a	mount in each column for each ye	ar, see the instructions before mak	ıng any er	ntries	
Cal	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
	2018					
	2017					
	2016			ļ		
	2015			ļ		
	2014			 		
2	Total of line 1, column (Average distribution rati	d)		2		
	the number of years the	foundation has been in existence	ıf less than 5 years	3		
4	Enter the net value of ne	oncharitable-use assets for 2019 f	from Part X, line 5	4		
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		-
7	Add lines 5 and 6			7		
8			: in Part VI, line 1b, and complete		using a 1% ta	rate See the

Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	uction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1)			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions) .	. ~		
р,	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		-	
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2			1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0			<u> </u>
6	Credits/Payments			
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a Exempt foreign organizations - tax withheld at source			
Ь	Exempt for organization of tax with more at source			
c	Tax para trial approaches to extension of time to the (r of the coop).			
d 7	Backup withholding erroneously withheld			0.
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			1.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11			
Par	t 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		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ►\$(2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$.,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			Х
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		
	If "Yes," has it filed a tax return on Form 990-T for this year?	5	Х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? ATCH 3	3	<u> </u>	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
·	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	Х	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	DE,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		_	
	names and addresses . ATCH 4	10	Х	

Pa	rt VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11]	Х
12				
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	_
	Website address ▶ N/A			L
14	The books are in care of ▶ FOUNDATION SOURCE Telephone no ▶ 800-839	-175	4	
	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-1	377	_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	$T \top$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes			
	(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 for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No		:	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2019?	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(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
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 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)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
Ь	If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the		ŀ	
	foundation had excess business holdings in 2019)	3b_		
	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 had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		<u> X</u>

Form 9	990-PF (2019)	THE HENDERSON	FAMILY KINGD	OM COLLECTION	84-	3024806	F	age 6
Par	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Red	uired (continued)			
5a	During the	year, did the foundation pay or incur any am	ount to				Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influ	ence legislation (sectio	on 4945(e))?	. Yes X N	0		7
•	(2) Influer	ice the outcome of any specific public el-	ection (see section 4	4955), or to carry or	n,		ľ	
	directly	y or indirectly, any voter registration drive?		<i></i>	. Yes X N	o '		
		e a grant to an individual for travel, study, or o			17	0		
	(4) Provide	e a grant to an organization other than a	charitable, etc., org	anization described i	n			
		1 4945(d)(4)(A)? See instructions						
		e for any purpose other than religious, c			. — —			
		es, or for the prevention of cruelty to children						
ь		swer is "Yes" to 5a(1)-(5), did any of the				- 1		
-	-	s section 53 4945 or in a current notice regain			•			
		ons relying on a current notice regarding disa				.m		1
С	_	ewer is "Yes" to question 5a(4), does the				'-		!
·		maintained expenditure responsibility for the		•		_	_	
			_		res N	١ ١		
		tach the statement required by Regulations s	• •					
6a		oundation, during the year, receive any fui						
		nal benefit contract?						,,
ь		indation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	act?	. <u>6b</u>		Х
		6b, file Form 8870						
7a	•	e during the tax year, was the foundation a p		•	• — —			
b		d the foundation receive any proceeds or ha			on ⁹	. <u>7</u> b		
8		dation subject to the section 4960 tax on pa						
	remunerati	on or excess parachute payment(s) during the	year [?]	<u></u>	. Yes X N			
Par	t VIII	nformation About Officers, Directo and Contractors	rs, Trustees, Fou	ındation Manager	s, Highly Paid Em	ployees,		
1	List all off	icers, directors, trustees, and foundat	ion managers and	their compensation	See instructions.			
		(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e accou	ınt.
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all	owance	s
		· · · ·						
ATC	ł 5			0.	0.	L		0.
					_	-		
		·						
				, , , , , , , , , , , , , , , , , , , 				
								
2	Compensa	ition of five highest-paid employees	(other than thos	e included on line	e 1 - see instructi	ons). If no	one.	enter
	"NONE."					/	,	
4-1	.	Maria de la compansión de	(b) Title, and average		(d) Contributions to employee benefit	(e) Expens	e accoi	int
(a)	Name and ad	dress of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	(e) Expens other all	owance	s ,
				· · · · · · · · · · · · · · · · · · ·	compensation			
	NONE							
	NOIVE		-					
			 					
					-			
					``			
Total	number of	other employees paid over \$50,000	<u> </u>		. . >			

Form 990-PF (2019) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE 0. **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc N/A Summary of Program-Related Investments (see instructions) Part IX-B Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount NONE 2 All other program-related investments. See instructions 3 NONE

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Ра		finimum Investment Return (All domestic foundations must complete this part. Fore ee instructions)	ign fou	ndations,
1	Fair ma	arket value of assets not used (or held for use) directly in carrying out charitable, etc., es		
а	Averag	e monthly fair market value of securities	1a	43,643.
b	_	e of monthly cash balances	1b	8,804.
С		rket value of all other assets (see instructions)	1c	
		dd lines 1a, b, and c)	1d	52,447.
е	Reducti	on claimed for blockage or other factors reported on lines 1a and		
	1c (atta	ch detailed explanation) 1e		
2	Acquisi	ion indebtedness applicable to line 1 assets	2	
3		t line 2 from line 1d	3	52,447.
4	Cash d	eemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		ions)	4	787.
5		ue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	51,660.
6	Minimu	m investment return. Enter 5% of line 5	6	793.
Pa		listributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Mınımu	m investment return from Part X, line 6	1	793.
2 a	Tax on	investment income for 2019 from Part VI, line 5 2a 1 .		
b		tax for 2019 (This does not include the tax from Part VI). 2b]	
С		es 2a and 2b	2c	1.
3		table amount before adjustments Subtract line 2c from line 1	3	792.
4		ries of amounts treated as qualifying distributions	4	
5		es 3 and 4	5	792.
6		on from distributable amount (see instructions)	6	
7		stable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1.	· · · · · · · · · · · · · · · · · · ·	7	792.
Pa	rt XII (Qualifying Distributions (see instructions)		
1	Amount	s paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expens	es, contributions, gifts, etc - total from Part I, column (d), line 26	1a	42,826.
b	Program	n-related investments - total from Part IX-B	1b	
2	Amount	s paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purpose	s	2	
3		s set aside for specific charitable projects that satisfy the		
а	Suitabil	ty test (prior IRS approval required)	3a	
b	Cash di	stribution test (attach the required schedule)	3b	
4	Qualifyir	g distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	42,826.
5		tions that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1	% of Part I, line 27b See instructions	5	0.
6		d qualifying distributions. Subtract line 5 from line 4		42,826.
	Note: T	he amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating	whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2019)

Page 9

Ρā	art XIII Undistributed Income (see insti	ructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				792.
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only				
	Total for pnor years 20 17 ,20 16 ,20 15				
3	Excess distributions carryover, If any, to 2010	1	Carried State of the State of t	1 (day 1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ı From 2014	The graphs of the second		• •	,
	o 1 roni 2015	·, ^ ·	7. 3	. 4 , ≠ 1 μ.¢	
c	From 2016	· ,	, , ,	Arm to the same of the	. 42 "1.
C	f Fron: 2017				
C	From 2018	· · · · · · · · · · · · · · · · · · ·			
t	Total of lines 3a through e		·		
4	Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 42,826.		:		
á	Applied to 2018, but not more than line 2a				
t	Applied to undistributed income of prior years (Election required - see instructions)				
ď	Treated as distributions out of corpus (Election required - see instructions)		•		
c	Applied to 2019 distributable amount				792.
	Remaining amount distributed out of corpus	42,034.			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				•
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	42,034.			
ŧ	Prior years' undistributed income Subtract				
	line 4b from line 2b				
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				
	Subtract line 6c from line 6b Taxable				
	amount - see instructions			<u>-</u>	
e	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions				
•	Undistributed income for 2019 Subtract lines	!			
	4d and 5 from line 1 This amount must be				
	distributed in 2020				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	1			
	required - see instructions)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.	40.034			
	Subtract lines 7 and 8 from line 6a	42,034.		- · · · · ·	
	Analysis of line 9				'
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	I Excess from 2018				
e	Excess from 2019 42,034.	,			

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here $\blacktriangleright \begin{tabular}{l} X \end{tabular}$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Page **11**

Part XV _a Supplementary Information (continued)			
2 Courts and Contributions Reid Dur	continueu)		Fishing Daymand	
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	If recipient is an includual	rovea tor	Future Payment	
Recipient	show any relationship to	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
				1
ATCH 7				
			1	
			1	
				1
				İ
	ļ	ļ		•
			_	
		1		
Total			▶ 3a	37,000.
b Approved for future payment				
, ,				
Ì				
		,		
Total		L	▶ 3b	

Part XVI-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross amounts unless otherwise indicated	-	ated business income	· · ·	y section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
c		_	_		
d			ļ	_	
e					
f g Fees and contracts from government agencies			 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments •		,	14	30.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			_		<u> </u>
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory		, <u></u>	 		
11 Other revenue a					
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				30.	
13 Total. Add line 12, columns (b), (d), and (e)				13	30.
(See worksheet in line 13 instructions to verify calculated)				· · · · · · · · · · · · · · · · · · ·	
Part XVI-B Relationship of Activities					
Line No Explain below how each activity					
▼ accomplishment of the foundation	on's exemp	t purposes (other than i	by providing	funds for such purposes	s) (See instructions)
				·	
		·	<u> </u>		
					
		·			
		·		 -	
	-			<u> </u>	·
					

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

			· · · · · · · · · · · · · · · · · · ·							
1 ,				ngage in any of the folio					Yes	No
			than section	501(c)(3) organizations)	or in section	on 527, relat	ing to political			
	organi	zations?						l		
а				a noncharitable exempt o					-	
								1a(1)		X
	(2) Oth	ner assets						1a(2)		Х
b	Other	transactions								
	(1) Sal	les of assets to a no	ncharitable exem	pt organization				1b(1)		_X
	(2) Pui	rchases of assets fro	om a noncharitab	le exempt organization				1b(2)		Х
	(3) Re	ntal of facilities, equi	pment, or other a	ssets				1b(3)		X
	(4) Re	imbursement arrange	ements					1b(4)		Х
		_						1b(5)		Х
		_		or fundraising solicitation				_		Х
С			-	, other assets, or paid em						Х
			_	" complete the followin					fair m	arke
_				es given by the reporting						
		-		ement, show in column (_					
(a) L	ine no	(b) Amount involved		ncharitable exempt organization			, transactions, and shar			
<u>, , , , , , , , , , , , , , , , , , , </u>		N/A			N/A	•				
	<u> </u>					-				
	·····						·-··········			
	<u> </u>				<u> </u>					
			-							
	<u> </u>		'.							
										
										
				•						
										
2-		farradation discatly								
za		•	•	lated with, or related to		•	· -	٦.	s X	1
_			•	ion 501(c)(3)) or in section	on 52/ /			16	85 <u>~</u>	NO
D	ii res	," complete the follow (a) Name of organization		(b) Type of organizati		(0)	Docariation of mistings			
		(a) Name of organization		(b) Type of organizati)	(6)	Description of relations	пр		
							<u> </u>	····		
					-					
	Lindes	Apenalties of penury I decla	ing that I have evamine	d this return, including accompany	ing exhadules and s	etatements and to the	he heet of my knowledg	and h	aliaf it	ic toic
	correc	and complete Declaration of	preparer (other than tax	payer) is based on all information of v	vhich preparer has an	y knowledge	ne best of my knowledg	5 and 5	ener, it	15 1106,
Sigr	1 	Lub K Hon	Jarren	3-30-2020	Decoc	sident	May the IRS	discus	s this	retum
Her	e 🖳	tuck 10/ port	<u> </u>			<u>sinerui</u>	with the pre		_	_
	519	ature of officer or trustee		Date	Title		See instructions	: <u> </u>	Yes	No
		Print/Type preparer's nai	ma	Dran arada augustuse		I Data		77.61		
Paic	ı V	1 '' '		Preparer's signature	T T	Date	0,,00% [] ,,	TIN	4533	^
	parer	JEFFREY D HASE		JEFFREY D HASKE			51000		4577	U
		017	UNDATION SO			Fı	m's EIN ▶ 51039	8347	<u>'</u>	
use	Only		E HOLLOW LN	1	=					
		LA LA	KE SUCCESS,	NY	110	42 PI	none no 800-83			
							F	_ 004	DE /	2040

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2019

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number THE HENDERSON FAMILY KINGDOM COLLECTION FOUNDATION 84-3024806 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 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 X 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

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

Employer identification number 84-3024806

Part I	Contributors (see instructions) Use duplicate of	······································	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	HENDERSON, JACK R. 3215 SAND CREEK RD	\$\$	Person X Payroll Noncash
	GRANTS PASS, OR 97527		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE HENDERSON FAMILY KINGDOM COLLECTION

Employer identification number

84-3024806 FOUNDATION Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) FMV (or estimate) from Date received Description of noncash property given Part I (See instructions) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (c) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions)

Name of or	rganization THE HENDERSON FAMILY KI	NGDOM COLLECTION		Employer identification number					
Part III	Exclusively religious, charitable, etc., o	contributions to organiza	tions describ	84-3024806					
	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	e year from any one consisted in second letting Part III, enter this information	ntributor. Co er the total of	mplete columns (a) through (e) and exclusively religious, charitable, etc.					
(a) No from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Part I	(4)	(c) 555 5. g							
		(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(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.									
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	Relationsh	nip of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
		 ::	 -	, <u> </u>					
	(e) Transfer of gift								
		(5) Transition of grit							
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee						
			.	<u> </u>					
				·					

OTHER EXPENSES PART I FORM 990PF,

ADMINISTRATIVE FEES
ADMINISTRATIVE SET-UP FEE
DELAWARE INCORPORATION FEES
IRS APPLICATION FEES DESCRIPTION

326. 4,400. 500.

EXPENSES PER BOOKS

REVENUE AND 5,826.

TOTALS

CHARITABLE PURPOSES

326. 4,400. 500.

5,826.

84-3024806

ATTACHMENT

ATTACHMENT 2

FORM 990PF, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	15,842. 7,956. 9,941. 3,980. 23,888. 11,864. 25,711. 15,920. 11,877. 15,920.	1/4,5/1.
ENDING BOOK VALUE	15,920. 7,960. 9,977. 3,980. 23,866. 11,967. 25,869. 11,940. 11,940. 15,920.	1/5,131.
DESCRIPTION	ALGER DYNAMIC OPPORTUNITIES FU COLUMBIA FDS SRS TR I SMALL CA COUNTERPOINT TACTICAL INCOME F FEDERATED ULTRA SHORT BOND FUN FIRST TR VALUE LN DV FIRST TRUST CAPITAL STRENGTH JANUS FORTY FUND CLASS I SHS JPMORGAN EMERGING MKTS EQUITY LOCORR LONG SHORT COMMODITIES MFS SERIES TRUST II MFS EMERGI PIONEER FUND CL Y TOUCHSTONE MID CAP FUND CLASS	TOTALS

ATTACHMENT 3

FORM 990PF, PART VII-A - LIQUIDATION, TERMINATION, ETC. STATEMENT

AS EXPLAINED BELOW, THE FOUNDATION HAS NO PLANS FOR DISSOLUTION.

THIS STATEMENT IS SUBMITTED TO REPORT THE DISTRIBUTION OF CERTAIN ASSETS DURING THE YEAR. THE DISTRIBUTIONS RESULTED IN A SUBSTANTIAL CONTRACTION OF ASSETS.

THE FOLLOWING INFORMATION IS SUBMITTED IN ACCORDANCE WITH TREASURY REGULATION SECTION 1.6043-3(A)(1) AND THE FORM 990-PF INSTRUCTIONS:

TYPICALLY, A FINDING OF A SUBSTANTIAL CONTRACTION OF ASSETS IS MADE BY REFERENCE TO THE FAIR MARKET VALUE OF A FOUNDATION'S NET ASSETS ON THE FIRST DAY OF ITS CALENDAR YEAR. HOWEVER, THE TAXABLE YEAR ENDING DECEMBER 31, 2019 WAS THE YEAR IN WHICH THE FOUNDATION RECEIVED ITS INITIAL ENDOWMENT AND THE FINDING OF A SUBSTANTIAL CONTRACTION IN THIS CASE WAS MADE BY REFERENCE TO THE FAIR MARKET VALUE OF THE FOUNDATION'S ASSETS ON THE DATE THAT IT RECEIVED ITS INITIAL ENDOWMENT. ACCORDINGLY, THE DEGREE OF CONTRACTION OF THE FOUNDATION'S NET ASSETS MAY HAVE BEEN EXAGGERATED.

DURING THE TAXABLE YEAR ENDING DECEMBER 31, 2019, THE FOUNDATION MADE DISTRIBUTIONS FROM ASSETS FROM SOURCES OTHER THAN CURRENT INCOME. COLLECTIVELY, THE DISTRIBUTIONS IN EXCESS OF CURRENT INCOME TOTALED \$37,000. THIS AMOUNT REPRESENTS 25% OR MORE OF THE FOUNDATION'S NET ASSETS OF \$10,000 (AS MEASURED BY FAIR MARKET VALUE) ON THE DAY THAT THE FOUNDATION RECEIVED ITS INITIAL ENDOWMENT IN THE FOUNDATION'S TAXABLE YEAR ENDING DECEMBER 31, 2019. ALTHOUGH THE FOUNDATION TECHNICALLY EXPERIENCED A SUBSTANTIAL CONTRACTION, IT WILL CONTINUE IN EXISTENCE AND HAS NO PLANS FOR DISSOLUTION.

THE FOUNDATION MADE DISTRIBUTIONS OF CASH TO THE GRANTEES LISTED IN THE ATTACHMENT TO PART XV, LINE 3A; EACH SUCH GRANT WAS MADE SOLELY FOR THE CHARITABLE PURPOSE SPECIFIED THEREIN.

THE HENDERSON FAMILY KINGDOM COLLECTION

ATTACHMENT 4

- SUBSTANTIAL CONTRIBUTORS LINE 10 PART VII-A, FORM 990PE,

NAME AND ADDRESS

97527 HENDERSON, JACK R. 3215 SAND CREEK RD GRANTS PASS, OR 97 HENDERSON, PATRICIA A. 3215 SAND CREEK RD GRANTS PASS, OR 97527

ATTACHMENT 5	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	.0	0.0	.0	0.
	COMPENSATION	Ö	.0	.0	0
ERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIR, FRES 1.00	TREAS 1.00	SEC 1.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS,	NAME AND ADDRESS	JACK R HENDERSON FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	PATRICIA A HENDERSON FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	BRIAN B RUSSELL FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	

ATTACHMENT 6

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

JACK R HENDERSON PATRICIA A HENDERSON 84-3024806

ATTACHMENT 7

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

MERIBUTION	5, 000	1,000	3,000	9,000	2,000	4,000
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL & UNRESTRICTED	GENERAL & UNRESTRICTED	GENERAL & UNRESTRICTED	GENERAL & UNRESTRICTED	GENERAL & UNRESTRICTED	GENERAL & UNRESTRICTED
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	N/A	N/A	N/A	N/A	N/A	N/A
	PC	PC	PC	PC	PC	PC
RECIPIENT NAME AND ADDRESS	ETHNOS360 INC	EVANGELICAL ALLIANCE MISSION	GOSPEL RESCUE MISSION OF GRANTS PASS	JEROME PRAIRIE BIBLE CHURCH	JEWS FOR JESUS	PREGNANCY CARE CENTER OF GRANTS PASS
	312 W 1ST ST	400 S MAIN PL	PO BOX 190	2564 WALNUT AVE	60 HAIGHT ST	714 SE 8TH ST
	SANFORD, FL 32771	CAROL STREAM, IL 60188	GRANTS PASS, OR 97528	GRANTS PASS, OR 97527	SAN FRANCISCO, CA 94102	GRANTS PASS, OR 97526

84-3024806

THE YEAR
ш
PAID DURING
PAID
GRANTS AND CONTRIBUTIONS
AND
GRANTS
-
×
PART
990PF,
FORM

ATTACHMENT 7 (CONT'D)		PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	GENERAL & UNRESTRICTED 2,000		GENERAL & UNRESTRICTED 5,000			GENERAL & UNRESTRICTED 6,000		
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT PURP	N/A GENE		N/A GENE	PC		N/A GENE	PC	
		RECIPIENT NAME AND ADDRESS	SAMARITANS PURSE PO BOX 3000	BOONE, NC 28607	VOICE OF THE MARTYRS INC	1815 SE BISON RD	BARTLESVILLE, OK 74006	WILDERNESS TRAILS INC	PO BOX 4655	MEDFORD, OR 97501

37,000

TOTAL CONTRIBUTIONS PAID