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## **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury

The Victoria Velice Henry Family Foundation  A Engineer development of the Control of the Contro			dar year 2012 or tax year beginning $04/01/12$ , a			ng requirements	•	Open to Family inspection
Foundation    Accountment   Ac				and ending 03/3		Employer ide	ntıficatıon number	
Foundation    Accountment   Ac								
Crescent Street   Crescent Street   S			<del>_</del>			41-19	67188	
Comparison of the comparison				Ro	com/suite B			3)
MN 55391  G Check all that apply	1	Cr	escent Street			952-4	71-9618	
## Check type of organizations Address change  ## Check type of organization Address change  ## Check type of orga					c	If exemption a	pplication is pending,	check here
Check type of organization   X Section 501(c)(3) exempt private foundation   E   E   private foundation   Section 4947(a)(1) nonexempt charitable trust   Other taxable private foundation   E   E   E   E   E   E   E   E   E								. 🗀
Address change	GC	heck a		•	harity D	1 Foreign or	ganizations, check he	re L
H Check type of organization   Section 501(c)  seempt private foundation   Section 4947(a)(1) necessmit charitable trust   Other texable private foundation   First market value of all assets at   J Accounting method end of year (from Part II, col (c)   Other (specify)   First foundation in colores (c), (c) and (c) warp or received in the color of the color of year (from Part II, col (c)   Other (specify)   First foundation in colores (c), (c) and (c) warp or received in colores (c), (c) and (c) warp or received in colores (c), (c) and (c) warp or received in colores (c), (c) and (c) warp or received in colores (c), (c) and (c) warp or received in colores (c), (c) and (c) warp or received value in colores (c), (c) and (c) warp or received value in colores (c), (c) and (c) warp or received value in colores (c), (c) and (						•	• •	
Section 4947(a)(1) neaexempt charaltable trust				_ <del>-</del>		85% test, o	check here and attach	computation
Fair market value of all assets at end of year (from Part II, cot (c))	H C	heck t	type of organization $oxed{X}$ Section 501(c)(3) exempt private	foundation	E			ninated under
end of year (from Part II), coli (c).  Inter 16) \$ \$ \$2.9 \$5.68   CPart I, column (d) must be on cash basis)  Part I Analysis of Revenue and Expenses (The load of part II) and the section 507(b)(1)(8), check here income in the section 507(b)(1)(8), check here in the section 507(b) (check here in the sect		Section	n 4947(a)(1) nonexempt charitable trust Other taxable	e private foundation_		section 507(b)	(1)(A), check here	▶ [_]
Part   Analysis of Revenue and Expenses (The load of purposes)   Part   Analysis of Revenue and Expenses (The load of purposes)   Part   Analysis of Revenue and Expenses (The load of purposes)   Part   Analysis of Revenue and Expenses (The load of purposes)   Part	l Fa	air mar	ket value of all assets at J Accounting method	X Cash Acc	rual F	If the foundation	on is in a 60-month tei	rmination
Part   Analysis of Revenue and Expenses (The load of amounts in columns (b), can did (in yet not consease) equal the amounts in columns (b), can did (in yet not consease) equal the amounts in columns (b), can did (in yet not consease) equal the amounts in column (b), can did (in yet not consease) equal the amounts in column (b), can did (in yet not consease) equal the amounts in column (b), can did (in yet) and columns (can be decided)	er	nd of ye			}	under section	507(b)(1)(B), check h	ere L
1 Contributions girls, grants, etc., received (attach schedule) 2 Check   X if the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Gross rents 5 Gross rents 6 A the rental income or (loss) 6 A the analysis of the securities 7 Capital gian net income (from Part IV line 2) 8 Net short-tem capital gian 9 Income modifications 10 Gross failes before the all assets on the 60 10 Gross failes before the all assets on the 60 11 Control to the securities of the secur	lin	e 16) l	\$ 529,568 (Part I, column (d) must	be on cash basis)	,			
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9 Income modifications   Description   Descr		1					0	
10a Gross ales section of the standards of the control of the cont		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
b Less Cost of goods sold, Alia Long Corosing to the state of the sold attach schedule)  12 Total. Add lines Lithough (attach schedule)  13 Compensation of officers directors, trustees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16a Legal fees (attach schedule)  1 b Accounting fees (attach schedule)  2 c Other professional fees (attach schedule)  1 Interest  1 Taxes (attach schedule) (see instructions)  1 Depreciation (attach schedule) and depletion  2 Occupancy  2 Travel, conferences, and meetings  2 Printing and publications  2 Other expenses (att sch)  2 Total operating and administrative expenses.  Add lines 13 through 23  2 Total expenses and disbursements. Add lines 24 and 25  2 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)		1	Gross sales less returns end allowances				***************************************	•
c Gross profit or (loss) (attach schedule)  11 Other Income (attach schedule)  12 Total. Add Ines 1 through 1		Ь	Less Cost of goods sold and Link					
11 Other higher (attach schedule) 12 Total. Add Ines 1-through (attach schedule) 13 Compensation of Other professional fees (attach schedule) 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 1 Accounting fees (attach schedule) 1 Cother professional fees (attach schedule) 2 Other professional fees (attach schedule) 3 Taxes (attach schedule) (see instructions) 4 To Interest 5 Taxes (attach schedule) (see instructions) 5 Depreciation (attach schedule) and depletion 6 Occupancy 7 Travel, conferences, and meetings 7 Travel, conferences, and meetings 7 Total operating and administrative expenses. 7 Add lines 13 through 23 7 Add lines 13 through 23 7 Contributions, gifts, grants pad 7 Contributions, gifts, grants pad 7 Total expenses and disbursements. Add lines 24 and 25 7 Subtract line 26 from line 12 8 Excess of revenue over expenses and disbursements 8 Net investment income (if negative, enter -0-) 9 Cadjusted net income (if negative, enter -0-) 15,635		c	Gross profit or (loss) (attach schedule)					
12   Total Add Innes 1 through   20,370   20,370   0		11	Other income (attach schedule)					
The process of the process and wages  14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) c Other professional fees (attach schedule) 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		12		20,370	20,	370	0	
16a Legal fees (attach schedule)   b Accounting fees (attach schedule)   C Other professional fees (attach schedule)   Stmt 1	S	13	Compensation of officers, directors, trustees, etc	0				
16a Legal fees (attach schedule)   b Accounting fees (attach schedule)   C Other professional fees (attach schedule)   Stmt 1	Se	14	Other employee salaries and wages					
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0 24,225	en	15	Pension plans, employee benefits					
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a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0		<del>                                     </del>	<del>'</del>	28,960	4,	/35	0	24,225
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0				0 500				
c Adjusted net income (if negative, enter -0-)			•	-8,590		62E	·····	
c Adjusted net income (if negative, enter -0-)			·		13,	033	^	
				<u> </u>	<u>.</u>			

Form 990-PF (2012) The Victoria Velie Henry Family 41-1967188

Page 2

1	Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of	year
	- art ii	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	5,431	6,217	6,217
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
- [		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
-	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
-		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶ 0			
Ŋ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U S and state government obligations (attach schedule) Stmt 3	1,541	1,406	640
	b	investments – corporate stock (attach schedule)		-	
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) See Statement 4	492,938	483,697	522,711
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers – see the			
┙		instructions. Also, see page 1, item I)	499,910	491,320	529,568
$\Box$	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe ▶ )			
$\perp$	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
anc	24	Unrestricted			
ă ă	25	Temporarily restricted			
핑	26	Permanently restricted			
틧		Foundations that do not follow SFAS 117, check here			
뉡		and complete lines 27 through 31.			
2	27	Capital stock, trust principal, or current funds			
se	28	Paid-in or capital surplus, or land, bldg, and equipment fund	100 010	401 000	
As	29	Retained earnings, accumulated income, endowment, or other funds	499,910	491,320	
Net Assets or Fund Balances	30	Total net assets or fund balances (see instructions)	499,910	491,320	
	31	Total liabilities and net assets/fund balances (see	400 010	401 220	
بلـ	<u> </u>	instructions)	499,910	491,320	
	Part I		ust parsoth	Т	
1		net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	ist agree with		499,910
_		of-year figure reported on prior year's return)		1 2	-8,590
		ramount from Part I, line 27a		3	
		r increases not included in line 2 (itemize)		4	491,320
		ines 1, 2, and 3 eases not included in line 2 (itemize) ▶		5	431,320
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column	(h) line 30	6	491,320
_0	lotal	net assets of fund balances at end of year time 4 minus line 3) - Fart II, Column	(D), IIIIC OU		5 990 PE (2516)

27,210 5 Multiply line 4 by line 3 156 6 Enter 1% of net investment income (1% of Part I, line 27b) 27,366 7 7 Add lines 5 and 6 24,225 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Fórm	990-PF (2012) The Victoria Velie Henry Family 41-1967188		Р	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			313
	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-)			0
3	Add lines 1 and 2			313
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-			313
6	Credits/Payments		`	
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 3,557			
b	Exempt foreign organizations – tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868)  6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d 7		3,	557
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3,	244
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 3,244 Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities			
1a			Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	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			
С	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 of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
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	_X	
7	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	X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)   MN			
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? If "No," attach explanation	8b	X	<u> </u>
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 2012 or the taxable year beginning in 2012 (see 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	10		X
		Form 99	0-PI	(2012)

- orm	1 990-PF (2012) The Victoria Velle Henry Family 41-1907188				iye .
Pa	art VII-A Statements Regarding Activities (continued)	······································			
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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				
	person had advisory privileges? If "Yes," attach statement (see instructions)		12	<del></del>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address > N/A	L	13	Х	
14	The books are in care of ▶ VICTORIA VELIE Telephone no ▶ 9	52-4	71-	961	8
	1 CRESCENT STREET				
	Located at ▶ WAYZATA MN ZIP+4 ▶ 5	5391			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here	•		l	▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	_			
16	At any time during calendar year 2012, 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?	ļ	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of				
	the foreign country ▶				
Pa	art 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		, [			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	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  X	No		. [	
		No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	, l			
	the benefit or use of a disqualified person)?	No			
	(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			
	termination of government service, if terminating within 90 days )	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	n/a	4.	ŀ	
	3301011 00 10 11(2) 0 0 m 2 0 m 2 0 m 2 m 2 m 2 m 2 m 2 m 2	N/A	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	N/A	4.	F	
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., .	1c		
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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?	No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	,			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 )	N/A	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	,			
•	► 20 , 20 , 20 , 20				
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any time during the year?	No			
b	If "Yes," did it have excess business holdings in 2012 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			ł	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			ĺ	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the				
	foundation had excess business holdings in 2012 )	N/A	3b		
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 had not been removed from jeopardy before the first day of the tax year beginning in 2012?		4b		X
		_	00	A DE	

	Form		coria Velie Henry Fam		967188			<u>P</u>	age 6
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	Pa	rt VII-B Statements R	egarding Activities for Which Fo	orm 4720 May Be R	Required (cont	inued)			•
Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any color registration driver?   Yes   No   No   No   Provide a grant to an individual for travel, study, or other similar purposes?   Yes   No   No   No   No   No   No   No   N	5a	During the year did the foundation	n pay or incur any amount to						
directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chantable, etc., organization described in section 505(a)(1), (2), or (3), or section 494(0)(2)? (see minimization)  (5) Provide for any purpose other than reliquous, chantable, etc., organization described in section 505(a)(1), (2), or (3), or section 494(0)(2)? (see minimization)  (6) Provide for any purpose other than reliquous, chantable, etc., organization described in purposes, or for the prevention of cruelty to children or animals?  (7) If any answer is "Yes" is (2)(1-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a currient notice regarding disaster assistance (see instructions)?  (8) If any answer is "Yes" to question 5(a), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  (9) If "Yes," attach the statement required by Regulations section 53.4945–5(d)  (9) If "Yes attach the statement required by Regulations section 53.4945–5(d)  (9) If "Yes attach the statement required by Regulations section 53.4945–5(d)  (9) If "Yes attach the statement required by Regulations section 53.4945–5(d)  (9) If "Yes attach the statement required by Regulations action on a personal benefit contract?  (9) If "Yes attach the statement required by Regulations action on a personal benefit contract?  (1) If "Yes attach the statement required by Regulations action on a personal benefit contract?  (1) If "Yes attach the statement required by a statement required by Regulations and personal benefit contract?  (1) If "Yes attach the statement required by Regulations action as a personal benefit contract?  (1) If "Yes attach the statement required by Regulations and the statement required by Regulations and the required by Regulations and the required by a statement required by Regulations and the required by Reg		(1) Carry on propaganda, or oth	erwise attempt to influence legislation (se	ction 4945(e))?	י 🗌	res 🛚 X No			
directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 508(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  (5) Provide for any purpose with riban religious, charitable, scientific, literary, or educational purposes, or for the prevention of creetly to children or animals?  b If any answer is "Yes" to \$10,10%, died any of the transactions fail to qualify under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A   Yes   No   N/A   Yes   No   N/A   Yes   No   Yes, "attach the statement required by Regulations section 53,4945–5(d)  6		• • • • • • • • • • • • • • • • • • • •							
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 50(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to \$4(-10)(-5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a currient notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If "Yes", attach the statement required by Regulations section 53 4945-5(d)  B Dit the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to \$6. Bit Form 837, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes "So, for the foundation during the year, receive any funds, directly or indirectly, to a personal benefit contract?  If "Yes "So, for the foundation conceive any proceeds or have any net income attributable to the transaction?  If "Yes "So, for the foundation conceive any proceeds or have any net income attributable to the transaction?  I List all officers, directors, frustees, foundation managers and their compensation (see instructions).  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address of each employee ped more than 150,000  List and the respective ped in the process of each employee ped more than 150,000  List and the respective ped in the process of each employee pe		• •				res 🗓 No			
A) Provide or and to an organization other than a chantable, etc. organization described in section 509(e)(1), (2), or (3), or section 490(d)(2) (see instructions)   Yes   No		(3) Provide a grant to an individual	ual for travel, study, or other similar purpo	ses?	□ <b>,</b>	res 🗓 No			
section 509(a)(1), (2), or (3), or section 494(d)(2)? (see instructions)		• •				_			
(5) Provide for any purpose other than religious, Charitable, scientific, liferary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5a(1)-(-0), old any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If "Yes" to question 53(494, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes" attach the statement required by Regulations section 53 4945–5(d)  Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to be, file Form 8870  To At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" due the foundation receives any proceeds or have any net income attributable to the transaction?  If "Yes Tob, file Form 8870  If If "Yes" due the foundation receives any proceeds or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) If any and compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE"  (a) Name and address of each employee paid more than \$50,000  D						res 🔀 No			
b If any answer is "Yes" to \$4(1)(45), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If "Yes" at a transaction?  Organization disaster assistance (see instructions)  If "Yes" tatch the statement required by Regulations section 53 4945–5(d)  If "Yes" tatch the statement required by Regulations section 53 4945–5(d)  If "Yes" to 50, file Form 8870  If "Yes" to 50, file Form 8870  If Yes To 5				arv. or educational					
b If any answer is Yes' to 5a(1)-(6), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If Yes' to question 5a(4), does the foundation claim exemption from the tax because if maintained expenditure responsibility for the grant of if Yes, attach the statement required by Regulations section 53 4945–5(d)  B Did the foundation, during the year, reserve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  D Did the foundation, during the year, reserve any funds, directly or indirectly, on a personal benefit contract?  If Yes' to 8b, file Form 870  To at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  B If Yes' 4b the foundation reserve any proceeds or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tak, and everage of the foundations of the statement of the				<b>,</b> ,		∕es X No			
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of if the answer is 'Yes' to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If 'Yes' attach the statement required by Regulations section 53 4945–5(d)  5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  c A lany time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  if 'Yes' did the foundation neceive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Nama and address  (b) Titls, and average (no) Contractors  (c) Compensation (see instructions).  1 Creacent Street Min 15391  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than 350,000  NONE  Total number of other employees paid over \$50,000	h		•	fy under the exceptions d					
Organizations relying on a current notice regarding disaster assistance check here  If the answer is Yes' to question 5a(4), does the foundation claim awareption from the tax because it maintained expenditure responsibility for the grant?  If Yes, attach the statement required by Regulations section 53 4945–5(d)  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  To At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  To At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  To At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  To If If Yes' 2 did the foundation receive any proceeds or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (a) Name and address  (b) Title, and average by the street of the street		- · · · · · · · · · · · · · · · · · · ·				N/A	5b		ĺ
c If the answer is "ses" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?    Yes		_				▶ 🗂			
because it maintained expenditure responsibility for the grant?  If "Yes." attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  By Did the foundation, during the year, personal penefit contract?  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?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  2 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  3 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  4 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  5 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  6 List (see instructions).  1 Creasent Street New 55391 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_	• -				ا ب			
If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  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?  Part VIII Information About Officiers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions).  (a) Name and address  (b) Titls, and average hours per week devoked to postbon (find paid, employee seeds of the season of the seas	Ç			ion nom the tax	N/A 🗆	/os   No			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?    Yes		·		4/	-1/	163 [ 110			
on a personal benefit contract?    Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   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?   Yes	٥-							1	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  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?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average (c) Compensation (if not paid, employee benefit of their allowances).  Victoria Henry  Wayzata  Director  1 Creacent Street  NN 55391  1.00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ьа	<del>-</del> -	ear, receive any funds, directly of indirectly	, to pay premiums		os 😨 No			
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?		•		a a namanal hanafit conti		IES AN NO			y
Total number of other employees paid over \$50,000	b		ear, pay premiums, directly or indirectly, or	n a personal benefit conti	ract /		90		
B   1 "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?   N/A   7b		•			$\Box$	/ 👽			
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week develed to postero (if not paid, enter -0.)  (c) Compensation (if not paid, enter -0.)  (d) Contributions to plast enter of their allowances		•							ĺ
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average (b) Interpretation (fill not paid, enter -0-)  (d) Compensation (fill not paid, enter -0-)  (d) Compensation (e) Compensation (fill not paid, enter -0-)  (d) Compensation (e) Expense account, other allowances  (a) Name and address of each employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position (e) Compensation (e) Compensati		If "Yes," did the foundation recei	ve any proceeds or have any net income a	Tourndation Man	anon Limbba				
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tills, and average heaved to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (other allowances) (Toescent Street Mn 55391 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	P			s, Foundation Wan	agers, nignly	Paid Employ	<i>e</i> es,		
(a) Name and address (b) Title, and average hours per week devoted to postson (ff not paid, enter -0-)  Victoria Henry Wayzata Director  1 Crescent Street MN 55391 1.00 0 0 0 0 0  Jennifer N Henry Wayzata Director  1 Crescent Street MN 55391 1.00 0 0 0 0 0  Jennifer N Henry Wayzata Director  1 Crescent Street MN 55391 1.00 0 0 0 0 0 0  Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (c) Compensation (c) Compensation of the railwances of each employee paid more than \$50,000 (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Compensati					4:000				
(a) Name and address (b) Tule, and average hours per week devoted to position (find paid, enter 4-) (g) Expense account, other allowances of each employee paid more than \$50,000   (e) Expense account, other allowances of their employees paid over \$50,000   (e) Expense account, other allowances of the remaining part of their employees paid over \$50,000   (e) Expense account, other allowances of the remaining part of their employees paid over \$50,000   (e) Expense account, other allowances of the remaining part of their employees paid over \$50,000   (e) Expense account, other allowances of the remaining part of their employees paid over \$50,000   (e) Expense account, other allowances of the remaining part of their employees paid over \$50,000   (e) Expense account, other allowances of the remaining part of	1 1	ist all officers, directors, truste	es, foundation managers and their con	npensation (see instruc	tions).		Т		
Victoria Henry Wayzata Director  1 Crescent Street Mn 55391 1.00 0 0 0 0  Jennifer N Henry Wayzata Director  1 Crescent Street Mn 55391 1.00 0 0 0 0  Jennifer N Henry Wayzata Director  1 Crescent Street Mn 55391 1.00 0 0 0 0  Crescent Street Mn 55391 1.00 0 0 0 0  Crescent Street Mn 55391 1.00 0 0 0 0  Crescent Street Mn 55391 1.00 0 0 0 0 0  Crescent Street Mn 55391 1.00 0 0 0 0 0  Crescent Street Mn 55391 1.00 0 0 0 0 0  Crescent Street Mn 55391 1.00 0 0 0 0 0 0  Crescent Street Mn 55391 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							(e) Exp	oense ar	ccount,
Victoria Henry Wayzata Director  1 Crescent Street MN 55391 1.00 0 0 0  Jennifer N Henry Wayzata Director  1 Crescent Street MN 55391 1.00 0 0 0  Crescent Street MN 55391 1.00 0 0 0 0  Crescent Street MN 55391 1.00 0 0 0 0  Crescent Street MN 55391 1.00 0 0 0 0 0  Crescent Street MN 55391 1.00 0 0 0 0 0  Crescent Street MN 55391 1.00 0 0 0 0 0  Crescent Street MN 55391 1.00 0 0 0 0 0 0  Crescent Street MN 55391 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(a) N	lame and address			plans and deferred			
Total number of other employees paid over \$50,000				· · · · · · · · · · · · · · · · · · ·	ļ	compensation	<del> </del>		
Jennifer N Henry Wayzata 1 Crescent Street MN 55391 1.00 0 0 0 0 0 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Expense account, other allowances  NONE  Total number of other employees paid over \$50,000	V۱	ctoria Henry	Wayzata						
1 Crescent Street  MN 55391  1.00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_1	Crescent Street	<u>MN 55391</u>	1.00	0	0	<del> </del>		<u> </u>
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  NONE  Total number of other employees paid over \$50,000	J∈	ennifer N Henry	Wayzata	Director					
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (o) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000	1	Crescent Street	MN 55391	1.00	0	0	<u> </u>		0
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (o) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000							ļ		
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (o) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000							<u> </u>		
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (o) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000						1	ļ		
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (o) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000							<u> </u>		
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  NONE  Total number of other employees paid over \$50,000	2	Compensation of five highest-	paid employees (other than those inclu	ıded on line 1 – see ins	tructions). If non	e, enter			
(a) Name and address of each employee paid more than \$50,000 hours per week devoted to position NONE (c) Compensation employee benefit plans and deferred compensation other allowances    NONE   (e) Expense account, other allowances   (e) Expense		"NONE."							
NONE    A Name and address of each employee paid more than \$50,000   hours per week devoted to position   hours per week d				(b) Title, and average					
NONE  Total number of other employees paid over \$50,000		(a) Name and address of each	employee paid more than \$50,000	hours per week	(c) Compensation				
Total number of other employees paid over \$50,000 ▶ 0				devoted to position					
	NO	ONE							
							1_		_
						1			
		<del></del>					<u> </u>		
	Tota	I number of other employees page	l over \$50,000		1	1		$\top$	<u></u>
	- 00						orm 90	0-PF	

Form 990-PF (2012)	The Victoria Velie Henry Family	41-1967188	Page 7				
Part VIII Info	ormation About Officers, Directors, Trustees, Fo		mployees,				
3 Five highest-pa	id independent contractors for professional services (see i	nstructions). If none, enter "NONE."					
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation				
NONE							
Total number of other	s receiving over \$50,000 for professional services						
		·	<u> </u>				
Part IX-A S	ummary 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						
	neficiaries served, conferences convened, research papers produced, etc		Expenses				
	coria Velie Henry Family Foundat						
grant pr	cogram and does not get involved to activities.	i with direct					
	ole activities.						
2							
3							
4							
Part IX-B S	ummary of Program-Related Investments (see in	nstructions)	·				
	ogram-related investments made by the foundation during the tax year on lines 1 and		Amount				
1 N/A							
2							
All other program-related in	nvestments See instructions						
3							
Total. Add lines 1 thro	ugh 3	<u> </u>	<u> </u>				

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2012)

5

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form 990-PF (2012) The Victoria Velie Henry Family 41-1967188 Page 9 Undistributed Income (see instructions) (a) (b) (c) (d) Years prior to 2011 2011 2012 Corpus Distributable amount for 2012 from Part XI, 25,255 line 7 2 Undistributed income, if any, as of the end of 2012 24,121 a Enter amount for 2011 only b Total for prior years: 20 \_\_\_\_ , 20 \_\_\_ , 20 \_\_\_ Excess distributions carryover, if any, to 2012 a From 2007 **b** From 2008 c From 2009 d From 2010 e From 2011 f Total of lines 3a through e Qualifying distributions for 2012 from Part XII, 24,225 line 4 ▶ \$ 24,121 a Applied to 2011, but not more than line 2a **b** Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 104 d Applied to 2012 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b 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 d Subtract line 6c from line 6b Taxable amount - see instructions e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see instructions f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be 25,151 distributed in 2013 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2008 b Excess from 2009 Excess from 2010 C Excess from 2011

Excess from 2012

						YFOUND 01/29/2014 2 33 PI
orn	1990-PF (2012) The Victoria			41-1967:		Page 10
'Pa	art XIV Private Operating Fou	ndations (see in	structions and Pa	rt VII-A, question 9	9) ·	
1a	If the foundation has received a ruling or o			ating		
	foundation, and the ruling is effective for 2					
b	Check box to indicate whether the founda		ting foundation descr		942(J)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	-	(e) Total
	income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
	investment return from Part X for					
	each year listed			<del>                                     </del>		
b	85% of line 2a			<del></del>		
С	Qualifying distributions from Part XII,					
	line 4 for each year listed				<del>   </del>	
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities	<del></del>	<del>.</del>		<del> </del>	
е	Qualifying distributions made directly					
	for active conduct of exempt activities			ļ		
_	Subtract line 2d from line 2c			-		
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets			<del> </del>		
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)  "Endowment" alternative test – enter 2/3					
D	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					•
Pa	art XV Supplementary Inform	ation (Complete	this part only if	the foundation h	ad \$5,000 or more	in assets at
	any time during the ye	ear – see instruc	tions.)			
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who	have contributed mor	e than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000)	(See section 507(d)(2	2))	
	N/A				<del> </del>	
b	List any managers of the foundation who	own 10% or more of	the stock of a corpora	tion (or an equally larg	e portion of the	
	ownership of a partnership or other entity	) of which the foundat	ion has a 10% or grea	ater interest		
	_N/A	<del></del>		<del></del>	······································	
2	Information Regarding Contribution, G					
	Check here ▶ X if the foundation only					
	unsolicited requests for funds. If the found		ants, etc (see instruc	tions) to individuals or	organizations under	
	other conditions, complete items 2a, b, c,					
а	· · · · · · · · · · · · · · · · · · ·	er or e-mail of the pe	rson to whom applica	tions should be addres	sed	
	N/A					
_	The Commonweal Land Commonweal Co		otion and materials 41	ou chould individe		
b	The form in which applications should be	submitted and inform	iation and materials th	iey snoula include		
_	N/A Any submission deadlines					· · · · · · · · · · · · · · · · · · ·
С	Any submission deadlines N/A					
	/			··	<del> </del>	

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

factors N/A

Page 11

3 Grants and Contributions Paid During th		uture Payment	<del></del>	<u>-</u> _
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
See Statement 5				
	İ			
				24,20
	1			
	•			
			}	
	,			
Total			▶ 3a	24,20
b Approved for future payment				
N/A				
Total			▶ 3b	

Page **12** 

Enter gross amounts unless otherwise indicated		Unrelated	business income	Excluded by	section 512, 513, or 514	(e)	
4. Decrees an		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
1 Program se							
a	<del> </del>	-					
		-		ļ.			
		-	_				
	<del></del>						
f							
· ———	nd contracts from government agencies	- <del>                                    </del>			*		
_	dues and assessments						
•	savings and temporary cash investments			14	1		
	nd interest from securities			14	20,050		
	ncome or (loss) from real estate					<del></del>	
	anced property						
	ot-financed property						
	ncome or (loss) from personal property						
7 Other inves	tment income						
8 Gain or (los	s) from sales of assets other than inventory			18	319		
9 Net income	or (loss) from special events						
10 Gross profit	or (loss) from sales of inventory						
11 Other reven	ue a	_					
b		_					
		_					
d		_					
е		_					
	dd columns (b), (d), and (e)			0	20,370		
	line 12, columns (b), (d), and (e)				13	20,370	
	In line 13 instructions to verify calculations )  Relationship of Activities to the	Assamplishma	nt of Exampt	Burnossa			
Part XVI-B	Explain below how each activity for which incom				ad impositionable to the		
Line No. ▼	accomplishment of the foundation's exempt put					nns )	
N/A	accompliant of the real extension of extension of the	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, p		(000)		
		·					
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		<del> </del>					
	<u> </u>						

Part XVII	Information Reg		nsfers To and	d Transactio	ns and Relation	ships Wit	h Noncharitabl	е	
1 Did the ord	ganization directly or ind		e in any of the follo	owing with any c	ther organization de	scribed		Yes	No
	501(c) of the Code (other							100	110
organizatio	ons?								
a Transfers	from the reporting found	lation to a nor	ncharitable exemp	t organization of	Ī				
(1) Cash								1a(1)	<u> </u>
(2) Other	assets							1a(2)	X
b Other trans	sactions								
(1) Sales	of assets to a noncharit	able exempt	organization					1b(1)	X
(2) Purcha	ases of assets from a no	oncharitable e	exempt organization	on				1b(2)	X
(3) Rental	of facilities, equipment	, or other ass	ets					1b(3)	X
` '	oursement arrangements	S						1b(4)	X
	or loan guarantees							1b(5)	X
= =	mance of services or me							1b(6)	X
=	facilities, equipment, m	-				h		1c	<b>⊥</b> ~
	ver to any of the above i		_						
	e goods, other assets, only transaction or sharing	_							
(a) Line no	(b) Amount involved		of noncharitable exemp				isactions, and sharing arr	angements	
N/A	(b) Amount involved	(c) Name	of Horicital Rabia exemp	t organization	(d) Description	TO TRAISIETS, TRAI	isactions, and snaring art	angements	
11/ FL	<del>                                     </del>	<del> </del>							
<del></del> .	<del> </del>								
<del>_</del> .		<u> </u>							
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		1							
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								-	
		<u> </u>							
described	in section 501(c) of the complete the following so	Code (other t		e)(3)) or in sectio			on of relationship	Yes	No
N/A	(a) Name of organization		(5) 1 9 0 0 0	garnzadon		(0) 00301.p.:	or or relationship		
N/A									
					<del></del>				
	1				,				
<del></del>	<u> </u>								
Under p	enalties of perjury, I declare th	at I have examin	ed this return, including	accompanying school	edules and statements, and	d to the best of m	y knowledge and belief,	it is true,	
Sign Here	and complete Declaration of	preparer (other tr	nan taxpayer) is based	on all information of	12-2014	Lese of Title	May the IRS discumth the preparer (see instructions)*	shown below	No No
	Type preparer's name	<del></del>	<del></del>	Preparer's signatui	re		Date		
Paid		LOBSS	>	DAS	G CA	L	01/31		ck f employed
reparer Fim's			utler, G			TD	PTIN P006;	3015	
Jse Only		Ford F	arkway / S	Suite 30	0		Furm's EIN ▶ 4/1 - /		
			<u>IN 55116-</u>					-690-	
			·				F	om 990-F	<b>F</b> (2012)

Fdrm 8868 (F	Rev. 1-2013)					Page 2
If you are	filing for an Additional (Not Automatic) 3-Month E	xtension, co	omplete only Part II and check	this box		► X
Note. Only co	omplete Part II if you have already been granted an a	utomatic 3-n	nonth extension on a previously	filed Form 8868		
	filing for an Automatic 3-Month Extension, comple			<del></del> _		
Part II	Additional (Not Automatic) 3-Month E	xtension				
	<del></del>					, see instructions
Type or	Name of exempt organization or other filer, see in			Employer identific	ation numbe	r (EIN) or
print	The Victoria Velie Henry	ramıı		41 106710		
File by the	Foundation			<u>41-196718</u>		
due date for	Number, street, and room or suite no If a P.O. bo	x, see instru	ctions	Social security nu	mber (SSN)	
filing your return See	1 Crescent Street		dense one patricians			<del></del>
instructions	City, town or post office, state, and ZIP code For Wayzata MN	a foreign add 1 5539:				
	Wayzata M	1 3339.	<u></u>			<del></del>
Enter the Ret	urn code for the return that this application is for (file	a separate a	application for each return)			04
		· <del></del>				
Application	n	Return	Application			Return
Is For		Code	Is For			Code
Form 990 c	or Form 990-EZ	01				
Form 990-E	BL	02	Form 1041-A	·		08
	(ındividual)	03	Form 4720			09
Form 990-F	PF	04	Form 5227	·		10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11
Form 990-1	(trust other than above)	06	Form 8870			12
STOP! Do no	ot complete Part II if you were not already granted	an automa	tic 3-month extension on a pr	eviously filed Fo	rm 8868.	
Telephon If the orga If this is for the whole list with the note  If the calc  If the talc  Chi  State in	are in the care of ▶ WAYZATA  e No. ▶ 952-471-9618  anization does not have an office or place of business or a Group Return, enter the organization's four digit group, check this box ▶ ☐ If it is for pai ames and EINs of all members the extension is for.  st an additional 3-month extension of time until 02 endar year , or other tax year beginning ax year entered in line 5 is for less than 12 months, change in accounting period and detail why you need the extension  Statement 1	/18/14 g 04/0	ed States, check this box ption Number (GEN)  p, check this box	If this is and attach a a a a a a a a a a a a a a a a a a	MN	55391
	opplication is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, ente	er the tentative tax, less any	8a	\$	0
	undable credits. See instructions. upplication is for Form 990-PF, 990-T, 4720, or 6069,	enter any re	fundable credits and	oa	•	
	ted tax payments made Include any prior year overp	-		F		
	t paid previously with Form 8868.	.,	, , , , , , , , , , , , , , , , , , , ,	8b	s	3,557
	e due. Subtract line 8b from line 8a. Include your pa	vment with the	nis form, if required, by using El		<u> </u>	
	onic Federal Tax Payment System) See instructions			8c	\$	0
	Signature and Verific	cation mu	st be completed for Pa	t il only.		
Under penalt knowledge ai	ies of perjury, I declare that I have examined this form nd belief, it is true, correct, and complete, and that I a	m, including a am authorize	accompanying schedules and s d to prepare this form	tatements, and to	the best of r	ny
	Wathleen Bindwed, E	- A -	FA		, <b>.</b>	11/14/13
Signature > C	1 january emanda, e	- /] T		<del></del>		m 8868 (Rev 1-2013)
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HENRYFOUND 01/29/2014 2 33 PM Capital Gains and Losses for Tax on Investment Income 2012 990-PF Form 04/01/12 , and ending 03/31/13 For calendar year 2012, or tax year beginning **Employer Identification Number** Name The Victoria Velie Henry Family Foundation 41-1967188 (b) How acquired P-Purchase (C) Date acquired (d) Date sold (mo , day, yr ) (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co (mo , day, yr ) D-Donation P HARBOR FD INTL GROWTH 10/04/11 09/11/12 (1) NUVEEN TRADEWINDS INTL VALUE P 10/04/11 09/04/12 (2)12/30/11 09/04/12 NUVEEN TRADEWINDS INTL VALUE P (3)PIMCO FDS PAC INVT P 10/03/11 09/04/12 (4)STEERS RLTY P 05/19/11 09/04/12 COHEN (5)& COX STK FD P 05/19/11 09/04/12 DODGE (6)INTL GROWTH FUND P 05/19/11 09/04/12 HARBOR FD (7)06/20/11 GROWTH P 09/04/12 (8) HARBOR FD INTL FUND P 08/26/11 09/04/12 HARBOR FD INTL GROWTH FUND (9)06/20/11 09/04/12 MAINSTAY FD HIGH YIELD CORP BD P (10) P 05/19/11 FUNDS BOND FUND 09/04/12 **MANAGERS** ₽ 05/19/11 09/04/12 JPMORGAN TR INTREPID VALUE FD (12)05/19/11 09/04/12 NUVEEN TRADEWINDS INTL VALUE P 06/20/11 09/04/12 NUVEEN TRADEWINDS INTL VALUE P (14)P 05/19/11 09/04/12 PIMCO FDS PAC INVT (15)(h) Gain or (loss) (e) plus (f) minus (g) (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (e) Gross sales price 744 644 100 (1) 800 1,062 -54 (2)<del>274</del> 281 -7 (3)-3 40 43 (4)1,384 91 475 (5)107 108 -1 (6)-581 5,491 4,910 (7)6,234 5,940 -294(8)1,313 65 (9) 1,378 565 556 9 (10)13,554 414 13,968 (11)65 1 66 (12),500 551 5,949 -1 (13)6,130 5,113 017 (14)4,806 4,613 193 (15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) Or Losses (from col. (h)) (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col (ı) over col (ı), ıf any 100 (1) -54 (2)-7 (3)-3 (4)91 (5)

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Capital Gains and Losses for Tax on Investment Income 2012 990-PF Form 04/01/12 , and ending 03/31/13 For calendar year 2012, or tax year beginning **Employer Identification Number** Name The Victoria Velie Henry Family 41-1967188 Foundation (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co. (b) How acquired P-Purchase D-Donation (C) Date acquired (mo , day, yr ) (d) Date sold (mo , day, yr ) P 05/19/11 09/04/12 PIONEER OAK RIDGE SM CAP GROWTH (1) 05/19/11P 09/04/12 RS INVT TR VALUE FD (2)09/04/12 P 05/19/11 THORNBURG INVT INC BUILDER FD (3)P 05/19/11 THORNBURG INVT INC BUILDER FD 09/04/12 (4)WELLS FARGO ADV ENDEAVOR SELECT FD P 05/19/11 09/04/12 (5)06/20/11 09/04/12 P WELLS FARGO ADV ENDEAVOR SELECT (6)02/15/13 EUROPACIFIC GROWTH FD P 09/04/12 (7)P 05/19/11 02/15/13 AMER CENTURY GROWTH FUND (8) COHEN & STEERS RLTY P 05/19/11 02/19/13 (9)P 05/19/11 02/15/13 (10) DODGE & COX STK FD 05/19/11 02/19/13 P COX STK DODGE FD æ (11)P 06/20/11 02/19/13 DODGE æ COX STK (12)STK P 05/19/11 02/19/13 COX DODGE FD (13)05/19/11 02/19/13 P DODGE æ COX STK FD (14)P 05/19/11 02/15/13 DREYFUS APPRECIATION (15)(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gain or (loss) (e) plus (f) minus (g) 1,073 -52 1,021 (1)892 -80 812 (2)-27 411 384 (3) -33 486 453 (4)526 9,187 8,661 **(5)** 166 146 20 (6)1,505 172 1,677 (7)965 30 995 (8)19 418 437 (9)2,734 356 3, 090 (10)264 36 300 (11)2,197 445 2,642 (12)15 106 121 (13)82 9 91 (14)86 803 889 (15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) Or (k) Excess of col (i) over col (j), if any (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 Losses (from col (h)) -52 <u>(1)</u> -80 (2) -27 (3) -33 (4) 526 (5) 20 (6)172 (7)30 (8) 19 (9)356 (10)36 (11)445 (12)15

(13)

(14)

(15)

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Capital Gains and Losses for Tax on Investment Income 2012 990-PF Form 04/01/12 , and ending 03/31/13 For calendar year 2012, or tax year beginning **Employer Identification Number** Name The Victoria Velie Henry Family 41-1967188 Foundation (b) How acquired P-Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co (C) Date acquired (d) Date sold (mo , day, yr ) (mo , dav, vr ) D-Donation 06/20/11 02/15/13 MAINSTAY HIGH YIELD CORP BD FD P (1)02/15/13 P 05/19/11 MANAGERS BOND FD (2)05/19/11 02/19/13 P MANAGERS BOND FD (3)MFS SER TR EMERGINS MKTS DEBT FD P 05/19/11 02/15/13 (4)P 02/19/13 MFS SER TR EMERGING MKTS DEBT FD 05/19/11 (5)METROPOLITAN WEST FDS P 05/19/11 02/19/13 (6)05/19/11 02/15/13 JP MORGAN INTREPID VALUE FD P (7)HEARTLAND VALUE PLUS FD P 10/03/11 02/15/13 (8)OPPENHEIMER INTL BD FD P 05/19/11 02/15/13 (9)P 05/19/11 02/15/13 INTL FD (10)OPPENHEIMER BDP 05/19/11 02/19/13 OPPENHEIMER INTL BD FD (11)P 05/19/11 02/15/13 (12) VIRTUS EMERGING MARKETS OPP P 05/19/11 02/15/13 ALGER SMALLCAP 05/19/11 02/19/13 P PIMCO MGMT SER TOTAL RETURN (14)05/19/11 PIONEER OAK RIDGE SMALL CAP P 02/15/13 (15)(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gain or (loss) (e) plus (f) minus (g) 613 590 23 (1) 391 22 413 (2)177 10 187 (3)47 556 509 (4) 106 10 116 (5) 578 560 18 (6) 2,487 2,220 267 (7)1,292 508 1,800 (8)-9 509 518 (9) 84 -1 83 (10)118 -2 116 (11)2,371 2,112 259 (12)1,232 1,206 26 (13)5 412 407 (14)8 877 885 (15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) Or Losses (from col. (h)) (k) Excess of col (i) over col (j), if any (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 23 (1)22 (2)10 (3)47 (4)10 (5) 18 (6) 267 (7) 508 (8) -9 (9) -1 (10)-2 (11)259 (12)26 (13)

(14)

(15)

•			Capital Gains and Los	ses for Tax on	Investment in	cor	ne	
Form	990-PF							2012
<u> </u>		For ca	llendar year 2012, or tax year beginnir	ng 04/01	./12_, and ending	03	/31/13	
Name							Employer Ide	ntification Number
		ia Ve	elie Henry Family					
Fou	ndation				T	<del></del>	41-1967	
	(a)	List and de 2-story brid	scribe the kind(s) of property sold, e.g., real estate k warehouse, or common stock, 200 shs. MLC Co	e, )	(b) How acquired P-Purchase	(	C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
					D-Donation	+-		_
	S INVT THORNBURG	IR VA 3 INV		<u> </u>	P P	_	05/19/11 05/19/11	02/15/13
<del></del>			DVANTAGE END FD	<u> </u>	P		6/20/11	02/15/13
<del></del>	ETITO EVI	NGC F	DVANTAGE END FD	· · · · · · · · · · · · · · · · · · ·		+ 5	0/20/11	02/13/13
(4) (5)			· · · · · · · · · · · · · · · · · · ·			+-		
(6)				<del></del>		+		
(7)				- <del>-</del>	-	+		
(8)								
(9)					-			
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
	(e) Gross sales pri	ce	(f) Depreciation allowed	(g) Cost	or other basis	ł	(h) Gain	or (loss)
		F 4 4	(or allowable)	pius ex	pense of sale	_	(e) plus (f)	
(1)		541			2,374	+		167
(2)	2,	224			2,257	_		-33 107
(3)	-··-	636			529	+		107
(4)				-		+		<del></del>
(5)								
<u>(6)</u>		<del></del>				+		
<u>(7)</u>			-			+-		
(8) (9)						+		
(10)						$\top$		
(11)						+		
(12)								
(13)								•
(14)								
(15)								
						•		
Con	nplete only for a	ssets she	owing gain in column (h) and owned b	y the foundation on 12/	/31/69			
(i)	FMV as of 12/31	1/69	(j) Adjusted basis as of 12/31/69	(k) E	cess of col (i) col (j), if any		(I) Gains (Co col (k), but not les Losses (from	I (h) gain minus is than -0-) <b>Of</b>
			as of 12/31/69	over	col (j), if any	_	Losses (from	
(1)								167
(2)								-33
(3)						+		107
<u>(4)</u>						+		
(5)								
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1/29/2014 2:33 PM. Charitable Purpose Charitable Purpose 'n Ś Adjusted Net Adjusted Net Statement 1 - Form 990-PF, Part I, Line 16c - Other Professional Fees Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses 4,735 4,735 Investment Investment Federal Statements **N**et Net Ś 4,735 Total Total **HENRYFOUND The Victoria Velie Henry Family** Ś Description Description Wells Fargo fees Expenses MN FILING FEE FYE: 3/31/2013 Total 41-1967188 Total

## HENRYFOUND The Victoria Velie Henry Family

## Federal Statements

41-1967188

FYE: 3/31/2013

Statement 3 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Fair Market Value	640	
_	w w	
Basis of Valuation	Cost	
End of Year	1,406	
	φ φ	
eginning of Year	1,541	
<u> </u>	ς, ς,	
Description	Govt Natl MTG Assn, pool 182112 Total	

# HENRYFOUND The Victoria Velie Henry Family

41-1967188 FYE: 3/31/2013

Federal Statements

# Statement 4 - Form 990-PF, Part II, Line 13 - Other Investments

Fair Market	value	2,50	,83	4,56	3,73	9,740	1,55	, 45	4,37	, 73		3,54	4,49	9,27	23,715	3,67	4,91		4,52	23,761	8,86	4,71	3,29	, 08	98′	4,92	, 76	4,80	522,711	
Basis of	valuation	S	ost	Ø	S	Cost	ost	ost	ost	ost	ost	ost	ost	ost	ost	ost	ost .	ost	ost	ost	ost	ost	ost	ost	ost	ost	ost	ost	ۍ اا	
. و	rear	6,193	,465	2,011	3,401	957	6,938	,157	2,943	,736	S	4,231	3,948	8,159	058	2,508	0,429	O	1,594	24,164 C	5,553	3,133	2,517	0,097	886′	2,638	,053	1,826	483,697	
ш		<b>የ</b>																											·	i
. <u>₽</u>	or Year	6,19	, 46	1,62	1,81	9,970	, 04	7,98		, 28	3,68	, 34	4,04	1,34	, 23	1,06	22,291	4,97	, 11	, 45	9,25	3,27	4,74	,84	0,65	5,69	, 39	1,1	492,938	
		ᡐ																										ļ	ۍ ا	
	Description	Northern Lts AL Frank Fund	Funds S		Amer Centy Diversified Bd Fd	Ja	Dodge & Cox Stk Fd	Drevfus Appreciation Fd	Europacific Growth Fd	Goldman Sachs Tr Finl Sq Treas		Artio Global Int Total Return Bd Fd	Mainstay High Yield Corp Bd Fd	Managers Bond Fd	MFS Ser Tr Emerging Mkts Debt Fd	Metropolitan West Total Return Bd Fd	JPMorgan Intrepid Value Fd	Nuveen Tradewinds Intl Value Fd	Heartland Value Plus Fd	Oppenheimer Intl Bd Fd	Virtus Emerging Mkt Opportunities Fd	Alger Smallcap & Midcap Grow Fd	Pimco Mgmt Ser Total Return Fd	Pimco Mgmt Ser-Commodity Real Return	Pioneer Oak Ridge Small Cap Gr Fd		Thornburg Invt Income Builder Fd	Wells Fargo Adv Endeavor Fd	Total	

## HENRYFOUND The Victoria Velie Henry Family

## **Federal Statements**

FYE: 3/31/2013 41-1967188

Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address		
Address	Relationship Status	Purpose	Amount
CHILDRENS HOME SOCIETY	1605 Eustis Street 501c3	HEALTH & HUMAN SERVICES	5,000
DARE MN PROGRAM	6542 Regency Lane	<b>.</b>	
EDEN PRAIRIE MN 55344	501c3	HEALTH & HUMAN SERVICES	5,200
INNER CITY TENNIS	4005 Nicollet Avenue S		
MINNEAPOLIS MN 55409	501c3	YOUTH DEVELOPMENT	1,000
, MADD	ITER	FREE	1
IRVING TX 75062	50103	HEALTH & HUMAN SERVICES	1,000
ORDWAY CENTER FOR THE PER	345 Washington Street		( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
ST PAUL MN 55102	50103	PERFORMING ARTS	1,500
ORONO FOUNDATION FOR EDUCATION	PO BOX 124		(
	501(C)(3)	YOUTH DEVELOPMENT	3,000
LEUKEMIA AND LYMPHOMA SOCIETY	1311 MAMARONECK AVE		
WHITE PLAINS NY 10605	501(c)(3)		200
WOUNDED WARRIOR PROJECT	1120 G STREET NW SUITE	70	
WASHINGTON DC 20005	501(C)(3)	HEALTH & HUMAN SERVICE	100
FOOD FOR THE HUNGRY	1224 E WASHINGTON STREET	ET	
PHOENIX AZ 85034		HEALTH & HUMAN SERVICE	1,000
CHILDRENS CANCER RESEARCH FD		460	
MINNEAPOLIS MN 55439	501(C)(3)	HEALTH & HUMAN SERVICE	100
MAKE A WISH	615 FIRST AVENUE NE #4	#415	
MINNEAPOLIS MN 55413		HEALTH & HUMAN SERVICE	1,000
ROOM TO READ	111 SUTTER STREET		
SANFRANCISCO CA 94104	501(C)(3)	HEALTH & HUMAN SERVICE	700
SECOND HARVEST HEARTLAND	1140 GERVAIS AVE		
ST PAUL MN 55109	501(C)(3)	HEALTH & HUMAN SERVICE	009
SAVE THE CHILDREN FEDERATION	54 WILTON ROAD		
WESTPORT CT 06880		HEALTH & HUMAN SERVICE	1,000
AMERICAN DIABETES ASSN	1701 N BEAUREGARD ST		
	501(C)(3)	HEALTH & HUMAN SERVICE	200
WILD FOUNDATION	717 POPLAR AVE		(
BOULDER CO 80304	501(C)(3)	ENVIRONMENTAL PRESERVATION	2,000

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**HENRYFOUND The Victoria Velie Henry Family** 

Federal Statements

FYE: 3/31/2013 41-1967188

Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Address Name Status

Purpose Relationship Address 24,200

Amount

Total

## HENRYFOUND The Victoria Velie Henry Family 41-1967188 Federal Statements

FYE: 3/31/2013

## Statement 1 - Form 8868, Part II, Line 7 - Explanation for Extension

## Description

An attempt to obtain information necessary for filing a return was requested in a timely fashion, but the information was not furnished in sufficient time to permit the timely filing of the return, or the taxpayer personally visited an IRS office for the purpose of securing information or advice and was unable to meet with an IRS representative

HENRYFOUND The Victoria Velie Henry Family \$1-1967188 Federal Statements 1/29/2014 2:33 PM 41-1967188 FYE: 3/31/2013 **Taxable Interest on Investments** Unrelated **Exclusion Postal** US Business Code Code Code Obs (\$ or %) Description Amount 1 14 MN MONEY MARKET INTEREST 1 Total **Taxable Dividends from Securities Exclusion Postal** US Unrelated Description Business Code Code Code Obs (\$ or %) Amount DIVIDENDS AND INTEREST 20,050 14 MN 20,050 Total