

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| Fo | r calenda | ar year 2014 or tax year beginning $04/01/14$, a | and ending $03/3$ | 1/15 | | | |
|------------------------------|-------------------|--|---|--------------|----------------|--|--|
| | ame of four | | | | A Emplo | yer identification number | |
| | | Victoria Velie Henry Family | | | | 1067100 | |
| | | lation street (or P O box number if mail is not delivered to street address) | | om/suste | | -1967188 none number (see instruction: | |
| | | escent Street | 100 | OHVSLING | | 2-471-9618 | ·) |
| | | state or province, country, and ZIP or foreign postal code | | | | | |
| _ | Wayza | | | | C If exen | nption application is pending, | check here |
| G | Check a | Ill that apply Initial return Initial return | rn of a former public ch | narity | D 1 Fo | reign organizations, check he | ere 🕨 🔲 |
| | | Final return Amended | return | - | 2 Fo | reign organizations meeting t | he |
| | | Address change Name cha | inge | | | % test, check here and attach | F:-1 |
| - | Check ty | ype of organization X Section 501(c)(3) exempt private | foundation | | E If priva | ate foundation status was term | ninated under |
| Ö | - | | e private foundation | | | n 507(b)(1)(A), check here | > |
| | | ket value of all assets at J Accounting method | X Cash Acc | rual | F If the f | oundation is in a 60-month te | rmination |
| | end of ye | ear (from Part II, col (c), Other (specify) | | | under | section 507(b)(1)(B), check h | nere 🕨 📘 |
| | line 16) ▶ | 5 4 6 5 CO | be on cash basis) | | | | |
| | art i | Analysis of Revenue and Expenses (The total of | (a) Revenue and | (b) Net inv | /estment | (c) Adjusted net | (d) Disbursements for charitable |
| | | amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | (b) Net inco | | income | purposes |
| | 14 | | | | | | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) Check K if the foundation is not required to attach Sch B | | | | | |
| | 2 | Interest on savings and temporary cash investments | 1 | <u></u> | 1 | | |
| | 3 | Dividends and interest from securities | 32,220 | | 32,220 | · | |
| | 4 5a | Gross rents | 32,220 | | JL , LL 0 | | |
| _ | | Net rental moone or loss ho | | | | | |
| = | 63 | -Net gath or (loss) intrastle of assets not on line 10 | 5,146 | | | | |
| 9 | Ja | Gross sales price for all assets on the 6a (2) 92,227 | | | | | |
| Revenue | 7 | Capital gain neoincome (from Part IV, line 2) | | | 5,146 | | |
| - | 8 | Wetshort-term capital gain | | | - , | 0 | ` |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | ь | Less Cost of goods sold | | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) Stmt 1 | 1,000 | | | | |
| | 12 | Total. Add lines 1 through 11 | 38,367 | | 37,367 | 0 | |
| U | , 13 | Compensation of officers, directors, trustees, etc | 0 | | | | |
| Sosuo | 14 | Other employee salaries and wages | | | | | |
| ٩ | 15 | Pension plans, employee benefits | | | | | |
| Т× | 16a | Legal fees (attach schedule) | | - | | | |
| ٥ | b | Accounting fees (attach schedule) | | | 4 0 0 0 | _ | |
| .₹ | C | Other professional fees (attach schedule) Stmt 2 | 4,967 | | 4,967 | | |
| 1 | 17 | Interest | | | | | |
| je. | 18 | Taxes (attach schedule) (see instructions) | | <u> </u> | | | |
| Ë | 19 | Depreciation (attach schedule) and depletion | | - | | | |
| 7 | 20 | Occupancy | | | - _ | | |
| Operating and Administrative | 21 | Travel, conferences, and meetings | | - | | | |
| ā | 22 | Printing and publications Other expenses (att sch) Stmt 3 | 75 | | | | 75 |
| 2 | 23 24 | Other expenses (att sch) Total operating and administrative expenses. | · · · · · · · · · · · · · · · · · · · | | | | |
| 4 | <u> </u> | Add lines 13 through 23 | 5,042 | | 4,967 | ا | 75 |
| ġ | 25 | Contributions, gifts, grants paid | 25,925 | | -, | | 25,925 |
| Č | 5 25 26 | Total expenses and disbursements. Add lines 24 and 25 | 30,967 | | 4,967 | C | |
| ` | 27 | Subtract line 26 from line 12 | † | <u> </u> | -, | | |
| 2 | a a | Excess of revenue over expenses and disbursements | 7,400 | | | | |
| 2 | b | Net investment income (if negative, enter -0-) | , | | 32,400 | | |
| ノン | C | Adjusted net income (if negative, enter -0-) | | | | C | |

| Part I | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End of | year |
|--|---|-------------------|----------------|--|
| - 476.5 | 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 | } <u> </u> | | |
| 2 | Savings and temporary cash investments | 4,946 | 14,882 | 15,882 |
| 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 | | | |
| \$ S | Inventories for sale or use | | | |
| Assets 6 8 | Prepaid expenses and deferred charges | | - | |
| ∛ 10a | Investments – U.S. and state government obligations (attach schedule) Stmt 4 | 1,256 | 1,093 | 269 |
| b | Investments – corporate stock (attach schedule) | | | |
| C | 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 5 | 484,258 | 481,885 | 530,612 |
| 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) | 490,460 | 497,860 | 546,763 |
| 17 | Accounts payable and accrued expenses | | | |
| 18 | Grants payable | | | |
| <u>.e</u> 19 | Deferred revenue | | | |
| ≅ 20 | Loans from officers, directors, trustees, and other disqualified persons | | <u></u> | |
| Liabilities 20 21 20 21 | Mortgages and other notes payable (attach schedule) | | | |
| | Other liabilities (describe ▶) | | | |
| 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| | Foundations that follow SFAS 117, check here | | | |
| S 24 | and complete lines 24 through 26 and lines 30 and 31. | | | |
| 24 | Unrestricted | | | |
| 25 | Temporarily restricted | | | |
| 26 | Permanently restricted | | | |
| Net Assets or Fund Bala 25 26 27 28 93 30 31 | Foundations that do not follow SFAS 117, check here | | | |
| 빈 | and complete lines 27 through 31. | | | |
| O 27 | Capital stock, trust principal, or current funds | | | • |
| 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | |
| 8 29 | Retained earnings, accumulated income, endowment, or other funds | 490,460 | 497,860 | |
| ₩ 30 | Total net assets or fund balances (see instructions) | 490,460 | 497,860 | |
| Z 31 | Total liabilities and net assets/fund balances (see | | | |
| | instructions) | 490,460 | 497,860 | |
| Part I | Analysis of Changes in Net Assets or Fund Balances | | | |
| 1 Total | l net assets or fund balances at beginning of year – Part II, column (a), line 30 (mi | ist agree with | | |
| end- | of-year figure reported on prior year's return) | | 1 | 490,460 |
| 2 Ente | r amount from Part I, line 27a | | 2 | 7,400 |
| 3 Othe | r increases not included in line 2 (itemize) ▶ | | 3 | |
| 4 Add | lines 1, 2, and 3 | | 4 | 497,860 |
| 5 Decr | eases not included in line 2 (itemize) ▶ | | _ 5 | |
| 6 Total | net assets or fund balances at end of year (line 4 minus line 5) - Part II, column | (b), line 30 | 6 | 497,860 |

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

26,000

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

| | 1990-PF (2014) The Victoria Velie Henry Family 41-1967188 | | | Р | age 4 |
|-----|--|------|-----|------|-------------|
| _Pa | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions) | | | | |
| 1a | | | | | |
| | 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 | | | | <u>648</u> |
| | 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 | | | | <u>648</u> |
| 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- | | | | 648 |
| 6 | Credits/Payments | | | | |
| а | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 2,736 | | | | |
| b | Exempt foreign organizations – tax withheld at source | | | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c | | | | |
| d | Backup withholding erroneously withheld 6d 6d | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | | 2, | <u>736</u> |
| 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 | | | 2, | <u> 880</u> |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 2,088 Refunded ▶ 11 | | | | |
| Pa | art 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 | | 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 | | 1 | | |
| 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 | | - 1 | | |
| | on foundation managers > \$ | | 1 | | |
| 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 | | - 1 | | |
| | 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? | /A [| 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? | Ĺ | 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 | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MN | | | | |
| þ | 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 | - 1 | 8b | X | |
| 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," | | Ì | | Ī |
| | complete Part XIV | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | Ī | | | |
| | names and addresses | - 1 | 10 | ~ | х |
| | | | | n DE | |

| Forn | 1990-PF(2014) The Victoria Velie Henry Family 41-1967188 | | | | P | age 5 |
|------|---|---------|-------|-------|-------|--------------|
| P | 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 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application | on? | | 13 | X | <u> </u> |
| | Website address ► N/A | | | | | |
| 14 | The books are in care of ▶ VICTORIA VELIE Telepho | ne no 🕨 | 952-4 | 71- | 961 | 8 |
| | 1 CRESCENT STREET | | | | | |
| | Located at ▶ WAYZATA MN | ZIP+4 ▶ | 55391 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here | | | | | ▶ □ |
| | and enter the amount of tax-exempt interest received or accrued during the year | | 15 | | | |
| 16 | At any time during calendar year 2014, 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 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If | | | | | |
| | "Yes," enter the name of the foreign country | | | | | İ |
| 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 | 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 | _ | | | | İ |
| | disqualified person? | Yes | X No | | | ĺ |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes | X No | | | İ |
| | (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 | | | | | ĺ |
| | the benefit or use of a disqualified person)? | Yes | X No | | | į |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | _ | | | | į |
| | foundation agreed to make a grant to or to employ the official for a period after | | | | | ĺ |
| | 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 Regulation | ns | | | | İ |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | | N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | ▶ 🗍 | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | | | į |
| | were not corrected before the first day of the tax year beginning in 2014? | | N/A | 1c | | <u> </u> |
| 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 2014, did the foundation have any undistributed income (lines 6d and | | | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2014? | Yes | X No | | | ĺ |
| | If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | | | | |
| 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 | | | | | ĺ |
| | all years listed, answer "No" and attach statement – see instructions) | | N/A | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | | | ĺ |
| | ▶ 20 , 20 , 20 , 20 | | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | | | ĺ |
| | at any time during the year? | Yes | X No | | | l |
| b | If "Yes," did it have excess business holdings in 2014 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 | | | | | İ |
| | 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 2014) | | N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | ı | | 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 20 | 4? | | 4b | | X |
| | | | F | om 99 | 90-PF | (2014) |

| | 990-PF(2014) The Victoria Ve | | | <u> 1967188</u> | | | Pa | age 6 |
|------------|---|--|---------------------------------------|---|--|--------------|--|--------------|
| Pa | ert VII-B Statements Regarding A | ctivities for Which Form | 4720 May Be F | Required (cont | inued) | | | |
| 5a | During the year did the foundation pay or incur | any amount to | | | | | | |
| | (1) Carry on propaganda, or otherwise attempt | to influence legislation (section | 4945(e))? | _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | res 🗓 No | | | |
| | (2) Influence the outcome of any specific public | c election (see section 4955), or | to carry on, | | | | | |
| | directly or indirectly, any voter registration of | drive? | | _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | res 🛚 X No | | | |
| | (3) Provide a grant to an individual for travel, si | tudy, or other similar purposes? | | _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | res 🛚 X No | | | |
| | (4) Provide a grant to an organization other that | in a charitable, etc , organization | described in | _ | _ | | | |
| | section 4945(d)(4)(A)? (see instructions) | | | | res 🗓 No | | | |
| | (5) Provide for any purpose other than religious | s, charitable, scientific, literary, o | r educational | _ | _ | | | |
| | purposes, or for the prevention of cruelty to | children or animals? | | | res 🗓 No | | | |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the | he transactions fail to qualify und | ler the exceptions of | lescribed in | | | | |
| | Regulations section 53 4945 or in a current not | ice regarding disaster assistance | e (see instructions)? | 7 | N/A | 5b | | |
| | Organizations relying on a current notice regard | ling disaster assistance check h | ere | | ▶ 🗍 | | | |
| С | If the answer is "Yes" to question 5a(4), does the | ne foundation claim exemption from | om the tax | | | | | |
| | because it maintained expenditure responsibilit | y for the grant? | | N/A 🗍 | res No | | | |
| | If "Yes," attach the statement required by Regu | lations section 53 4945-5(d) | | _ | | | | |
| 6a | Did the foundation, during the year, receive any | funds, directly or indirectly, to p | ay premiums | | | | | |
| | on a personal benefit contract? | | | | res 🗓 No | | | |
| b | Did the foundation, during the year, pay premiu | ms, directly or indirectly, on a pe | ersonal benefit cont | ract? | | 6b | | X |
| | If "Yes" to 6b, file Form 8870 | | | | | | | |
| 7a | At any time during the tax year, was the founda | tion a party to a prohibited tax sl | nelter transaction? | | res X No | | | |
| b | If "Yes," did the foundation receive any proceed | ls or have any net income attribu | itable to the transac | ction? | N/A | 7b | | |
| Pa | rt VIII Information About Officers | s, Directors, Trustees, Fo | oundation Man | agers, Highly | Paid Employe | ees, | | |
| | and Contractors | | | | | | | |
| <u>1 L</u> | ist all officers, directors, trustees, foundation | n managers and their compens | sation (see instruc | tions). | | | | |
| | | | (b) Title, and average | (c) Compensation | (d) Contributions to | | | |
| | (a) Name and address | | hours per week | (If not paid, | employee benefit plans and deferred | | pense aci r allowan | |
| | | | devoted to position | enter -0-) | compensation | | | |
| ٧ı | ctoria Henry | Wayzata | Director | | | | | |
| _1 | Crescent Street | MN 55391 | 1.00 | 0 | 0 | | | 0 |
| Je | nnıfer N Henry | Wayzata | Director | | | | | |
| _1 | Crescent Street | MN 55391 | 1.00 | 0 | 0 | | | 0 |
| | | | 1 | | | | | |
| | | | | | | <u> </u> | | |
| | | | 1 | | | | | |
| | | | | l | | <u></u> | | |
| 2 | Compensation of five highest-paid employed | es (other than those included | on line 1 – see ins | tructions). If non | e, enter | | | |
| | "NONE." | | | | | | | |
| | | | (b) Title, and average | | (d) Contributions to employee benefit | (a) Ev | pense ac | count |
| | (a) Name and address of each employee paid more | e than \$50,000 | hours per week devoted to position | (c) Compensation | plans and deferred | | r allowan | |
| | | | devoted to position | | compensation | <u> </u> | | |
| NO | NE | | | | | | | |
| | | · | | | ļ | ↓ | | |
| | | | 1 | 1 | 1 | 1 | | |
| | | | 1 | | ļ | ↓ | | |
| | | | 1 | 1 | | 1 | | |
| | | | _ | | | | | |
| | | | | | | | | |
| | | | | <u> </u> | | <u> </u> | | |
| | | | | 1 | İ | | | |
| | | | <u> L</u> | <u> </u> | <u></u> | <u> </u> | | |
| Tota | I number of other employees paid over \$50,000 | | | | | <u> </u> | _ـــــــــــــــــــــــــــــــــــــ | 0 |
| | | | | | F | om 99 | 0-PF | (2014 |

| Part VIII Inform | ne Victoria Velie Henry Family nation About Officers, Directors, Trustees, Found | 41–1967188 ation Managers, Highly Paid E | Pag Employees, |
|----------------------------------|--|---|-------------------|
| | ontractors (continued) Independent contractors for professional services (see instru | ctions). If none, enter "NONE." | |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | | |
| | | | |
| | | | |
| | | | |
| otal number of others re | ceiving over \$50,000 for professional services | | • |
| Part IX-A Sum | mary of Direct Charitable Activities | | |
| | t direct charitable activities during the tax year. Include relevant statistical information si iaries served, conferences convened, research papers produced, etc. | uch as the number of | Expenses |
| grant pro | ria Velie Henry Family Foundation gram and does not get involved was a activities. | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| | | | |
| | mary of Program-Related Investments (see instruc | ctions) | |
| | m-related investments made by the foundation during the tax year on lines 1 and 2 | | Amount |
| 1 N/A | | | |
| 2 | | | |
| All other program-related invest | ments See instructions | ···· | |
| Total. Add lines 1 through | | | |

Form **990-PF** (2014)

| • | Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes | 1 1 | |
|---|---|-----------|--------|
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 26,000 |
| b | Program-related investments – total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 26,000 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | | |
| | Enter 1% of Part I, line 27b (see instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 26,000 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the f | oundation | |

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

Excess from 2012 Excess from 2013 Excess from 2014

| Pa | ert XIV Private Operating For | undations (see in | structions and Pai | t VII-A, question 9 |) | |
|-----|--|-------------------------|--------------------------|-----------------------------|---------------------|---------------|
| 1a | | | | • | | |
| | foundation, and the ruling is effective for | 2014, enter the date of | of the ruling | • | | |
| b | Check box to indicate whether the found | | | bed in section 49 | 942(J)(3) or 4942 | (ı)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| | income from Part I or the minimum | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) Total |
| | investment return from Part X for | | | | | |
| | each year listed | | | | | |
| b | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed | | | | | |
| d | Amounts included in line 2c not used directly | | | | | |
| | for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities | | İ | | | |
| | 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 | | | | | |
| | (2) Value of assets qualifying under | | | | | |
| | section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test - enter 2/3 | | | | | |
| | 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 | urt XV Supplementary Inform | nation (Complete | this part only if | the foundation h | ad \$5 000 or more | in assets at |
| . • | any time during the y | * | • | o ioanaation ii | uu 40,000 oi iiioio | iii doodto at |
| 1 | Information Regarding Foundation Ma | | | | | |
| а | List any managers of the foundation who | = | re than 2% of the total | contributions received | by the foundation | |
| | before the close of any tax year (but only | | | | • | |
| | N/A | | | | | |
| b | List any managers of the foundation who | own 10% or more of | the stock of a corporat | ion (or an equally large | e portion of the | |
| | ownership of a partnership or other entity | y) of which the foundar | tion has a 10% or grea | ter interest. | | |
| | N/A | | | | | |
| 2 | Information Regarding Contribution, | | | | | |
| | Check here X if the foundation only | y makes contributions | to preselected charita | ble organizations and o | does not accept | |
| | unsolicited requests for funds. If the four | ndation makes gifts, gi | ants, etc (see instruct | tions) to individuals or | organizations under | |
| | other conditions, complete items 2a, b, c | c, and d | - | | | |
| а | The name, address, and telephone num | ber or e-mail address | of the person to whom | applications should be | e addressed | |
| | N/A | | | | | |
| | | | | | | |
| b | The form in which applications should be | e submitted and inform | nation and materials th | ey should include | | |
| | N/A Any submission deadlines | | <u> </u> | | · | |
| | N/A | | | | | |
| d | Any restrictions or limitations on awards | , such as by geograph | ical areas, charitable f | ields, kinds of institution | ons, or other | |
| | factors | | | | | |
| | N/A | | | | | |

Page 11

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year See Statement 6 25,925 Total ▶ 3a 25,925 **b** Approved for future payment N/A Total ▶ 3b

| Det VIII & Analysis of Income Days | | <u>y 31 .</u> | 190710 | | Page 17 |
|--|-------------------------------|---|--|---|--|
| Part XVI-A Analysis of Income-Proc | | | T 5t 4.41 | | · |
| Enter gross amounts unless otherwise indicated | (a) Business code | (b) Amount | (c) Exclusion code | y section 512, 513, or 514 (d) Amount | (e) Related or exempt function income (See instructions) |
| 1 Program service revenue | | | + + | | (000 1101 001013) |
| a | | | + + | | |
| b | | | + | • | |
| c | | | + | | -· |
| d | | | + | | |
| e | | <u> </u> | | | |
| g Fees and contracts from government agencies | | | 1 | | |
| 2 Membership dues and assessments | · | | + - + | | |
| 3 Interest on savings and temporary cash investmen | ts - | | 14 | 1 | <u> </u> |
| 4 Dividends and interest from securities | | | 14 | 32,220 | |
| 5 Net rental income or (loss) from real estate | | | 1 | | |
| a Debt-financed property | ļ | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | *** |
| 7 Other investment income | | | † | | |
| 8 Gain or (loss) from sales of assets other than invei | ntory | | 18 | 5,146 | * * |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a | | | | | |
| b RECOVERY OF PREV CONTRI | BUTION | | | | 1,000 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | | | 37,367 | 1,000 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 38,367 |
| (See worksheet in line 13 instructions to verify calculate | | | | | |
| Part XVI-B Relationship of Activities | | | | | |
| Line No. Explain below how each activity for v | | | | | |
| ▼ accomplishment of the foundation's N/A | exempt purposes (other than t | by providing funds for | or such pur | ooses) (See instructio | ns) |
| N/A | | | | | |
| | | | | ·································· | |
| | | | | | |
| | | | | | |
| | | - | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | <u> </u> |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | - | | | · | |
| | | ··· | | | |
| | | | · | · | |
| | | | · <u></u> | | |
| | | | | <u>.</u> | ······································ |
| | · | | | | |
| | | | | | |
| | | · · · | | | |
| | | - · · · · · · · · · · · · · · · · · · · | | | |

| Pi | HYA JIE | Exempt Organiz | _ | ansters to an | a iransactio | ns and Relations | iips wit | n Noncharita | DIE | | |
|------|-------------|---|-------------------|-------------------------|-----------------------|------------------------------|----------------|------------------------|----------------|----------|------------|
| 1 | Did the or | ganization directly or ind | | e in any of the fol | lowing with any o | other organization descr | nbed | | | Yes | No |
| | | 501(c) of the Code (other | | - | | • | | | | | |
| | organizatio | | | , | , | | | | | - | |
| а | Transfers | from the reporting found | dation to a no | oncharitable exemp | pt organization o | f | | | | | į |
| | (1) Cash | | | | | | | | 1a(1) | | _X_ |
| | (2) Other | assets | | | | | | | 1a(2) | | X_ |
| b | Other tran | sactions | | | | | | | | | |
| | (1) Sales | of assets to a noncharit | able exempt | organization | | | | | 1b(1) | | _X_ |
| | (2) Purch | ases of assets from a ne | oncharitable | exempt organizati | on | | | | 1b(2) | | <u>X</u> _ |
| | (3) Renta | l of facilities, equipment | , or other ass | sets | | | | | 1b(3) | | <u>X</u> |
| | • • | oursement arrangements | S | | | | | | 1b(4) | | X |
| | • • | or loan guarantees | | | | | | | 1b(5) | | X |
| | • • | mance of services or m | | - | | | | | 1b(6) | | X |
| | | facilities, equipment, m | | | | 0.5 1 . 14 . 1 | | | 1c | | <u>X</u> |
| d | | ver to any of the above i | | | | · · | | | | | |
| | | e goods, other assets, only transaction or sharing | _ | | - | | | | | | |
| | (a) Line no | (b) Amount involved | | e of noncharitable exem | | 1 | | nsactions, and sharing | | ents | |
| N/. | | (b) Anodik involved | (C) Ivalili | o or norrelandable exem | pr organization | (a) bescription of | uansiers, irai | nsactions, and snaring | anangeme | | |
| | <u></u> | | | | | | | | | | |
| | | | | | | | | <u> </u> | | | |
| | | | - | | | | | | | • | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | - | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2a | | ndation directly or indirec | - | | | · · · | | | | 177 | 1 |
| | | in section 501(c) of the | | than section 501(| c)(3)) or in section | n 5277 | | | Y | es X | No |
| D | if fes, co | omplete the following so (a) Name of organization | nequie | (b) Type of o | erganization | <u> </u> | (c) Descripti | ion of relationship | | | |
| | N/A | (a) Name of Organization | | (b) Type or c | n ganization | | (c) Descripti | ion of relationship | | | |
| | 11/11 | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | |
| | | () | | | | | | | | | |
| | | 1 | | | | | | | | | |
| | | penalties of penjury, I declare the | | | | | | ny knowledge and bel | ef, it is truc | э, | |
| | \ Copeci, | and complete Declaration of | preparer (otner i | tnan taxpayer) is based | on all information of | wnich preparer has any knowl | eage | May the IRS d | scuss this r | etum | |
| Sig | y | 1 | / | | | | α | with the prepa | | _ | ٦ l |
| -ler | | 14. 11/ | | | .~ | 0.10 | // // | (See instructio | 1S) 7 | Yes | No |
| | N _ | lectoreix by M | my/ | | 8-8 | 14-20B | 1040 | at | | | |
| | Sig | gnature of officer or trustee | | | Date | / /1 | Title | | | | |
| | Print | Type preparer's name | | | Preparer's signatu | | | Oat the | , | Check | nf f |
| aic | 1 | , O | _ | • | | ٤, | 0.4 | 8/2 | س./ر | self-em | ployed |
| | parer \ | arcy kasm | ussen | | Marcy | Jamuse a | | 1/2 | 1113 | <u> </u> | |
| • | Only Firm' | | | | erlach & | Brazil, LTI | <u> </u> | PTIN | | | |
| | Firm' | | | Parkway, | Suite 30 | U | | Firm's EIN | | 0 - | ~~ |
| _ | | St. | Paul, N | MN 55116 | -T800 | | | Phone no 65 | 1-69 | | |
| | | | | | | | | | Form 99 | 9U-Yt | (2014) |

64 -5

98

200

HENRYFOUND Capital Gains and Losses for Tax on Investment Income Form 990-PF 2014 04/01/14 , and ending For calendar year 2014, or tax year beginning 03/31/15 Name **Employer Identification Number** The Victoria Velie Henry Family Foundation 41-1967188 (b) How acquired P-Purchase D-Donation (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) DREYFUS APPRECIATION FD P 05/19/11 05/06/14 (1) MFS SER TR EMERGING MKTS P 05/19/11 05/06/14 (2) DODGE & COX STK FD 06/20/11 P 08/29/14 (3)JPMORGAN INTREPID VALUE FD P 05/19/11 08/29/14 (4)VIRTUS EMERGING MARKETS P 10/04/11 08/29/14 (5) THORNBURG INVT TR INVT INC BUILDER P 05/19/11 08/29/14 (6)09/12/13 WF TR EMERGING MARKETS EQUITY 09/03/14 P (7)AMER CENTY GROWTH FD P 06/20/11 09/03/14 (8)COHEN & STEERS RLTY P 05/19/11 09/03/14 (9) DREYFUS APPRECIATION FD P 05/19/11 09/03/14 (10)(11) MFS TR EMERGING MKTS DEBT FD P 05/19/11 09/03/14 HEARTLAND GROUP VALUE PLUS FD P 10/03/11 09/03/14 (13)OPPENHEIMER INTL BD FD P 05/19/11 09/03/14 VIRTUS EMERGING MKTS P 10/04/11 09/03/14 RS INVT TR VALUE FD (15)P 05/19/11 09/03/14 (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) 1,149888 261 (1) 851 836 15 (2) 1,252 756 496 (3)799 162 637 (4) 365 484 119 (5)1,465 1,318 147 (6) 1,001 903 98 (7)609 450 159 (8)705 619 (9)86 373 276 (10)97 10. 462 10,234 228 (11)64 175 111 (12)(13)58 63 -5 392 294 98 (14)737 537 (15)200 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus II (k), but not less than -0-) OF Losses (from col. (h)) (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (j), if any 261 (1) 15 (2)496 (3)637 (4) 119 (5) 147 (6)98 (7) 159 (8) 86 (9) 97 (10)

(11)(12)

(13)

(14)

(15)

-21

Capital Gains and Losses for Tax on Investment Income Form 990-PF 2014 04/01/14 and ending For calendar year 2014, or tax year beginning 03/31/15 **Employer Identification Number** Name The Victoria Velie Henry Family Foundation 41-1967188 (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 (C) Date acquired (d) Date sold (mo, day, yr) (mo day, vr) D-Donation PIMCO MGMT SER TOTAL RETURN FD P 10/02/14 Various (1) PIMCO MGMT SER TOTAL RETURN FD P 10/02/14 (2)Various FIDELITY ADVISOR STRAT INCOME FD 01/20/15 P 10/03/14 (3)AMG MANAGERS BOND FD P **Various** 01/20/15 (4)AMER CENTY GROWTH FD 06/20/11 P 01/20/15 (5)COHEN & STEERS RLTY P Various 01/20/15 (6)COX STK FD 06/20/11 01/20/15 DODGE P & (7)DREYFUS APPRECIATION FD P 05/19/11 01/20/15 (8)GOLDMAN SACHS STRATEGIC INCOMD FD P 09/12/13 01/20/15 (9) ARTIO GLOBAL INVT FDS P 10/03/11 01/20/15 (10)ABERDEEN TOTAL RETURN BD FD P 10/03/11 01/20/15(11) $ar{\mathtt{p}}$ MFS SER EMERGING MKTS DEBT FD 09/05/12 01/20/15 (13) METROPOLITAN TOTAL RETURN BD FD P 05/19/11 01/20/15 JPMORGAN INTREPID VALUE FD 01/20/15 P 05/19/11 OPPENHEIMER SR FLOATING RATE FD (15)P 09/12/13 01/20/15 (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) 1,786 1,785 1 (1) 38,929 (2) 39,414 -485792 815 -23 (3) 2,105 1,989 116 (4) 2,240 2,048 192 (5) 2,419 1,930 489 (6)1,715 1,077 (7)638 2,079 1,615 464 (8)869 904 -35(9) 2,733 2,833 (10)-100 638 -23 661 (11)516 568 -52 (12)3,165 3,024 141 (13)2.079 1,474 605 (14)603 (15)624 -21 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 (i) (1) -485 (2) (3) -23 116 (4) (5) 192 489 (6) 638 (7)464 (8) -35(9)-100 (10)-23 (11)-52 (12)141 (13)

(14)

(15)

| Form 990-PF | - | I Gains and Losses | for Tax on Inv 04/01/14 | | | 2014 |
|---------------------------------------|---|---|---|--|--|--|
| | For calendar year | 2014, or tax year beginning | 04/01/14 | , and ending | 03/31/15 | atification Number |
| The Victori | a Velie He | enry Family | | | Employer ide | ntification Number |
| Foundation | | ı ı damırı | | | 41-1967 | 188 |
| | List and describe the kind(s 2-story brick warehouse, or |) of property sold, e.g., real estate, 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) |
| (1) AMERICAN | EUROPACIFI | C GROWTH FD | | P | 09/04/12 | 01/20/15 |
| | RS SMALL C | AP GROWTH FD | | P | 05/19/11 | 01/20/15 |
| | ER INTL BD | | | P | 05/19/11 | 01/20/15 |
| · - | | AP GROW FD | | P | Various | 01/20/15 |
| | ALUE FD | | | P | 05/19/11 | 01/20/15 |
| | | ME BUILDER FD | | P | 05/19/11 | 01/20/15 |
| \ | AGE ENDEAV | OR SELECT FD | | P | 06/20/11 | 01/20/15 |
| (8) | | | | | | |
| (9) (10) | | | | | | · · · - · · · · · · · · · · · · · · · · |
| (11) | | | | | <u> </u> | |
| (12) | | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| (e) Gross sales pric | e | f) Depreciation allowed (or allowable) | (g) Cost or other plus expense of | basis sale | (h) Gain (e) plus (f) | or (loss) minus (q) |
| (1) | 326 | · · · · · · | · · · | 262 | 1 | 64 |
| <u> </u> | 808 | | | 685 | | 123 |
| | 426 | | | L,601 | | -175 |
| (4) 1 , | 307 | | | L,331 | | -24 |
| (5) 	 1, | 182 | | | 985 | | 197 |
| (6) 1, | 970 | | | L,877 | | 93 |
| · · · · · · · · · · · · · · · · · · · | 028 | | · · · · · · · · · · · · · · · · · · | 767 | | 261 |
| (8) | | | | | ļ | |
| (9) | · · · · · | | | | | |
| (10) (11) | | | | | | |
| (12) | · · · · · · · · · · · · · · · · · · · | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| Complete only for as | ssets showing gain in | column (h) and owned by the fo | undation on 12/31/69 | | (0) | |
| (i) FMV as of 12/31/ | 769 | (j) Adjusted basis as of 12/31/69 | (k) Excess of cover col (j), if | col (ı) any | col (k), but not les Losses (from | I (h) gain minus ss than -0-) Or i col (h)) |
| (1) | | | | | | 64 |
| (2) | | | | | | 123 |
| (3) | | | -· | | <u> </u> | -175 |
| (4) | | | | | | -24 |
| (5) | | | | | | 197 |
| (6) | | - | | | | 93 261 |
| (7) | | - | | | | 201 |
| (8) (9) | - | | | · ···· | | |
| (9) (10) | | | · <u>·</u> | | | |
| (11) | | | | | | |
| (12) | | | | | 1 | |
| (13) | | | | | | |
| (14) | | | · · · · · · · · · · · · · · · · · · · | | | |

(15)

HENRYFOUND The Victoria Velie Henry Family

41-1967188 FYE: 3/31/2015

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

| Description | Rey | Revenue per Books | Net Investment Income | Adjusted Net Income |
|-------------------------------|-----|----------------------|--------------------------|------------------------|
| RECOVERY OF PREV CONTRIBUTION | S | 1,000 | ω | v. |
| Total | ς, | 1,000 | \$ | \$ |
| | | | | |

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

| Adjusted Charitable Net Purpose |
|---------------------------------|
|---------------------------------|

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

| Description | | Total | N Inves | Net Investment | Adju | Adjusted Net | P. Ch | Charitable Purpose |
|---------------|----|-------|------------|-------------------|---------|-----------------|------------|-----------------------|
| | ᡐ | | ᡐ | | ςş | | ‹ › | |
| Expenses | | | | | | | | |
| MN FILING FEE | | 75 | | | | | | 75 |
| Total | \$ | 75 | S | 0 | ۍ «ک | 0 | φ | 75 |

Statement 4 - Form 990-PF, Part II, Line 10a - US and State Government Investments

| Fair Market Value | 269 | 269 |
|----------------------|---------------------------------|-------|
| Fair | φ | \$ |
| Basis of Valuation | Cost | |
| End of Year | 1,093 | 1,093 |
| | ٠٠ | ςς |
| Beginning of Year | 1,256 | 1,256 |
| 8 0 | \$ | \$ |
| Description | Govt Natl MTG Assn, pool 182112 | Total |

HENRYFOUND The Victoria Velie Henry Family

41-1967188 FYE: 3/31/2015

Federal Statements

Statement 5 - Form 990-PF, Part II, Line 13 - Other Investments

| Description | | ar | | 5 🛌 | Valuation | | e l |
|--------------------------------------|--------------|---------|------------|---------|-----------|------------|---------|
| | የ ጉ | 16,193 | ᡐ | 16,193 | S | ‹› | 22,381 |
| Nationwide Highmark Small Cap | | , 46 | | 1,46 | Cost | | 6,89 |
| Amer Centy Growth Fd | | 9,39 | | 2,14 | 0.5 | | 4,86 |
| Cohen & Steers Rlty Shares | | 9,16 | | 7,26 | 0.5 | | 9,17 |
| Dodge & Cox Stk Fd | | 5,70 | | 9,95 | OS | | 8,79 |
| ecia | | , 94 | | 2,74 | 0.5 | | 8,02 |
| pacific Growth Fd | | 1,48 | | 1,71 | 0.5 | | 5,11 |
| Fidelity Adv Strategic Income Fd | | | | , 58 | 0.5 | | ,20 |
| S | | , 68 | | 9,75 | 0.5 | | 8,96 |
| Ø | | ,85 | | , 11 | 0.5 | | 5,11 |
| Int Total Ře | | 6,15 | | 4,18 | 0.5 | | 3,18 |
| s Bond Fd | • | 3,57 | | 2,13 | 0.5 | | 2,99 |
| Ser Tr Emerging Mkts Debt Fd | | , 16 | | ,46 | 0.5 | | , 57 |
| | | 3,84 | | 1,09 | 0.5 | | 2,60 |
| Value | | 6,73 | | 1,86 | 0.5 | | 9,12 |
| Heartland Value Plus Fd | | 1,76 | | 3,99 | 0.5 | | 5,12 |
| ior Fl | | 9,93 | | 98′ | 0.5 | | 9,59 |
| Intl Bd | | , 92 | | ,04 | 0.5 | | , 62 |
| | | , 64 | | 9,04 | 0.5 | | 9,53 |
| Smallcap & Mid | | 24 | | , 12 | 0.5 | | , 47 |
| Mgmt Ser Total Return | | 9,88 | | | 0.5 | | |
| Pimco Mgmt Ser-Commodity Real Return | | 2,06 | | , 64 | os | | 7,78 |
| | | ,46 | | , 67 | 0.5 | | 0,35 |
| lue Rd | | ,46 | | 1,40 | 0.5 | | 5,09 |
| q Invt Income Buil | | 6,17 | | 4,95 | 0.5 | | 8,95 |
| go Adv Endeav | | , 80 | | 11,348 | 0.5 | | 15,013 |
| s Fargo Emerging Mkts Equity Fd | | 5 | | 0,1 | OS | | 9,0 |
| Total | _የ | 484,258 | የ ን | 481,885 | | ‹ › | 530,612 |

HENRYFOUND The Victoria Velie Henry Family

Federal Statements

FYE: 3/31/2015

41-1967188

1,000 2,100 5,000 250 500 1,000 100 1,000 800 500 009 500 200 006 100 300 1,000 Amount & HUMAN SERVICES & HUMAN SERVICES HEALTH & HUMAN SERVICES HEALTH & HUMAN SERVICES HEALTH & HUMAN SERVICES HEALTH & HUMAN SERVICES HEALTH & HUMAN SERVICES & HUMAN SERVICE HEALTH & HUMAN SERVICE & HUMAN SERVICE HEALTH & HUMAN SERVICE HEALTH & HUMAN SERVICE HEALTH & HUMAN SERVICE Purpose YOUTH DEVELOPMENT YOUTH DEVELOPMENT YOUTH DEVELOPMENT PERFORMING ARTS HEALTH HEALTH HEALTH HEALTH 511 E JOHN CARPENTER FREE 460 1224 E WASHINGTON STREET 41 MADISON AVE, 28TH FL 501(C)(3) 1120 G STREET NW SUITE ഗ 345 Washington Street 54 WILTON ROAD 4550 W 77TH ST SUITE 7301 OHMS LANE SUITE 501(C)(3) 4005 Nicollet Avenue 501(C)(3) 501(C)(3) 501(c)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Status 501(C)(3) 13200 CENTRAL AVE NE 1701 N BEAUREGARD ST 7272 GREENVILLE AVE 1605 Eustis Street 6542 Regency Lane 501c3 Address 7401 METRO BLVD 525 N 7TH ST PO BOX 124 Relationship ORONO FOUNDATION FOR EDUCATION CHILDRENS CANCER RESEARCH FD SAVE THE CHILDREN FEDERATION ALZHEIMERS DISEASE RESEARCH MINNEAPOLIS MN 55435 ST PAUL MN 55108-1219 EDEN PRAIRIE MN 55344 MINNEAPOLIS MN 55439 MINNEAPOLIS MN 55409 MINNEAPOLIS MN 55439 MAPLE PLAIN MN 55359 MINNEAPOLIS MN 55405 ORDWAY CENTER FOR THE PER ALEXANDRIA VA 22311 WASHINGTON DC 20005 MUSCULAR DYSTROPHY ASSN THE WAY OF THE SHEPHERD WOUNDED WARRIOR PROJECT WESTPORT CT 06880 NEW YORK NY 10010 AMERICAN DIABETES ASSN CHILDRENS HOME SOCIETY SHARING & CARING HANDS PHOENIX AZ 85034 ST PAUL MN 55102 Address DALLAS TX 75231 IRVING TX 75062 BLAINE MN 55434 Name AMERICAN HEART ASSN FOR THE HUNGRY INNER CITY TENNIS THE SMILE TRAIN MN PROGRAM FOOD DARE MADD

HENRYFOUND The Victoria Velie Henry Family

Federal Statements

41-1967188 FYE: 3/31/2015

| | Amount | 745 | 7 | 2,000 | | 100 | | 1,000 | | 200 | | 200 | | 100 | | 250 | | 300 | | 1,000 | | 280 | | 350 | | 200 | | 350 | 25,925 |
|---------|---------------------|------------------------|---|-------------------------|--------------------------|-------------------------|-----------------------------|--------------------|-----------------|------------------------|-----------------------------|-------------------------|-----------------------|-------------------------|---------------------|-------------------------|----------------------------|-------------------------|--------------------------|-------------------------|-------------------------|-------------------------|------------------|-------------------------|---------------------------------------|-------------------------|----------------------|---------------------------|--------|
| | Purpose | PERFORMING SPRE | | HEALTH & HUMAN SERVICES | 8 | HEALTH & HUMAN SERVICES | | ENVIRONMENTAL | | ANIMAL WELFARE | | HEALTH & HUMAN SERVICES | | HEALTH & HUMAN SERVICES | | HEALTH & HUMAN SERVICES | | HEALTH & HUMAN SERVICES | | HEALTH & HUMAN SERVICES | | HEALTH & HUMAN SERVICES | | HEALTH & HUMAN SERVICES | | HEALTH & HUMAN SERVICES | | HEALTH & HUMAN SERVICES | |
| Address | Relationship Status | 275 E 4TH ST 501(c)(3) | 29TH FLF | (C) (3) | 1 EAST 33RD ST. 4TH FLOO | | PO BOX 248 | | 424 E. 92ND ST. | 501(C)(3) | 1711 BROADWAY ST. NE | 501(C)(3) | 741 NORTH VERMONT AVE | 501(C)(3) | 200 12TH AVE. S. | 501(C)(3) | 100 WASHINGTON AVE S | 501(C)(3) | 1140 GERVAIS AVE | | 1876 W MINNEHAHA AVE #1 | | 2025 E STREET NW | 501(C)(3) | DISEASE ASSOCIAT 135 PARKINSON AVENUE | | 333 N. MERIDIAN AVE. | 501(C)(3) | |
| Name | Address | MU PERFORMING ARTS | AMERICAN FON FOR SUICIDE PREVENTION 120 WALL STREET | NEW YORK NY 10005 | AUTISM SPEAKS | NEW YORK NY 10016 | LAKE MINNETONKA ASSOCIATION | EXCELSIOR MN 55331 | ASPCA | NEW YORK NY 10128-6804 | LEUKEMIA & LYMPHOMA SOCIETY | MINNEAPOLIS MN 55413 | BRAILLE INSTITUTE | LOS ANGELES CA 90029 | NATIONAL MS SOCIETY | MINNEAPOLIS MN 55415 | SPECIAL OLYMPICS MINNESOTA | MINNEAPOLIS MN 55401 | SECOND HARVEST HEARTLAND | ST PAUL MN 55109-2020 | ARTHRITIS FOUNDATION MN | ST PAUL MN 55104 | | WASHINGTON DC 20006 | AMERICAN PARKINSON DISEASE ASSOC | STATEN ISLAND NY 10305 | FEED THE CHILDREN | OKLAHOMA CITY OK 73107-65 | Total |

| Description Amount Business Code Cod | HENRYFOUND The Victoria 41-1967188 FYE: 3/31/2015 | Federal Statements |
|---|---|-----------------------------------|
| Description Amount Business Code Code Code Obs (\$ or % Interest | | Taxable Interest on Investments |
| Total \$ 1 14 MN Total \$ 1 1 | Description | |
| Total \$ 1 Taxable Dividends from Securities Unrelated Exclusion Postal US Description Amount Business Code Code Code Obs (\$ or % of % of % of % of % of % of % of % | | |
| Description Amount SURVIDENDS AND INTEREST SURVIDENDS AND INTEREST Description Amount Surviness Code Business Code Business Code Code Code Obs (\$ or %) 14 MN | | |
| Description Amount Business Code Code Obs (\$ or % 32,220 14 MN | | Taxable Dividends from Securities |
| DIVIDENDS AND INTEREST \$ 32,220 14 MN | Description | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part and check this box ■ X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part (lon page 2 of this form) Do not complete Part II unlessyou have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Type or Name of exempt organization or other filer, see instructions Employer identification number (EIN) or The Victoria Velie Henry Family print Foundation 41-1967188 Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) 1 Crescent Street File by the due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions filing you return See MN 55391 Wayzata instructions 04 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 06 12 VICTORIA VELIE 1 CRESCENT STREET The books are in the care of ▶ WAYZATA MN 55391 Telephone No ▶ 952-471-9618 FAX No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15/15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year \blacktriangleright X tax year beginning 04/01/14, and ending 03/31/15If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 648 3a b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 2,736 estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

0

EFTPS (Electronic Federal Tax Payment System) See instructions.