Form

Revenue

Administrative

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YAN CENNADO

Return of Private Foundation

OMB	No.	1545-0052

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf For calendar year 2014 or tax year beginning , 2014, and ending 20 A Employer identification number Name of foundation MARIA C VON MAGNUS HENDERSON CHARITABLE TRUST 35-6808786 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) **3 CENTENNIAL DRIVE** 978-278-9300 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here PEABODY, MA 01960 G Check all that apply: Initial return of a former public charity Initial return D 1 Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . 🕨 Fair market value of all assets at J Accounting method: X Cash Accrual F if the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), line under section 507(b)(1)(B), check here 🔒 🕨 16) 🕨 \$ 2,675,168. (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per purposes income income may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule) . 1 Check **X** if the foundation is not required to attach Schedule 2 3 Interest on savings and temporary cash investments. STMT 48,334 48,334 Dividends and interest from securities . . . 4 Ь Net rental income or (loss) 33,769 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 295,674 33,769 Capital gain net income (from Part IV, line 2) . 7 8 Net short-term capital gain. Income modifications Gross sales less returns and allowances 10a h Less. Cost of goods sold Gross profit or (loss) (attach sando) С 213 STMT 11 Other income (attach schedule Total. Add lines 1 316 82,103 12 82 Compensation of officers, directors, trastees, 2015 37,051 27,788 9,263 13 Expenses 14 15 16 Other employee salanes and wages Pension plans, employee beauting Legal fees (attach schedule) 16a 775 NONE 194 Accounting fees (attach schedule)STMT 4 581 b Other professional fees (attach schedule) . . . С 17 Taxes (attach schedule) (see instructions). 5. 2,036 1.416 18 19 Depreciation (attach schedule) and depletion . 20 21 Travel, conferences, and meetings pue 21 Printing and publications 35 26 9 Other expenses (attach schedule) STMT. 6. Total operating and administrative expenses. 39,897 29,811 NONE 9,466. Add lines 13 through 23. 116,554 116,554 Contributions, gifts, grants paid 156,451 29.811 NONE 126.020 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 -74,135 Excess of revenue over expenses and disbursements . .

c Adjusted net income (if negative, enter -0-). JSA For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-)

52,292

art li	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End o	f year
άrc Π	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			· · · · · · · · · · · · · · · · · · ·
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			
-	disgualified persons (attach schedule) (see instructions)			
7				
-	Less. allowance for doubtful accounts			
8	Inventories for sale or use			
	Prepaid expenses and deferred charges			
10.2	Investments-U S and state government obligations (attach schedule)			
	Investments - corporate stock (attach schedule)	2,166,253.	2,092,851.	2,675,16
	Investments - corporate bonds (attach schedule)	2/100/2001		2/0/5/10
11	Investments - land, buildings,		· · · · ·	
	and equipment basis Less accumulated depreciation (attach schedule)			
	(attach schedule)			
12 13	Investments - mortgage loans			······································
14	Investments - other (attach schedule)			
	Land, buildings, and equipment basis Less. accumulated depreciation			
	(attach schedule)		·	
15	Other assets (describe)			
16	Total assets (to be completed by all filers - see the	0 100 050		0 (75 10
	instructions Also, see page 1, item I)	2,166,253.	2,092,851.	2,675,16
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
19 20 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)		NONE	
	Foundations that follow SFAS 117, check here .			
	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted			
25	Temporarily restricted			
26	Permanently restricted			
24 25 26 27	Foundations that do not follow SFAS 117, $\blacktriangleright X$			
	check here and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds	2,166,253.	2,092,851.	
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
28 29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see instructions)	2,166,253.	2,092,851.	
31	Total liabilities and net assets/fund balances (see			
	instructions)	2,166,253.	2,092,851.	
'art ll	Analysis of Changes in Net Assets or Fund Bala	nces		
	al net assets or fund balances at beginning of year - Part I			
end	-of-year figure reported on prior year's return)			2,166,253
Ente	er amount from Part I, line 27a		2	-74,135
Oth	er increases not included in line 2 (itemize) FROUNTINGPART	NEMENT2014, INCLUDED IN	2013 RETURN 3	1,478
	l lines 1, 2, and 3			2,093,596
	reases not included in line 2 (itemize) DAMOUNTS POSTING IN	2015. INCLUDED IN 2014 F	RETURN 5	745
5 Dec	reases not included in time 2 (Renazer PRIODATE FOSTING IN			

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Form 990-PF		and I among for Toward Incom				Page 3
Part IV	(a) List and	and Losses for Tax on Inve d describe the kind(s) of property sold (e rick warehouse; or common stock, 200	e.g , real estate,	(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
1a PUB	LICLY TRADED	SECURITIES	· · · · · ·	D - Donation		
b			· · · · · · · · · · · · · · · · · · ·			
C						
d						
<u>e</u> (e) G	iross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а	295,674.		261,905.			33,769.
b						
С						
<u>d</u>						-
<u>e</u>						
Con	nplete only for assets s	showing gain in column (h) and owned			Gains (Col. (h) ga (k), but not less f	
(i) F M.	V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Losses (from co	
a						33,769.
b						
C						
d						
е						
2 Capit	al gain net income	or (net capital loss)	gain, also enter in Part I, line 7 (loss), enter -O- in Part I, line 7			
		in or (loss) as defined in sections 1 art I, line 8, column (c) (see inst	222(5) and (6):	2		33,769.
				3		
Part V		Jnder Section 4940(e) for Redu private foundations subject to the				<u>.</u>
Was the f	oundation liable for	leave this part blank. the section 4942 tax on the distrib not qualify under section 4940(e). [ase perio	d?	Yes X No
		nount in each column for each year,		g any ent	ries.	
Ba	(a) ise period years ar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
	2013	149,010.	2,525,971.			0.058991
	2012	102,949.	2,406,028.			0.042788
	2011	115,450.	2,397,916.			0.048146
	2010 2009	<u>88,476.</u> 69,122.	<u>2,271,590.</u> 1,972,641.	·····		0.038949
	2009	09,122.	1,972,041.			0.033040
2 Total	of line 1, column (d	٠		2		0.223914
		o for the 5-year base period - divide			<u> </u>	
	-	ndation has been in existence if less		3		0.044783
4 Enter	the net value of no	ncharitable-use assets for 2014 fro	m Part X, line 5	4	2,	634,961.
5 Multi	ply line 4 by line 3			5		118,001.
6 Enter	1% of net investme	ent income (1% of Part I, line 27b)		6		523.
7 Add	lines 5 and 6			7	<u>.</u>	118,524.
8 Enter If line	r qualifying distribut e 8 is equal to or q	ions from Part XII, line 4 reater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	<u>126,020.</u> x rate. See the
	VI instructions.					990-PF (2014)

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`Par t	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	<u>s)</u>
1à	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		5	23.
	here 🕨 🗴 and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of 丿			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-} 2			
3	Add ines 1 and 2			23.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			IONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		5	23.
6	Credits/Payments.			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 865.			
b	Exempt foreign organizations - tax withheld at source			-
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld		-	
7	Total credits and payments. Add lines 6a through 6d		5	<u>865.</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			42.
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax > 342. Refunded > 11			
	VII-A Statements Regarding Activities			
1 a	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?	<u>1a</u>		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	16		v
	Instructions for the definition)?	1b		<u>X</u>
	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-		v
	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>
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 ► \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			;
	foundation managers. \$	2		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-		
~	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		Х
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
48	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
5	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:			
Ŭ	 By language in the governing instrument, or 			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	Х	
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)			
ь	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	
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,"			
	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
		0.0	A DE	

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•Par	t VII-A Statements Regarding Activities (continued)			
	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		<u>X</u>
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		<u> </u>
13		13	X	
	Website address			
14	The books are in care of ► FAMILY CAPITAL TRUST COMPANY Telephone no. ► (978) 278:	930	<u>0</u>	
	Located at ► 3 CENTENNIAL DRIVE, PEABODY, MA ZIP+4 ► 01960			-r
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	•••	🕨	
4.0	and enter the amount of tax-exempt interest received or accrued during the year.		Yes	No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		162	X
	over a bank, securities, or other financial account in a foreign country?	16		<u></u>
-	Yes," enter the name of the foreign country ►		-	-
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	dısqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10		
~	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
Ŭ	were not corrected before the first day of the tax year beginning in 2014?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years 🕨			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	_		77
	all years listed, answer "No" and attach statement - see instructions)	2b		<u> </u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2.	▶			
3a	at any time during the year?			
h	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			
	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.)	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 2014?	4b		X
	Fo	rm 99	V-PF	(2014)

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Part	VII-B Statements Regarding Activities	for Which Form 4	720 May Be Req	uired (continued)		
5`a	During the year did the foundation pay or incur any amo	unt to				
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	YesX No	b	
	(2) Influence the outcome of any specific public el					
	directly or indirectly, any voter registration drive?			. Yes X No	>	
	(3) Provide a grant to an individual for travel, study, or	other similar purposes		. Yes X No		
	(4) Provide a grant to an organization other than a					
	section 4945(d)(4)(A)? (see instructions)			. Yes X No	>	
	(5) Provide for any purpose other than religious, o	haritable, scientıfic,	literary, or educationa	۱ <u> </u>		
	purposes, or for the prevention of cruelty to childrer	or animals?		. Yes X No	>	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	ceptions described in	ן ו י	
	Regulations section 53.4945 or in a current notice rega	rding disaster assistan	ce (see instructions)?		<u>5b</u>	
	Organizations relying on a current notice regarding disa	ster assistance check	here	•		
c	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax		
-	because it maintained expenditure responsibility for the	grant?		. Ves No	>	
	If "Yes," attach the statement required by Regulations se	ction 53.4945-5(d).				
6a	Did the foundation, during the year, receive any fu		ectly, to pay premiur			
	on a personal benefit contract?				>	· · ·
b	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	ct?	. 6b	<u> </u>
	lf "Yes" to 6b, file Form 8870.					
7a	At any time during the tax year, was the foundation a pa				- I.	
b		any net income attri	outable to the transacti	on?	. 7b	
Part	VIII Information About Officers, Directo and Contractors	ors, Trustees, Fou	Indation Manager	s, Highly Paid Em	ployees,	
1	List all officers, directors, trustees, foundation m		compensation (see	instructions).		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense	
		devoted to position	enter -0-)	and deferred compensation	other allo	vances
FAMIL	Y CAPITAL TRUST COMPANY	AGENT FOR THE TR				
3 CEN	TENNIAL DR, PEABODY, MA 01960	1	37,051.	-0-		-0
	······································					
	Organization of five bighest noid employees	lathay than the	a included on lin		one) If no	no ontor
2	Compensation of five highest-paid employees	(other than thos	se included on line	e 1 - see instruction	ons). If no	ne, enter
	"NONE."	(other than thos (b) Title, and average	e included on lin	(d) Contributionsto		
		(b) Title, and average hours per week	e included on line	(d) Contributionsto employee benefit plans and deferred	ons). If no (e) Expense other allo	account,
	"NONE."	(b) Title, and average		(d) Contributions to employee benefit	(e) Expense	account,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributionsto employee benefit plans and deferred compensation	(e) Expense other allo	account, wances
	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributionsto employee benefit plans and deferred	(e) Expense other allo	account,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributionsto employee benefit plans and deferred compensation	(e) Expense other allo	account, wances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributionsto employee benefit plans and deferred compensation	(e) Expense other allo	account, wances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributionsto employee benefit plans and deferred compensation	(e) Expense other allo	account, wances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributionsto employee benefit plans and deferred compensation	(e) Expense other allo	account, wances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributionsto employee benefit plans and deferred compensation	(e) Expense other allo	account, wances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributionsto employee benefit plans and deferred compensation	(e) Expense other allo	account, wances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributionsto employee benefit plans and deferred compensation	(e) Expense other allo	account, wances
(a) <u>NONI</u>	"NONE." 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 NONE	(e) Expense other allo <u>NC</u>	account, wances

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Párt VIII	Information About Officers, Directors, Trustees, Foundation M and Contractors (continued)	anagers, Highly Paid Emplo	yees,
3 Five h	ighest-paid independent contractors for professional services (see inst	ructions). If none, enter "NONE	11
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
<u>N/A</u>			
			NONE
<u> </u>			
			-
Total numb	er of others receiving over \$50,000 for professional services	• • • • • • • • • • • • • • • • • • •	NONE
Part IX-A	Summary of Direct Charitable Activities		
			<u></u>
	ndation's four largest direct charitable activities during the tax year Include relevant statistic is and other beneficiaries served, conferences convened, research papers produced, etc	al information such as the number of	Expenses
1 <u>N/A</u>			
2			
3			
<u></u>		•	
4			
Part IX-B	Summary of Program-Related Investments (see instructions)		
· · · ·	e two largest program-related investments made by the foundation during the tax year on lines 1	and 2	Amount
1N/A			·
		_	
2			
	ogram-related investments. See instructions		
3NONE			
Total Add	ines 1 through 3		······
			Form 990-PF (2014)

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Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foun	dations,
	see instructions.)	r - r	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	1a	C C 75 007
	Average monthly fair market value of securities		2,675,087. NONE
	Average of monthly cash balances		NONE
	Fair market value of all other assets (see instructions)	1d	2,675,087.
d	Total (add lines 1a, b, and c)		2,013,001.
е			
2	1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets	2	NONE
2		3	2,675,087.
3 4	Subtract line 2 from line 1d		2,013,001.
4 –		-4 -	40,126
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,634,961.
6	Minimum investment return. Enter 5% of line 5	1	131,748.
Part			
i ai t	and certain foreign organizations check here	uations	
1	Minimum investment return from Part X, line 6	1	131,748.
2 a	Tax on investment income for 2014 from Part VI, line 5		
za b	Income tax for 2014. (This does not include the tax from Part VI.). 2b		
	Add lines 2a and 2b	20	523.
с Э	Distributable amount before adjustments. Subtract line 2c from line 1		131,225.
3 4	Recoveries of amounts treated as qualifying distributions		NONE
+ 5	Add lines 3 and 4		131,225.
6	Deduction from distributable amount (see instructions).		NONE
0 7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
'			131,225.
		_	
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	126,020.
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	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	126,020.
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	523.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	125,497.
v	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when a qualifies for the section 4940(e) reduction of tax in those years.		

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	990-PF (2014)		,		Page 9
Pa	rt XIII Undistributed Income (see instru	ictions)	······································		<u>-</u>
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI,	Corpus		2013	
	line 7			·	131,225.
2	Undistributed income, if any, as of the end of 2014.			20,553.	
	Enter amount for 2013 only		NONE		
-	Total for prior years 20,20,20		NONE		<u>,</u>
3	Excess distributions carryover, if any, to 2014:				
a	From 2009				
D		:			
с 					
ű	From 2012				
	Total of lines 3a through e	NONE			
	Qualifying distributions for 2014 from Part XII,				
•	line 4 \blacktriangleright \$ 126,020.				
а	Applied to 2013, but not more than line 2a			20,553.	
	Applied to undistributed income of prior years				······································
b	(Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election				
·	required - see instructions)	NONE			
d	Applied to 2014 distributable amount				105,467.
е	Remaining amount distributed out of corpus	NONE			
5	Excess distributions carryover applied to 2014	NONE			NONE
	(If an amount appears in column (d), the same amount must be shown in column (a).)				•
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b	Prior years' undistributed income Subtract		NONE		
	line 4b from line 2b Enter the amount of prior years' undistributed		<u>NONE</u>		,
C	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		NONE		
	tax has been previously assessed	· ··_	NONE		
d	Subtract line 6c from line 6b Taxable		NONE		
е	amount - see instructions Undistributed income for 2013. Subtract line		NONE	·	
•	4a from line 2a. Taxable amount - see				
	instructions				<u>`</u>
f	Undistributed income for 2014 Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2015				25,758.
7	Amounts treated as distributions out of corpus				·
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONE			
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9:				
а	Excess from 2010 NONE				
b	Excess from 2011 NONE				
C	Excess from 2012 NONE	{			
d	Excess from 2013 NONE	{			
e	Excess from 2014 NONE			I	C 000 DE (0044)

Form 990-PF (2014)

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Forn	n 990-RF (2014)			35-6	808786		Page 10
Pa	rt XIV Private Ope	erating Foundations	(see instructions ar	nd Part VII-A, questi	on 9)	NOT	APPLICABLE
1à	If the foundation has r	eceived a ruling or d	etermination letter that	it is a private opera	ating		
	foundation, and the ruling	is effective for 2014, ent	ter the date of the ruling				
b	Check box to indicate w	hether the foundation	is a private operating f	oundation described in	section	4942(j)(3) or	4942(j)(5)
2.	Enter the lesser of the ad-	Tax year		Prior 3 years			
28	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011		(e) Total
	I or the minimum investment						
	return from Part X for each year listed						
Ь	85% of line 2a						
		<u> </u>		<u> </u>			
C	 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						
-	 Qualifying distributions made directly for active conduct of 						
	exempt activities Subtract line						
3	2d from line 2c Complete 3a, b, or c for the					·····	
3	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)						<u></u>
b	Endowment alternative test-						
	enter 2/3 of minimum invest-						
	ment return shown in Part X, line 6 for each year listed						
C	"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)(m)						<u> </u>
	(3) Largest amount of sup- port from an exempt organization						
	(4) Gross investment income					1	
Pa		tary Information () during the year - se		only if the found	ation had \$5	,000 or mo	ore in assets
	at any time	uuning me year • S	cc manuuuuus./				

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

N/A

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

N/A

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

Check here \blacktriangleright X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

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

c Any submission deadlines:

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

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Grants and Contributions Paid During the Ye Recipient If recipient If recipient	ai oi rippioida idi i		
	is an individual, Foundation		A
Name and address (home or business) any found or substar	is an individual, relationship to lation manager ntial contributor	Purpose of grant or contribution	Amount
a Paid during the year			
rvard University			
4 MOUNT AUBURN STREET CAMBRIDGE MA 02138 NONE	N/A	SCHOLARSHIP	58,277.
fts University			
GEORGE STREET, 3RD FLOOR MEDFORD MA 02155 NONE	N/A	SCHOLARSHIP	58,277.
Total			116,554.
b Approved for future payment			

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Form 990-PF (2014)	aine Astiviti				Page 12		
Part XVI-A Analysis of Income-Produ	1	es d business income	Evaluad by a	ection 512, 513, or 514	(e)		
Enter gross amounts unless otherwise indicated	(a)	(b)	(c)	(d)	Related or exempt function income		
1 Program service revenue. a	Business code	Amount	Exclusion code	Amount	(See instructions)		
a b		······································					
cd			-				
d e							
f							
g Fees and contracts from government agencies2 Membership dues and assessments							
3 Interest on savings and temporary cash investments					· · · · · · · · · · · · · · · · · · ·		
4 Dividends and interest from securities			14	48,334.			
5 Net rental income or (loss) from real estate: a Debt-financed property							
b Not debt-financed property		· · ·					
6 Net rental income or (loss) from personal property .			_				
7 Other investment income			18	33,769.			
 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 			10				
10 Gross profit or (loss) from sales of inventory .							
11 Other revenue: a			14	213.			
b PIMCO TOTAL RETURN c				213.			
d							
e				(00 216			
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				<u> </u>	82,316.		
(See worksheet in line 13 instructions to verify calc	ulations.)						
Part XVI-B Relationship of Activities Line No. Explain below how each activities					ted importantly to the		
▼ accomplishment of the foundati							
					· ·		
	-						
		<u></u>					
			·				
		NOT APPLICAB	LE				
	•			· <u> </u>	<u></u>		
					<u> </u>		
				· · · · · · · · · · · · · · · · · · ·	<u>_</u>		
			<u> </u>				
				· · · · · · · ·			
					<u></u>		
				·	Form 990-PF (2014		

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Form 990-PR (2	014)				35-6808786	Pa	ge 13
Part XVII			sfers To and Tr	ansactio	ns and Relationships With Non	charitable	3
in secti	e organization direct	ly or indirectly en			with any other organization described or in section 527, relating to political	Yes	No
a Transfe	ers from the reportin						
							X
	transactions:						
							X
						1 1	X X
							X
					· , <u>-</u> · · <u>-</u> · · · · · · · · · · · · · · · · · · ·		X
						1 1	X
					es		
value o	of the goods, other	assets, or services	s given by the rep	orting four	dation. If the foundation received less	than fair n	narket
value i		1			value of the goods, other assets, or s		
(a) Line no	(b) Amount involved	(c) Name of none	charitable exempt organi	ization	(d) Description of transfers, transactions, and sha	ring arrangeme	ents
					<u> </u>		
					_		
			<u> </u>				
			····	_			
	· · · · · · · · · · · · · · · · · · ·						
	n						
describ	ped in section 501(c) of the Code (othe			or more tax-exempt organizations	Yes 🗌	X No
	(a) Name of organization		(b) Type of org	anization	(c) Description of relation	iship	
							
Under	r penalties of periupy. I decl	lare that I have examined	i this return, including acc	ompanying sche	edules and statements, and to the best of my knowled	ge and belief, i	t is true,
correc	ct, and complete. Declaration	of preparer (other than taxp	ayer) is based on all informa	tion of which pre	eparer has any knowledge		
Sign	Secot	that	010 000				
Here Sig	nature of officer or trustee	Q	Date				
	Print/Type preparer's na	ame	Progarer's signature				
Paid	GORDON POWER		non				
Preparer	Firm's name 🕨 🕨 🖿	RNST & YOUNG					
Use Only		00 CLARENDON	STREET				
	_LB(OSTON, MA					

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. MARIA C VON MAGNUS HENDERSON CHARITABLE TRUST

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FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
AMERICAN EXPRESS CO APPLE INCORPORATED BARCLAYS BK PLC EIN&SEL MLP ADR BLACKROCK HEALTH SCIENCE FD BLACKROCK STRATEGIC INC CL I CITIGROUP INC COM NEW COLGATE PALMOLIVE CO DANAHER CORPORATION DISNEY (WALT) COMPANY EGA EMERGING GLOBAL SHS TR EGS EMKTCONS EXXON MOBIL CORP GENERAL ELEC CO COM INTEL CORP COM INTERNATIONAL BUSINESS MACHI NE ISHARES BARCLAYS 1-3 YEAR TREASURY BOND JPMORGAN CHASE & CO JOHNSON & JOHNSON COM MATTHEWS ASIAN GR & INC FUND MERCK & CO NEW FED PRIME TAXBL #520 FEDERATED #856 FED PRIME TAXBLE INC NESTLE SA ADR NOVO NORDISK ADR ORACLE CORP COM OPPENHEIMER DEVELOPING MARKETS Y PIMCO TOTAL RETURN INSTL FD ROYAL DUTCH SHELL ADR SCHLUMBERGER LTD COM SELECT SPDR MATERIALS 3M CO UNION PACIFIC UNITED TECHNOLOGIES CORP COM	202. 711. 1,635. 3,339. 8,343. 62. 1,080. 146. 624. 525. 1,593. 1,522. 394. 1,955. 1,077. 1,958. 1,408. 989. 2,886. 17. 1. 2,481. 955. 691. 412. 3,850. 2,136. 794. 421. 770. 722. 1,100.	17. 1. 2,481. 955. 691. 412. 3,850. 2,136. 794. 421.
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STATEMENT 1

. MARIA C VON MAGNUS HENDERSON CHARITABLE TRUST

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	
VISA INC WAL MART STORES INC COM INVESCO LTD		991. 1,224. 1,320.	991. 1,224. 1,320.	
	TOTAL	48,334.	48,334.	

FORM 990PF, PART I - OTHER INCOME

	REVENUE AND EXDENSES
DESCRIPTION	EXPENSES PER BOOKS
PIMCO TOTAL RETURN INSTL FD	213.
TOTA	ALS 213.

STATEMENT 3

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	MARIA	С	VON	MAGNUS	HENDERSON	CHARITABLE	TRUST
•		-					~~~~ -

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME 	CHARITABLE PURPOSES
TAX PREPARATION FEE (NON-ALLOC	775.	581.		194.
TOTALS	775. ========	581. ============	NONE	194. ============

FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
FOREIGN TAXES FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	1,209. 620. 188. 19.	1,209. 188. 19.
TOTALS	2,036.	1,416.

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MARIA C VON MAGNUS HENDERSON CHARITAE	BLE TRUST	35-6	808786
FORM 990PF, PART I - OTHER EXPENSES			· · ·
DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
OTHER ALLOCABLE EXPENSE-PRINCI	35.	26.	9.
TOTALS	35. =====	26. =====	9. ================

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STATEMENT 6

.	`.	1	al Gains and			1	
	HEDULE D rm 1041)		-	OMB No. 1545-0092			
	rtment of the Treasury	► Attach to For Use Form 8949 to list y	rm 1041, Form 5227, our transactions for li		d 10.		2014
	nal Revenue Service	Information about Schedule D a	nd its separate instru	ctions is at www.irs.g	ov/form 1041 Employer identif		
		AGNUS HENDERSON CHARITAE	T.E. TRUST		35-680		
		need to complete only Parts I and II.				<u>, , , ,</u>	<u> </u>
Pai		Capital Gains and Losses - Asse	ets Held One Yea	r or Less			
	instructions for hov lines below.	w to figure the amounts to enter on	(d)	(e)	(g) Adjustment	s	(h) Gain or (loss) Subtract column (e)
		r to complete if you round off cents	Proceeds (sales price)	Cost (or other basis)	to gain or loss f Form(s) 8949, F	Part I,	from column (d) and combine the result with
	hole dollars	· · ·			line 2, column	(g)	column (g)
1a 	1099-B for which l for which you have However, if you ch	term transactions reported on Form basis was reported to the IRS and a no adjustments (see instructions). oose to report all these transactions ve this line blank and go to line 1b.					
	with Box A checke	actions reported on Form(s) 8949 d					
2	with Box B checke	actions reported on Form(s) 8949 d					
3	Totals for all trans with Box C checke	actions reported on Form(s) 8949 d	6,229.	6,656.		г	-427.
4	Short-term capita	l gain or (loss) from Forms 4684, 625	52, 6781, and 8824			4	
5 6	Short-term capita	in or (loss) from partnerships, S corpo al loss carryover. Enter the amour neet	nt, if any, from lin	e 9 of the 2013	Capital Loss	5	()
7		capital gain or (loss). Combine line 3) on the back				7	-427.
Pa		Capital Gains and Losses - Asse					
the	lines below.	w to figure the amounts to enter on	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
to w	hole dollars.	r to complete if you round off cents	(sales price)	(or other basis)	Form(s) 8949, P line 2, column		combine the result with column (g)
8a	1099-B for which I for which you have However, if you ch	erm transactions reported on Form basis was reported to the IRS and a no adjustments (see instructions). oose to report all these transactions ve this line blank and go to line 8b -					
8b		actions reported on Form(s) 8949 d	,				
	with Box E checked	actions reported on Form(s) 8949					
10		actions reported on Form(s) 8949 J	283,183.	255,249.		r	27,934.
11	Long-term capital	gain or (loss) from Forms 2439, 468	4, 6252, 6781, and	18824		_11	
12	Net long-term gai	n or (loss) from partnerships, S corpo	rations, and other e	states or trusts	•••••	12	
13	Capital gain distri	butions	••••			13	6,262.
14 15	Long-term capita	797, Part I	t, if any, from line	14 of the 2013	Capital Loss	14	,
16	Net long-term ca	apital gain or (loss). Combine lines (3) on the back	8a through 15 in	column (h). Enter	here and on	15	
For I		Act Notice, see the Instructions for Forn		•••••		16 hedule	<u>34,196</u> . D (Form 1041) 2014
	0 1.000						
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Schee	lule D (Form 1041) 2014				Page 2
Par	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(2) Total
	Caution: Read the instructions before completing this pa	art.	(see instr.)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			-427.
18	Net long-term gain or (loss):				
а	Total for year	18a			34,196.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
C	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19			33,769.
gains	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 , go to Part V, and do not complete Part IV. If line 19, column (3), is a n ssary.	(or Foi et loss	m 990-T, Part I, line , complete Part IV a	4a). If lines 18a an nd the Capital Loss	d 19, column (2), are net Carryover Worksheet, as
	t IV Capital Loss Limitation				
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art I, lir	ne 4c, if a trust), the s	maller of:	
a	The loss on line 19, column (3) or b \$3,000	•••			()
Note Loss	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover.	page	, line 22 (or Form 9	90-T, line 34), is a l	loss, complete the Capital
Par		S	· · · ·		<u> </u>
	1041 filers. Complete this part only if both lines 18a and 19 in col		2) are gains, or an	amount is entered	in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more				
	ion: Skip this part and complete the Schedule D Tax Worksheet in the i				
	ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				
Forn	990-T trusts. Complete this part only if both lines 18a and 19 a	re gai	ns, or qualified div	vidends are includ	led in income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and c	omplete the Sched	ule D lax worksi	neet in the instructions
ii eit	her line 18b, col. (2) or line 18c, col. (2) is more than zero.				
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4)	. 21		
22	Enter the smaller of line 18a or 19 in column (2)				
	but not less than zero				
23	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 23		<u> </u>		
24	Add lines 22 and 23				
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ► 25				
26	Subtract line 25 from line 24. If zero or less, enter -0-				
27	Subtract line 26 from line 21. If zero or less, enter -0-				
28	Enter the smaller of the amount on line 21 or \$2,500				
29	Enter the smaller of the amount on line 27 or line 28 Subtract line 29 from line 28. If zero or less, enter -0 This amount is			30	
30	Enter the smaller of line 21 or line 26		1 1		· · · · · · · · · · · · · · · · · · ·
31	Subtract line 30 from line 26				
32	Enter the smaller of line 21 or \$12,150		·		
33 34	Add lines 27 and 30				
34 35	Subtract line 34 from line 33. If zero or less, enter -0-		- <u> </u>		
36	Enter the smaller of line 32 or line 35				
37	Multiply line 36 by 15%.		-	37	
38	Enter the amount from line 31				
39	Add lines 30 and 36				
40	Subtract line 39 from line 38. If zero or less, enter -0-				
41	Multiply line 40 by 20%			🕨 41	
42	Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for		1 1		
• -	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				
43	Add lines 37, 41, and 42				
44	Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for				
• •	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		1		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44		-	Schedule	
	G, line 1a (or Form 990-T, line 36)				

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Schedule D (Form 1041) 2014

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Department of the Treasury Internal Revenue Service Name(s) shown on return MARIA C VON MAGNUS HENDERSO Before you check Box A, B, or C statement will have the same in: Brokers must report basis to the Part I Short-Term. Tra transactions, se Note. You may reported to the	C below, see whether your formation as Form 109 a IRS for most stock your ansactions involvi- ee page 2. A aggregate all sho to IRS and for which the 1a; you are not to r C below. Check of 3949, page 1, for ea is, complete as many ins reported on Form(s ns reported on Form(s ns not reported to you (b) Date acquired (Mo, day, yr)	D to list your 1 ou received any 99-B. Either ma bu bought in 20 ing capital as part-term trans n no adjustn required to only one box. ich applicable y forms with the policable y forms with the policable y forms with the policable y forms with the policable y forms with	Form(s) 1099-B o y show your basis 11 or later (and for ssets you held sactions report nents or codes report these tra lf more than one box. If you have the same box ch ing basis was report ng basis was not	substitute states (usually your cost certain debt insi certain debt insi 1 year or less ed on Form(s are required. ansactions on box applies for more short-te ecked as you minuted to the IRS (states)	9, and 10 of S writy number or 6808786 ment(s) from your b truments your b are short-te) 1099-B sh Enter the to Form 8949 or your short- rm transaction transactio	Schedule D. As r taxpayer identification our broker. A substitution broker did not repo- bought in 2014 or erm. For long-for nowing basis v otal directly on a (see instruct) term transaction ons than will fit of	titute ort it to the IRS. later). term vas ions). 15, on this page (h) Gain or (loss). Subtract column (d) a combine the resu with column (g)
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Description of property (Example: 100 sh XYZ Co)	Date acquired) (Mo , day, yr)	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from	(g) Amount of	Subtract column (from column (d) at combine the resu with column (g)
445.548 HENNESSY FDS TR SM	1	09/24/2014	6,229.00	6,656.00			-427.0
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2 Totals. Add the amounts in act negative amounts). Entryour Schedule D, line 1b (if		and (b) (subtra					

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter a adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2014)	Attachment Sequence No 12A Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number
MARIA C VON MAGNUS HENDERSON CHARITABLE TRUST	35-6808786

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

x (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the	Adjustment, if any, to gain or loss. If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and
(Example, 100 sh XYZ Co)	(Mo , day, yr)	dısposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
636. BRIDGELINE DIGITAL, I	12/14/2007	10/07/2014	403.00	2,283.00			-1,880.00
623. BRIDGELINE DIGITAL, I	12/14/2007		392.00	2,237.00			-1,845.00
1009. BRIDGELINE DIGITAL,	12/14/2007		631.00	3,622.00			-2,991.00
1069. BRIDGELINE DIGITAL,	12/14/2007		667.00	3,838.00			-3,171.00
823. BRIDGELINE DIGITAL, I	12/14/2007		495.00	2,955.00			-2,460.00
818. BRIDGELINE DIGITAL, I	12/14/2007		513.00	2,937.00			-2,424.00
22. BRIDGELINE DIGITAL, IN		11/03/2014	13.00	79.00			-66.00
561. BRIDGELINE DIGITAL, I		11/03/2014	338.00	2,014.00			-1,676.00
603. BRIDGELINE DIGITAL, I		11/04/2014	399.00	2,165.00			-1,766.00
631. BRIDGELINE DIGITAL, I	12/14/2007		410.00	2,265.00			-1,855.00
536. BRIDGELINE DIGITAL, I		11/07/2014	327.00	1,924.00			-1,597.00
336. BRIDGELINE DIGITAL, I		11/12/2014	204.00	1,206.00			-1,002.00
280. CUMMINS INC	12/12/2012		39,797.00	29,995.00			9,802.00
1740.064 HENNESSY FDS TR S						_	-1,879.00
2 Totals. Add the amounts in c (subtract negative amounts). include on your Schedule D, l checked), line 9 (if Box E abo	olumns (d), (e), Enter each tota l ine 8b (if Box E	here and above is	24,448.00	26,327.00			-1,879.(

(if Box F above is checked) ►

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2014)

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liprm 8949 (2014)	Attachment Sequence No 12A	Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number	

MARIA C VON MAGNUS HENDERSON CHARITABLE TRUST 35-6808786

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

Part II

X

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) In the separate Instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and
(Example. 100 sh XYZ Co)	(Mo , day, yr.)				(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
2410.689 HENNESSY FDS TR S	07/12/2013	09/24/2014	22 701 00			······································	2 772 00
800. INTEL CORP COM			33,701.00	36,474.00			-2,773.00
950. INTEL CORP COM	04/12/2012	03/21/2014	20,144.00	22,791.00			-2,647.00
550. INIED CORP COM	05/18/2012	03/21/2014	23,921.00	24,930.00		4	-1,009.00
150. ISHARES BARCLAYS 1-3							
TREASURY BOND FUND	09/23/2011	02/13/2014	12,671.00	12,698.00			-27.00
1000. SELECT SPDR MATERIAL	04/17/2013	08/19/2014	50,321.00	37,551.00			12,770.00
910. INVESCO LTD							
	01/26/2011	09/24/2014	36,694.00	21,754.00			14,940.00
910. INVESCO LTD	10/06/2011	09/24/2014	36,694.00	15,204.00			21,490.00
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x							
							.
2 Totals. Add the amounts in co (subtract negative amounts). E include on your Schedule D, Ii checked), Iine 9 (if Box E abov (if Box F above is checked) ►	nter each total ne 8b (if Box D	here and above is	283,183.	255,249.			27,934.

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

(if Box F above is checked) Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

Form 8949 (2014)

E