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## <sub>Form</sub> 990-PF

Department of the Treasury Internal Revenue Service

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

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

Open to Public Inspection

Fo	r cal	endar year 2012 or tax year begin	nning	, a	nd ending			
Na	me of	foundation	<del></del>	-		A E	mployer identification nu	mber
Ve	netos	s Foundation, Inc.					13-6224	081
		and street (or P O box number if mail is not d	elivered to street ad	Idress)	Room/suite	ВТ	elephone number (see inst	
c/c	Fua	ene Bergman, 3 Col. Ferris Road					(802) 658-	•
Cı	y or to	wn, state, and ZIP code				C II	exemption application is pe	<u>_</u> _
So	uth S	alem		NY	10590	"	exemption application is pe	anding, check here
		ck all that apply:   Initial return	n Initi	al return of a former		1 <sub>n</sub> <sub>4</sub>	Foreign organizations, che	ock here
_		Final return		ended return	pasiio chanty	1		_
		X Address ch		ne change		2.	Foreign organizations med check here and attach cor	
—	Che	ck type of organization: X Sectio				┨	check here and attach wi	
		tion 4947(a)(1) nonexempt charital					рпvate foundation status w	
느				Other taxable private		ur	ider section 507(b)(1)(A), c	heck here
ı	Fair	market value of all assets at end	J Accounting	method	n 💢 Accrual		the foundation is in a 60-m	
		ear (from Part II, col (c),	Other (s			ur	nder section 507(b)(1)(B), c	heck here
Da	iirie irt i			d) must be on cash bas	is)	.1		(d) Dishivasansata
ГС	шен	Analysis of Revenue and Exper		(a) Nevende and	(b) Net investn	nent	(c) Adjusted net	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may no the amounts in column (a) (see instructions)		expenses per books	income		income	purposes
	1 4			35013	(3, 1, 15			(cash basis only)
	1	Contributions, gifts, grants, etc., received (at	•		11-1			, ' 15, ' .c
	2	Check I if the foundation is not require		405	देशके ।	405	100	
	3	Interest on savings and temporary cas		105		105	100	and the second of the second o
	4	Dividends and interest from securities	i	1,578		1,578	1,578	36 12 miles
	l .	Gross rents				,		1 Style of the Sty
ne	• •	Net rental income or (loss)			1000	3, 5	2 to 1 to	, , , , , , , , , , , , , , , , , , ,
Revenue	0 6	Net gain or (loss) from sale of assets	not on line 10	12.	The state of		1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
Š	7	Gross sales price for all assets on line 6a	line 2\	रे से के देवा है के स्टूर्ट के लिए	2. 48.	٠. ١	A Company of the Company	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
~	8	Capital gain net income (from Part IV, Net short-term capital gain	iine 2)	· 在 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			A STATE OF STATE OF STATES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	9	Income modifications		** *** ** ** ***	7 7 1 -1 -1 -	, <u></u>		Section 1
	1 -	Gross sales less returns and allowances			1 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2		4	では 新聞 である (Apr) 100mm
	ı	D Less Cost of goods sold .		-,0		2	2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Hand Comment of the C
	ı	Gross profit or (loss) (attach schedule	<u>,                                      </u>	· · · · · · · · · · · · · · · · · · ·	Te 15 1		1 5 6 3 7	
	11	Other income (attach schedule) Tax re		141	20 1.00 5	27	141	
	12	Total. Add lines 1 through 11	Jidiidii .	1,824		1,710	· · · · · · · · · · · · · · · · · · ·	11 11 11 11 11 11 11
	13	Compensation of officers, directors, tr	uetone etc	1,024		1,710	1,019	**
Šes	14	Other employee salaries and wages	usices, eic				RECEN	100
penses	15	Pension plans, employee benefits					1 - LUCI	<del>(=U                                     </del>
		Legal fees (attach schedule)					18/ 0==	70
Ñ	ı	Accounting fees (attach schedule)	•				SEP 0 3	PN12 181
<u>.</u> ≤	,	Other professional fees (attach sched	ule)					13/13/
Administrative	17	Interest		5		5	OGDEN	-14
St	18	Taxes (attach schedule) (see instruction	ons)				YOUEN,	UT
Ē	19	Depreciation (attach schedule) and de			*			The same of the sa
퉏	20	Occupancy						· · · · · · · · · · · · · · · · · · ·
	21	Travel, conferences, and meetings						
힏	22	Printing and publications		′ 44				44
e G	23	Other expenses (attach schedule)		527		-		527
Ĭ.	24	Total operating and administrative	expenses.					
Operating and		Add lines 13 through 23	•	576		5	0	571
þ	25	Contributions, gifts, grants paid		12,600		, , ,		12,600
0	26	Total expenses and disbursements. Add in	nes 24 and 25	13,176	· .	5	0	13,171
_	27	Subtract line 26 from line 12		10,770	Y Y Y . F .		, , , ,	" " " " " " " " " " " " " " " " " " "
		Excess of revenue over expenses and dist	bursements	-11,352	•		-91	The state of the s
		Net investment income (if negative,		9.4		1,705	,	
		Adjusted net income (if negative, ent	•		<del></del>	.,	1.819	THE RESERVE TO SERVE THE PARTY OF THE PARTY
		- (					1019	12

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2012)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End o	of year
		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 .	17,185	16,414	16,414
	2	Savings and temporary cash investments	26,380	24,243	24,243
	3	Accounts receivable	में क्षेत्र सम	77, 77,	े ८ र सम्बद्ध के स्थाप क
		Less allowance for doubtful accounts			
	4	Pledges receivable ▶			<del></del>
		Less allowance for doubtful accounts			
	5	Grants receivable			· · · · · · · · · · · · · · · · · · ·
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		l l	
	7	Other notes and loans receivable (attach schedule)		_	
		Less allowance for doubtful accounts			
Ø	8	Inventories for sale or use .			
Assets	9	Prepaid expenses and deferred charges .			
Š	10 a	Investments—U.S. and state government obligations (attach schedule)			
	1 .	D Investments—corporate stock (attach schedule)	267,495	240,733	139,261
	1	Investments—corporate bonds (attach schedule)	20.,100	210,100	100,201
	11	Investments—land, buildings, and equipment basis			A RA I WAR TO BE AN ALL AND
	١	Less accumulated depreciation (attach schedule)		<u> </u>	
	12	Investments—mortgage loans .			
	13	Investments—other (attach schedule)			
	14	Land buildings and annuages been be	+		
	'-	Land, buildings, and equipment basis ▶			بالمستطاق المستدان المراوات المستدان المستدان
	15	Less accumulated depreciation (attach schedule)	200		
		Other assets (describe	286		<del> </del>
	16	Total assets (to be completed by all filers—see the	24.24	204 200	470.040
	47	instructions Also, see page 1, item I)	311,346	281,390	179,918
	17	Accounts payable and accrued expenses			,
S	18	Grants payable .			
Ĭ	19	Deferred revenue			•
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0	0	
(A)		Foundations that follow SFAS 117, check here			
lances	1	and complete lines 24 through 26 and lines 30 and 31.			,
ă	24	Unrestricted			-
ਕ	25	Temporarily restricted			· ·
8	26	Permanently restricted .			•
Net Assets or Fund		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ž	28	Paid-in or capital surplus, or land, bldg, and equipment fund			, r
ŠŠ	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see instructions)	311,346	281,390	
<u>e</u>	31	Total liabilities and net assets/fund balances (see			
Z		instructions)	311,346	281,390	
Par	t III	Analysis of Changes in Net Assets or Fund Balances			· · · · · · · · · · · · · · · · · · ·
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
•		f-year figure reported on prior year's return)		. 11	311,346
2		amount from Part 1, line 27a		2	-11,352
		increases not included in line 2 (damina)		3	-11,002
		4.0	· · · · · · · · · · · · · · · · · · ·	4	299,994
		nes 1, 2, and 3 eases not included in line 2 (itemize) ► Capital losses on investments,		· · · · · · · · · · · · · · · · · · ·	18,604
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, co			
9	ıvlal	het assets of fully balances at end of year (title 4 minus line 3)—Part II, Co	viumin (0), mie 30	9	281,390

(a) List and describe the	kind(s) of property sold (e.g., real estate e, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase	(c) Date ac		(d) Date sold (mo , day, yr )
1a	<u> </u>	<del>.</del>	D—Donation			
b						
c						
d						
e						
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		or other basis pense of sale			n or (loss) f) minus (g)
а						
b						
С						
d						<u></u>
<u>e</u>						******
Complete only for assets show	ing gain in column (h) and owned b				-	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any	-	-	t less than -0-) or rom col (h))
_a				_		<u>-</u>
b						
С						
d				•		
<u>e</u>						
2 Capital gain net income or	(net capital loss) $\left\{egin{array}{l}  ext{If gain, als} \  ext{If (loss), er} \end{array} ight.$	o enter in Pa nter -0- in Pa		2		-18,604
•	or (loss) as defined in sections			}		
<del>-</del>	line 8, column (c) (see instruction	ons). If (loss	), enter -0-			
				3		-3,035
Part V Qualification Und	er Section 4940(e) for Red	uced Tax	on Net Investm	<u>ent Incom</u>	<u>e</u>	
If section 4940(d)(2) applies, le	orivate foundations subject to the ave this part blank. he section 4942 tax on the distri					
If "Yes," the foundation does no	ot qualify under section 4940(e)	. Do not cor	nplete this part.			
1 Enter the appropriate amo	ount in each column for each ye	ar; see the	instructions before	making ar	ıy entric	es
(a) Base period years	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use a	ssets		(d) tribution ratio
Calendar year (or tax year beginning in 2011	29,7	'03	236	5,398	(00) (0) (	divided by col (c)) 0.125648
2010	35,5			2,073		0.126070
2009	33,5			2,120		0.098097
2008	36,2			0,003		0.088748
2007	38,6			3,510		0.082555
2 Total of line 1, column (d)				. 2		0 521118
	or the 5-year base period—divid				1	
•	indation has been in existence		=	´. <u>3</u>		0.104224
4 Enter the net value of nonc	haritable-use assets for 2012 fr	om Part X, I	ine 5	. 4	<u> </u>	174,813
5 Multiply line 4 by line 3 .				. 5	<u> </u>	18,220
6 Enter 1% of net investment	income (1% of Part I, line 27b)			. 6	<del> </del>	1 <u>7</u>
<b>7</b> Add lines 5 and 6				. 7	<del> </del>	18,237
8 Enter qualifying distribution	s from Part XII, line 4			. 8		13,171
If line 8 is equal to or greate the Part VI instructions.	er than line 7, check the box in	Part VI, line	1b, and complete	that part u	sing a 1	% tax rate. See

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

Was there a liquidation, termination, dissolution, or substantial contraction during the year?

8 a Enter the states to which the foundation reports or with which it is registered (see instructions)

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

By state legislation that effectively amends the governing instrument so that no mandatory directions

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"

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

b If "Yes," has it filed a tax return on Form 990-T for this year?

By language in the governing instrument, or

New York

complete Part XIV .

their names and addresses .

If "Yes," attach the statement required by General Instruction T

that conflict with the state law remain in the governing instrument?

4a

4b

5

6

7

8b

9

X

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

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

if the foundation had excess business holdings in 2012)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3b | N/A

4a

	m 990-PF (2012) Venetos Foundation, Inc				13-62240	081	Page 6
Pa	art VII-B Statements Regarding Activiti	es for Which Forr	n 4720 May Be R	equired (continued)			
	During the year did the foundation pay or incur any						1
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation	(section 4945(e))?	Yes	X No	ŀ	
	(2) Influence the outcome of any specific public	election (see section 4	955), or to carry			1	
	on, directly or indirectly, any voter registration			Yes	X No	- 1	į,
	(3) Provide a grant to an individual for travel, stu	idy or other similar nu	rnosos?	Yes	X No		
	(4) Provide a grant to an organization other than						
	in section 509(a)(1), (2), or (3), or section 49			□ <sub>v</sub> [	⊽1		
			•	Yes [	X No		
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of			П., г	╗ │	- 1	
					X No		
U	If any answer is "Yes" to 5a(1)-(5), did any of the t					·	.
	Regulations section 53 4945 or in a current notice			ons)' <sup>7</sup>	-, ⊦'	5b	X_
	Organizations relying on a current notice regarding			►L			
С	If the answer is "Yes" to question 5a(4), does the f		otion from the		_		İ
	tax because it maintained expenditure responsibilit		· ·	· · L Yes L	X No		,
	If "Yes," attach the statement required by Regulation						
ьа	Did the foundation, during the year, receive any fur	nds, directly or indirect	ly, to pay		<del></del> -	1	
	premiums on a personal benefit contract?				X No	-	
b	Did the foundation, during the year, pay premiums	, directly or indirectly, o	on a personal benefit	contract?	<u> </u>	6b ∤	X
_	If "Yes" to 6b, file Form 8870				_		
	At any time during the tax year, was the foundation				X No		
	If "Yes," did the foundation receive any proceeds of	or have any net income	attributable to the tra	insaction?	Ι,	7b	N/A
_ ٢	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly P	aid Emp	loye	es,
	and Contractors				<u> </u>	loye	es,
	<del></del>	ation managers an	d their compensa	tion (see instructions)	<u> </u>	loye	ees,
	and Contractors List all officers, directors, trustees, found	ation managers an	d their compensation	tion (see instructions)	•		e account,
	and Contractors	ation managers an	d their compensa	tion (see instructions)	(e) Ex	pens	
1	and Contractors List all officers, directors, trustees, found	ation managers and (b) Title, and average hours per week	d their compensation (If not paid, enter	tion (see instructions) (d) Contributions to employee benefit plans	(e) Ex	pens	e account,
1	and Contractors  List all officers, directors, trustees, found  (a) Name and address	ation managers and (b) Title, and average hours per week	d their compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pens	e account,
1	and Contractors  List all officers, directors, trustees, found  (a) Name and address	ation managers and (b) Title, and average hours per week devoted to position	d their compensation (c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pens	e account,
1	and Contractors  List all officers, directors, trustees, found  (a) Name and address	ation managers and (b) Title, and average hours per week devoted to position	d their compensation (c) Compensation (If not pald, enter -0-)	tion (see instructions) (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pens	e account,
1	and Contractors  List all officers, directors, trustees, found  (a) Name and address	ation managers and (b) Title, and average hours per week devoted to position	d their compensation (c) Compensation (If not pald, enter -0-)	tion (see instructions) (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pens	e account,
1	and Contractors  List all officers, directors, trustees, found  (a) Name and address	ation managers and (b) Title, and average hours per week devoted to position	d their compensation (c) Compensation (If not paid, enter -0-) 0	tion (see instructions) (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pens	e account,
1	and Contractors  List all officers, directors, trustees, found  (a) Name and address	ation managers an  (b) Title, and average hours per week devoted to position  .00	d their compensation (c) Compensation (If not paid, enter -0-) 0	tion (see instructions) (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pens	e account,
1	and Contractors  List all officers, directors, trustees, found  (a) Name and address	ation managers an  (b) Title, and average hours per week devoted to position  .00	d their compensation (c) Compensation (If not paid, enter -0-)  0	tion (see instructions) (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pens	e account,
See	and Contractors  List all officers, directors, trustees, found  (a) Name and address  e Attached Statement  Compensation of five highest-paid employ	ation managers an  (b) Title, and average hours per week devoted to position  .00  00	d their compensation (c) Compensation (If not paid, enter -0-)  0	tion (see instructions)  (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	kpens er allo	e account,
See	and Contractors  List all officers, directors, trustees, found  (a) Name and address  e Attached Statement	ation managers an  (b) Title, and average hours per week devoted to position  .00  00	d their compensation (c) Compensation (If not paid, enter -0-)  0	tion (see instructions) (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	kpens er allo	e account,
See	and Contractors  List all officers, directors, trustees, found  (a) Name and address  e Attached Statement  Compensation of five highest-paid employ	ation managers an  (b) Title, and average hours per week devoted to position  .00  00	d their compensation (c) Compensation (lif not paid, enter -0-)  0  0  ose included on li	tion (see instructions)  (d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to	(e) Exothermore	kpens er allo	e account, owances
See 2	and Contractors  List all officers, directors, trustees, found  (a) Name and address  e Attached Statement  Compensation of five highest-paid employ	ation managers and (b) Title, and average hours per week devoted to position  .00  .00  .00  .00  .00  .00  .00  .	d their compensation (c) Compensation (If not pald, enter -0-)  0  0  0  ose included on li	tion (see instructions)  (d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit	(e) Exoth	kpens er allc	e account, owances
See 2	and Contractors  List all officers, directors, trustees, founds  (a) Name and address  e Attached Statement  Compensation of five highest-paid employenter "NONE."	ation managers and (b) Title, and average hours per week devoted to position  .00  .00  .00  .00  .00  .00  .00  .	d their compensation (c) Compensation (If not pald, enter -0-)  0  0  0  ose included on li	tion (see instructions)  (d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit	(e) Exoth	kpens er allc	e account, owances
1 See	and Contractors  List all officers, directors, trustees, founds  (a) Name and address  e Attached Statement  Compensation of five highest-paid employenter "NONE."	ation managers and (b) Title, and average hours per week devoted to position  .00  .00  .00  .00  .00  .00  .00  .	d their compensation (c) Compensation (If not pald, enter -0-)  0  0  0  ose included on li	tion (see instructions)  (d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit plans and deferred	(e) Exoth	kpens er allc	e account, owances
1 See	and Contractors  List all officers, directors, trustees, founds (a) Name and address e Attached Statement  Compensation of five highest-paid employenter "NONE."	ation managers and (b) Title, and average hours per week devoted to position  .00  .00  .00  .00  .00  .00  .00  .	d their compensation (c) Compensation (If not pald, enter -0-)  0  0  0  ose included on li	tion (see instructions)  (d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit plans and deferred	(e) Exoth	kpens er allc	e account, owances
1 See	and Contractors  List all officers, directors, trustees, founds (a) Name and address e Attached Statement  Compensation of five highest-paid employenter "NONE."	ation managers and (b) Title, and average hours per week devoted to position  .00  .00  .00  .00  .00  .00  .00  .	d their compensation (c) Compensation (If not pald, enter -0-)  0  0  0  ose included on li	tion (see instructions)  (d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit plans and deferred	(e) Exoth	kpens er allc	e account, owances
1 See	and Contractors  List all officers, directors, trustees, founds (a) Name and address e Attached Statement  Compensation of five highest-paid employenter "NONE."	ation managers and (b) Title, and average hours per week devoted to position  .00  .00  .00  .00  .00  .00  .00  .	d their compensation (c) Compensation (If not pald, enter -0-)  0  0  0  ose included on li	tion (see instructions)  (d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit plans and deferred	(e) Exoth	kpens er allc	e account, owances
1 See	and Contractors  List all officers, directors, trustees, founds (a) Name and address e Attached Statement  Compensation of five highest-paid employenter "NONE."	ation managers and (b) Title, and average hours per week devoted to position  .00  .00  .00  .00  .00  .00  .00  .	d their compensation (c) Compensation (If not pald, enter -0-)  0  0  0  ose included on li	tion (see instructions)  (d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit plans and deferred	(e) Exoth	kpens er allc	e account, owances
1 See	and Contractors  List all officers, directors, trustees, founds (a) Name and address e Attached Statement  Compensation of five highest-paid employenter "NONE."	ation managers and (b) Title, and average hours per week devoted to position  .00  .00  .00  .00  .00  .00  .00  .	d their compensation (c) Compensation (If not pald, enter -0-)  0  0  0  ose included on li	tion (see instructions)  (d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit plans and deferred	(e) Exoth	kpens er allc	e account, owances

Total number of other employees paid over \$50,000

Form 990-PR (2012) Venetos Foundation, Inc	13-6224081 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Parand Contractors (continued)	aid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE (a) Type a service	(e) compensation
Total number of others receiving over \$50,000 for professional services ▶	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
	_
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
·	
	1

Total. Add lines 1 through 3

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. numoses Average monthly fair market value of securities 1a 135.364 Average of monthly cash balances Íc. Fair market value of all other assets (see instructions) 177,475 Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 2 Acquisition indebtedness applicable to line 1 assets 3 3 177,475 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see instructions) 2.662 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 174,813 <u>8,</u>741 Minimum investment return. Enter 5% of line 5 6 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ightharpoonup and do not complete this part.) 1 Minimum investment return from Part X, line 6 1 8,741 2a 34 Tax on investment income for 2012 from Part VI, line 5 b Income tax for 2012 (This does not include the tax from Part VI) C Add lines 2a and 2b 2c 3 3 8,707 Distributable amount before adjustments Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 4 5 5 8,707 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 6 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 8,707 Part XII **Qualifying Distributions** (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 1a 13,171 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 . . 3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a 3Ь Cash distribution test (attach the required schedule) 4 13,171 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

13,171

5

	Ш	XIII Undistributed incor	ne (see instructions)			· · · · · · · · · · · · · · · · · · ·	<del></del>
1		Distributable amount for 2012 fr	om Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	( <b>d</b> ) 2012
		line 7		7,5,1,0		3 - 7	8,707
2		Undistributed income, if any, as	of the end of 2012	, ,			
		Enter amount for 2011 only				0	
		Total for prior years 20,					<del></del>
3		Excess distributions carryover,	1 <sup>-</sup>	}			
	а	From 2007	18,228				
	b	From 2008	19,608				
	C	From 2009	20,122				
	d	From 2010 .	21,587	i			
	е	From 2011 .	18,111				
	f	Total of lines 3a through e	•	97,656			
4		Qualifying distributions for 2012					
		XII, line 4: ► \$					
		Applied to 2011, but not more the					
	b	Applied to undistributed income	· · ·				
		(Election required—see instruct	,		<del></del>		
	С	Treated as distributions out of o	orpus (Election		•		
		required—see instructions)					
		Applied to 2012 distributable an			· · · · · · · · · · · · · · · · · · ·		8,707
_		Remaining amount distributed of		4,464	<del></del>		
5		Excess distributions carryover a	• •				
		(If an amount appears in column same amount must be shown in	, ,,				
6		Enter the net total of each col indicated below:	umn as				
	а	Corpus. Add lines 3f, 4c, and 4e	Subtract line 5	102,120			
		Prior years' undistributed incom					-
		line 4b from line 2b			0		
	С	Enter the amount of prior years'	undistributed				
		income for which a notice of de					
		been issued, or on which the se					
		tax has been previously assess	7 7				
	d	Subtract line 6c from line 6b Ta					
		amount—see instructions	·				
	е	Undistributed income for 2011.	Subtract line				
		4a from line 2a Taxable amour	nt—see				
		instructions .				l 0	_
	f	Undistributed income for 2012	Subtract				
		lines 4d and 5 from line 1 This	amount must				
		be distributed in 2013					o
7		Amounts treated as distribution	s out of				
		corpus to satisfy requirements i	mposed by				
		section 170(b)(1)(F) or 4942(g)	•				
8		Excess distributions carryover f					
		not applied on line 5 or line 7 (s	i	18,228		İ	
9		Excess distributions carryove	•				
-		Subtract lines 7 and 8 from line		83,892			
10		Analysis of line 9:	•			,	, ~
. •		Excess from 2008	19,608				٠. **
	b	Excess from 2009	20,122				
	c	Excess from 2010	21,587		•		-
	4	Funna 6000	18,111				
	9	Excess from 2011	4,464	E PASSING AND A			Commence of the control of the contr
			7,707		. , ,	1 1 1 2 2 2 2 2 2	and the second of the second

Forn	1 990-PF (2012) Venetos Foundation, Inc.				13-6224	081 Page <b>10</b>
	rt XIV Private Operating Foundations (			question 9)		N/A
1 a	If the foundation has received a ruling or determin foundation, and the ruling is effective for 2012, en			<b>•</b>		
	Check box to indicate whether the foundation is a	private operating fo	undation described	in section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
	investment return from Part X for each	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	year listed					0
b	85% of line 2a		<u> </u>			0
С	Qualifying distributions from Part XII, line 4 for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly	· · · · · ·	<del> </del>			
	for active conduct of exempt activities Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
а	alternative test relied upon.  "Assets" alternative test—enter					
_	(1) Value of all assets .					0
	(2) Value of assets qualifying under section 4942(i)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					0
~	of minimum investment return shown in Part X, line 6 for each year listed					0
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					0
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization .					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Co	mplete this par	t only if the fou	indation had \$5,	000 or more in	
	assets at any time during the ye	ar-see instruc	ctions.)			
1	Information Regarding Foundation Manag	gers:				
а	List any managers of the foundation who have cor			-	the foundation	
	before the close of any tax year (but only if they ha	ave contributed more	e than \$5,000) (See	e section 507(a)(2) )		
<u>ио</u>	NE List any managers of the foundation who own 10%	or more of the star	ak of a corporation /	or on oqually large as	ortion of the	-
NO	ownership of a partnership or other entity) of which				ortion or the	
2	N⊏ Information Regarding Contribution, Gran	nt. Gift. Loan. Sci	nolarship etc. P	rograms:		<del></del>
-	Check here $\blacktriangleright X$ if the foundation only makes unsolicited requests for funds. If the foundation mother conditions, complete items 2a, b, c, and d	contributions to pre	eselected charitable	organizations and do		
а	The name, address, and telephone number or e-m	nail of the person to	whom applications	should be addressed		·
b	The form in which applications should be submitted	d and information a	nd materials they sh	nould include	·	
С	Any submission deadlines					
d	Any restrictions or limitations on awards, such as factors	by geographical are	as, charitable fields,	kinds of institutions,	or other	

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amaunt
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	or substantial contributor			
See attached list				12,600
		1	}	
			}	
			<u> </u>	
		}		
		ļ	}	
		1		
		ļ		
	ĺ			
Total		T	<b>▶ 3</b> a	12,600
b Approved for future payment				
		ļ		
		}		
	1	1		
Total	<u> </u>	1	▶ 3b	

Part XVI	-A Analysis of Income-Producing Acti	vities	-			<u> </u>
	ss amounts unless otherwise indicated	т -	siness income	Excluded by section	n 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Progra	rm service revenue					(See instructions)
a				<u> </u>		
b						
c						<u> </u>
d		-				ļ
e				-		
f		-			<del> </del>	
_	es and contracts from government agencies.					-
	ership dues and assessments .	<del></del>		1	405	<b></b>
	st on savings and temporary cash investments			14	105	<del></del>
	nds and interest from securities .			14	1,578	
	ntal income or (loss) from real estate		Property and the second	Land State of the Control of the Con		
	bt-financed property			+		
	t debt-financed property .					
	ntal income or (loss) from personal property investment income			16	27	
				10		
	or (loss) from sales of assets other than inventory			+		
	come or (loss) from special events profit or (loss) from sales of inventory					
		-	<del>                                     </del>			
h Ta	revenue· a	·	<del></del>	41	114	
	Around		"	<del></del>		
d						
е						
12 Subtot	tal. Add columns (b), (d), and (e)	Carlette State	(	0 是本地企业工	1,824	C
	Add line 12, columns (b), (d), and (e)				13	1,824
	sheet in line 13 instructions to verify calculations)					
Part XV	-B Relationship of Activities to the Ac	complishment	of Exempt F	Purposes		
Line No.	Explain below how each activity for which incom	e is reported in col	umn (e) of Part )	(VI-A contributed in	nportantly to	
	the accomplishment of the foundation's exempt	purposes (other the	an by providing f	unds for such purpo	oses) (See instru	uctions)
		<del></del>				
		**- <b>-</b>				
					<del></del> -	
				·		
			_		·	
-				<del></del> .		
			·- ·· ·			
		<del></del>				

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

i	n secti			engage in any of the fo section 501(c)(3) organ				Y	es No
a ·	Transfe	ers from the reporting	foundation to	a noncharitable exem	npt organization o	f:			
								1a(1)	X
								1a(2)	X
b	Other t	ransactions:							
(	(1) Sa	les of assets to a non-	charitable exe	empt organization .				1b(1)	X
1	( <b>2</b> ) Pu	rchases of assets fror	n a noncharita	able exempt organizat	ion			1b(2)	X
				er assets				1b(3)	X_
								1b(4)	X
								1b(5)	X
				nip or fundraising solic				1b(6)	X
C	Sharin	g of facilities, equipme	ent, mailing lis	sts, other assets, or pa	id employees .			1c	X
1	value c	of the goods, other ass	sets, or servic	complete the following ses given by the report ement, show in column	ing foundation. If	the foundation re	ceived less tha	n fair marl	ket
(a) L	ine no	(b) Amount involved	(c) Name	of noncharitable exempt orga	inization (d) D	escription of transfers,	transactions, and s	hanng arrang	jements
		·							
						<u></u>			
							·· <u></u>		
		<del></del>	<u></u>	<del></del>			<del></del>		
		<del></del>	ļ			<del></del>	·		
									<del></del>
				<del></del>					
				<del></del>					
			<del></del>	- <del></del>		<del></del>	<del></del>		
			<del> </del>	<del></del>	<del></del>	<del></del> -	<del></del>		
			<del> </del>	<del></del>	<del></del>				
			<del></del>						
			<del> </del>		<del></del>				
	descrit		of the Code (o	ated with, or related to other than section 501				Yes 💢 N	10
		(a) Name of organization		(b) Type of or	ganization	(c)	Description of relati	onship	
						<del> </del>			
		<del></del>				<b>_</b>	<del> </del>		<del></del> -
						<del> </del>			
					<del></del>	<del> </del>			
		<del></del>		<u> </u>		<u>.i</u>	- <u>-</u>		
				this return, including accompanying			rledge and belief, it is tru	е,	
Sig	n   <sup>∞</sup>	rrect, and complete. Declaration of	preparer (other than	taxpayer) is based on all informatio	n of which preparer has any	knowledge	May the IRS	discuss this i	return
He	١.	F200 4 40	Kunn	h/1-1-2	12.	$a \cdot la \cdot V$	with the prep	_	
пе	. J.	Cogair M	mamo	~ U/13/15	1 VICe 1010	HOVEN	instructions)1	X Yes	∐ No ]
		Signature of officer or trustee	e U	Date	Title /			Tanin.	
D-:	- -	Print/Type preparer's na	ame	Preparer's signature		Date	Chook D	PTIN	
Pai		. Martha Ak	Hode	1. Moutua Ah	60H	5/2/13	Checkif self-employed	PPIZS	1582
	pare	Ermia nama			, , , ,	<del></del>		3-0302	
Use	Only	y Firm's name	Indepe	endent Tax Servic	e, Inc.			2) 863-	
		Firm's address	1 Mill (	Street #140	-,		Phone no / Qua	7, 52.	
			Burling	oton VT 05404			ı	Form <b>990-l</b>	FF (2012)

Part I, Line 23 (990-PF) - Other Expenses

		527	. 0	(	527
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1_	Safe deposit box	90	"-		90
2	Filing fees	379			379
3	Office expense	58			58

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Venetos Foundation, tre Part VIII, Line 1 (990-PF) - Cos	moensation	eta Fouración te Part VIII. Line 1 (990-PF) - Compensation of Officers. Directors. Trustees and Foundation Managers	tees and Foundation	in Mans	30978								13-6224081
									0	°	0		
Name	Check 7X*	Street	Cdt	State	Zp Code	Foreign Country	Tritle	Avg Hrs Per Week	Compensation	Benefits	Expense Account	Explanation	
Mehyn H Bergman		22803 Cernuno del Mar	Boca Raton	<u>ተ</u> ፎ	FL 33433		President		•	0	0	•	
Eugene Bergman		102 St Louis St	Burlington	5	05401		Vice-Pres			0	0		
Xeth Bergman		3 Colonel Ferris Rd	So Salem	<u> </u>	10590		Vice-Pres	,	;	,			
Jill Bergman		3 Colonel Ferris Rd	So Selem	<u>₹</u>	10590	and the state of t	Secy-Tress			0			
Wendy Coe		102 St Louis St.	Burlington	5	05401		Director		0	0	0		

#### **SCHEDULE D** (Fòrm 1120)

#### **Capital Gains and Losses**

OMB No 1545-0123

Employer identification number

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

13-6224081 Venetos Foundation, Inc. Short-Term Capital Gains and Losses — Assets Held One Year or Less Partl (h) Gain or (loss). Subtract column (e) from Complete Form 8949 before completing line 1, 2, (e) Cost or other (g) Adjustments to (d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, basis from Form(s) gain or loss from Form(s) 8949, Part I, line 2, column (g) column (d) and combine the result with column (g) 8949, Part I, line 2, This form may be easier to complete if you round off cents to whole dollars column (e) column (d) Short-term totals from all Forms 8949 with 691. box A checked in Part I 138,847. 138,156. Short-term totals from all Forms 8949 with box B checked in Part I 98,024 101,751 -3,727.Short-term totals from all Forms 8949 with 3 box C checked in Part I 0. 1. 4 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) . -3,035.Net short-term capital gain or (loss) Combine lines 1 through 6 in column h Parkills Long-Term Capital Gains and Losses — Assets Held More Than One Year Complete Form 8949 before completing line 8, 9, (g) Adjustments to (h) Gain or (loss). (d) Proceeds (sales (e) Cost or other price) from Form(s) 8949, Part II, line 4, basis from Form(s) gain or loss from Subtract column (e) from This form may be easier to complete if you round off cents to whole dollars 8949, Part II, line 4, Form(s) 8949, Part II, column (d) and combine the line 4, column (g) result with column (g) column (d) column (e) Long-term totals from all Forms 8949 with box A checked in Part II Long-term totals from all Forms 8949 with 51,658 67,275 -15,617.box B checked in Part II 10 Long-term totals from all Forms 8949 with 48. box C checked in Part II 48 0. 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 15 -15,569. 15 Net long-term capital gain or (loss) Combine lines 8 through 14 in column h Partill Summary of Parts I and II 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term 17 capital loss (line 7) 18 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note. If losses exceed gains, see Capital losses in the instructions

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule **D** (Form 1120) 2012

## Form **8949**

Department of the Treasury Internal Revenue Service Name(s) shown on return

#### **Sales and Other Dispositions of Capital Assets**

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

► File with your Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10 of Schedule D.

OMB No 1545-0074

2012

Attachment Sequence No 12A

Venetos Foundation Inc SSN or taxpayer identification no.

13-6224081

Venecos Foundacion						113-022400.	
Most brokers issue their own substitute reported to the IRS. Before you check B are required to report basis to the IRS f	ox A, B, or C below, de	etermine whether you re	y also may provide bas ceived any statement(s	sis information (usually ) and, if so, the transa	your cost) to you ctions for which t	on the statement evo basis was reported to	en if it is not the IRS. Brokers
Part I Short-Term.	Transactions ii	nvolving capita	l assets you h	eld one year o	or less are	short term. F	or long-
	tions, see pag						
You must check Box A, B, or C Form 8949, page 1, for each a complete as many forms with the	C below. Check or pplicable box. If you the same box check	<b>nly one box.</b> If more ou have more shown that the short is a second of the short is a second or short in the short is a second or short in the short is a second or short in the short is a second or short in the short is a second or short in the short is a second or short in the short is a second or short in the sho	re than one box a rt-term transaction	pplies for your sho is than will fit on	ort-term trans this page for (	actions, complet one or more of th	e a separate ne boxes,
√ X (A) Short-term transact	tions reported on f	Form(s) 1099-B sh	lowing basis was	reported to the IR	S		
(B) Short-term transact				not reported to the	e IRS		
1 (a)  Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed	(d) Proceeds	(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
(2.2	(Wio, day, yr)	(Mo, day, yr)	(sales price) (see instructions)		Code(s) from instructions	(g) Amount of adjustment	(e) from column (d) and combine the result with column (g)
2300.000 sh. Bank of America	08/31/12	11/23/12	22,269.	18,674.			3,595.
1000.000 sh. Buckle		22/23/12	227203.	10/0/11	T		37030.
	03/02/12	04/27/12	46,317.	48,353.			-2,036 <u>.</u>
1000.000 sh. Freeport-McMoran	01/13/12	01/27/12	45,525.	42,746.			2,779.
2000.000 sh. New York Communit	01/13/12	01/2//12	43,323.	42,740.			2,119.
	03/30/12	07/27/12	24,736.	28,383.			-3,647.
			:				
							· · · · ·
			<u> </u>				
·							
2 Totals. Add the amounts (subtract negative amount include on your Schedule checked), line 2 (if Box B	its). Enter each to D. line 1 (if Box	tal here and A above is					
Box C above is checked)			138,847.	138,156.			691.

**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 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**

Department of the Treasury Internal Revenue Service Name(s) shown on return

#### Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

► File with your Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10 of Schedule D.

2012

OMB No 1545-0074

Attachment Sequence No 12A

SSN or taxpayer identification no.

Venetos Foundation, Inc.

13-6224081 Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Partis Short-Term. Transactions involving capital assets you held one year or less are short term. For longterm transactions, see page 2.

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

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

1 (a) (b)  Description of property (Example 100 shares XYZ Co)  Date acquired (Mo. day, yr)	Date acquired Date sold or (Mo. day, vr) disposed	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	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	
		(Mo, day, yr)	(see instructions)	and see Column (e) in the separate instructions	Code(s) from instructions	(g) Amount of adjustment	(d) and combine the result with column (g)
2000.000 sh. Blackstone Group L	01/27/12	03/30/12	31,159.	31,723.			-564
2500.000 sh. Cirrus Logic	03/11/11	01/13/12	47,426.	53,994.			-6,568
300.000 sh. Green Mountain Cof	01/27/12	02/03/12	19,439.	16,034.			3,405
			,				
							, <u>-</u>
	:						
2 Totals. Add the amounts (subtract negative amoun include on your Schedule checked), line 2 (if Box B	its) Enter each to D. line 1 (if Box	ital here and <b>A</b> above is					-3,727

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 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**

**Sales and Other Dispositions of Capital Assets** 

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

File with your Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10 of Schedule D.

2012

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

SSN or taxpayer identification no

Venetos Foundation, Inc. 13-6224081 Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later. Short-Term. Transactions involving capital assets you held one year or less are short term. For longterm transactions, see page 2. You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount in column (g), (h) (c) Date sold or disposed (Mo, day, yr) (d) (e) Gain or (loss). Subtract column (e) from column enter a code in column (f)
See the separate instructions. Description of property (Example 100 shares XYZ Co) Date acquired Proceeds Cost or other basis See the Note below and see Column (e) in the separate instructions (Mo, day, yr) (sales price) (see instructions) (f) Code(s) from instructions (g) Amount of (d) and combine the result with adjustment column (g) Blackstone Group K-1 O Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1 (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if

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 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

Box C above is checked)

Form	8949.	(201	2)

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)

SSN or taxpayer identification no

Vènetos Foundation, Inc.

13-6224081

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

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

You must check Box A, B, or C 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.

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

(C) Long-term transacti	ons not reported	to you on Form 109	99-B				
3 (a)  Description of property (Example 100 shares XYZ Co)	I (Mo. day, yr)   dispose	(C) Date sold or disposed (Mo, day, yr)	(sales price)	(e) Cost or other basis See the Note below	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
		(, aby, y.)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	(d) and combine the result with column (g)
1000.000 sh Hartford Financia	04/21/11	08/31/12	17,457.	28,043.			-10,586.
2500.000 sh. MGM Resorts Intl	04/23/10	03/02/12	34,201.	39,232.		· <del></del>	
	04/23/10	03/02/12	34,201.	39,232.		-	-5,031.
		<u> </u>					
			·				
			<u>.</u>				
					:		
							<del></del>
					-		
	<del></del>						
4 Totals. Add the amounts (subtract negative amoun include on your Schedule checked), line 9 (if Box B	ts) Enter each to D, <b>line 8</b> (if <b>Box</b> A	tal here and A above is					
Box C above is checked)	anove is checked	), or line 10 (II	51,658.	67,275.	* 1.		-15,617.

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 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	2040	(2012)	
COLL	0343	12012)	

Attachment Sequence No 12A Page 2

Name(s) shown on return (Name and SS	SN or taxpayer identifica	ition no not required if	shown on other side )		•	SSN or taxpayer ide	entification no.
Venetos Foundation, Inc.				13-6224081			
Most brokers issue their own substitute reported to the IRS Before you check Beare required to report basis to the IRS fi	statement instead of u	termine whether vou red	y also may provide bas ceived any statement(s	sis information (usually ) and, if so, the transa	your cost) to yo ctions for which	u on the statement eve	en if it is not
Part II Long-Term.	Fransactions in ansactions, see	volving capita	l assets you h	eld more than	one year	are long term.	. For
You must check Box A, B, or C Form 8949, page 2, for each a complete as many forms with t	opiicable box. If yo	ou have more long	e than one box a -term transaction	pplies for your lon s than will fit on th	g-term trans is page for o	actions, complete one or more of the	a separate boxes,
(A) Long-term transacti (B) Long-term transacti X (C) Long-term transacti	ons reported on F	orm(s) 1099-B sho	owing basis was r	•			
3 (a)  Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(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	If you enter an enter a co	any, to gain or loss. amount in column (g), de in column (f) arate instructions.  (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with
Blackstone Group K-1				instructions	instructions	adjustment	column (g)
			48.	0.			48
						-	
	·						
							<del>-</del> .
			<u> </u>				
			<u>-</u>				
		<del> </del>					-
							<del>  </del>
4 Totals. Add the amounts (subtract negative amoun include on your Schedule checked), line 9 (if Box B Box C above is checked)	its). Enter each to D, <b>line 8</b> (if <b>Box</b> A	tal here and A above is	48.	0.			48
Note. If you checked Box A abo	ove but the basis r	eported to the IRS	was incorrect, ei	nter in column (e)	the basis as	reported to the II	RS, and

Manatas Faundation In	
Venetos Foundation In	C.
Form 990	
Page 11, Part XV, 3a	
Ithaca College	1000
NY Live Arts	100
First Unitarian Church	5000
National Gardening As	1
UU Row Camp	500
CVOEO Food Shelf	500
Flynn Theatre	300
Burl City Arts	300
COTS	300
Center City Little Leag	ue 200
ETV	100
VPR	100
Fordham Law School	1000
US Holacaust Museum	
World Wildlife Fund	250
Calvary Fund	500
Planned Parenthood	250
Doctors Without Borde	
Jerusalem Foundation	
Corps for Cancer Rese	
Boys and Girls Club	200
Total	12600

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